Paragon Home Healthcare Ltd

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Inspection report

Goodwin House
5 Union Court
Richmond
TW9 1AA

Tel: 02030062802
Website: www.paragonhh.co.uk

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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

About the service
Paragon Home Healthcare is a domiciliary care agency providing personal care to people living in their own homes. This service specialises in providing live- in carers for people with complex care needs. At the time of the inspection, they supported 20 people with conditions such as dementia and spinal cord injuries.

People's experience of using this service and what we found
People and their relatives were happy with the care delivery and had no concerns about safety. People received timely support to manage their complex medicine routines. We were assured that use of personal protective equipment (PPE) was effective. Risk assessments were in place where it was identified that people required support to ensure their safety. The provider followed robust recruitment procedures making sure they employed suitable and fit staff to work with people using the service.

Specialised training was available to help staff to meet people's care needs related to their complex health conditions. Staff ensured that people had access to healthcare support as needed and that their nutritional care needs were met effectively. Clinical team had assessed and overlooked care packages to ensure the provider adhered to best practice and well-being of people.

People described staff as caring, friendly and part of their family. Staff treated people with respect and dignity and made sure that confidential information about them was not shared. People were involved in making decisions about their care and provided with informed choices as necessary. People's independence skills were recognised and encouraged to empower and support their right to equality.

Care plans captured people's care needs which staff followed to ensure emotional, personal and physical well-being of people. People had support with communication where they required it and staff shared information with people in a way they could understand. People felt confident to raise concerns and their complaints were listened to and investigated by the provider. Care plans reflected the support people required at the end of their life and in accordance with their needs and wishes.

Quality care delivery was the primary aim of the service which empowered people to make life changing decisions and to remain living independently at home. People and their relatives recognised the efforts made by the management team to build open relationships with them and told us about the trust they had in the care provided by the service. There was a skilled and strong leadership at the service which encouraged inclusiveness and high level of engagement within the staff team. The management team ensured that people had access to other specialist organisations where they required information and support to meet their complex healthcare needs and well-being.

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

Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 4 February 2019.

Why we inspected
This was a planned inspection based on when the service registered with us.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Paragon Home Healthcare Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors and Experts 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. 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 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
This inspection took place on 8 June 2021 when we visited the office location and made calls to people that used the service, their relatives and the staff team.

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager and five members of staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from five healthcare professionals.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff followed the provider's safeguarding policy which included types of abuse they had to be aware of for reporting any concerns to the management team if they witnessed it in practice. One staff member told us, "We make sure that all service users under our care are in a safe environment. I would report to the manager if I saw the person not being safe."
• We spoke with the registered manager about any ongoing safeguarding issues. There were no open safeguarding investigations at the time of inspection. There had been two recent such investigations, which were now closed. We were shown evidence that the registered manager had responded to these in a timely and satisfactory manner.

Assessing risk, safety monitoring and management
• People's risk assessments were robust and individualised. A risk assessment matrix was used to assess the likelihood and severity of the risks which determined the overall level of the identified risk to a person. Staff were provided with guidance on how to support people safely where there was an identified risk to their nutrition, skin integrity and manual handling.
• Risk assessments for medicines were completed and included assessments in relation to people's ability to manage medicines themselves, the level of assistance if required and the potential side effects of medicines prescribed.
• Detailed environmental risk assessments were in place, concerning potential hazards in people's home. This was especially relevant as staff lived with people for extended periods of time.
• Health professionals told us that providers' approach to risk management was comprehensive. Their comments included, "Paragon management have been very open with their risk management strategies and are willing to amend if any changes are needed."

Staffing and recruitment
• The provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people.
• We examined four staff recruitment files. These included professional and character references and notes of staff interviews which contained evidence of discussions around staff knowledge relevant to the roles they were applying for, such as safeguarding and confidentiality.
• Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). A DBS is a criminal records check employers undertake to make safer recruitment decisions. There was also up to date and relevant documentation concerning staff's right to work in the United Kingdom.

Using medicines safely
• People told us they received the necessary support to manage their medicines safely. One person said, "[Staff] do all that for me, and they handle it well– it's all good."
• The provider had robust procedures in place which meant that people's medicines, which were often very complex, were managed safely. Some people were in receipt of over fifty separate medicines, which were subject to review and change on a daily basis.
• The provider used an electronic medicines management system to monitor and record medicines administration. Staff accessed people's medicine administration charts via a secure app on their mobile devices which gave clear instructions to staff about which medicines to give and when. Managers could monitor this in real time. If medicines were delayed, both staff and managers would receive an alert.
• Medicines management was also subject to frequent audits; these were relevant and up to date, for example in areas such as the use of 'as required' medicines and the safe use and storage of controlled drugs. There had been two medicines errors reported in 2021. The provider took action, carried out an investigation and had put systems in place to help prevent re-occurrence.

Preventing and controlling infection
• We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
• Staff were provided with a policy and procedure to maintain the prevention and control of cross-infection during COVID-19. It included the use and disposal of personal protective equipment (PPE) to protect people and staff from contamination.
• People's relatives told us that staff wore the PPE as and when required. Comments included, "[Staff] have been great with all that through very difficult times" and "All available and worn correctly." One staff member said to us, "Paragon provides us with masks and aprons. Hand sanitisers are available in all clients' homes. We do weekly [COVID-19] tests."

Learning lessons when things go wrong
• Incidents and accidents that took place were appropriately monitored and the level of severity and likelihood was assessed by the management team to ensure that appropriate action was taken to prevent future occurrences.
• Actions were taken quickly where it was identified that an improvement was required. We saw the registered manager reacting promptly where a policy and procedure required updating and staff's training needs reviewed relating to whistleblowing as noted by the CQC inspection team.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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
• Initial assessment of people's needs were carried out by the clinical lead, a specially trained registered nurse. This was done in conjunction with the person and their families, if they wished. People were then introduced to their live-in care worker who would be living with them for up to 14 days. We were told that people exercised full control over this process. If at any point the person did not feel they wished to continue or wanted to be cared for by a different staff member, they could.
• Healthcare professional told us, "The management are very thorough with their assessments. The staff within the organisation work in the best interest of their clients."
• On the first placement or allocation, staff were supervised undertaking tasks in the people's homes making sure they were confident to provide the care delivery safely before they were left with people on their own. A relative told us, "New carers have a 24 hour shadow period."

Staff support: induction, training, skills and experience
• People and their relatives told us that staff had the necessary knowledge and skills to provide good care. One person said, "The carers are very competent." A relative told us, "The carers know all about [my family member's] condition, spinal fractures and bowel support and are very well qualified." A healthcare professional said, "[Staff] appear to be knowledgeable regarding care of complex patients..."
• Although records showed that 'spot checks' took place, these were shown per person rather than against the staff member. This made it difficult to ensure that all staff had been observed on the job as necessary. We raised this with the management team who said they would review the system to make sure all staff received the 'spot check' as per provider policies and procedures. We will check their progress at our next inspection.
• Nevertheless, records showed that regular supervisions also took place to support staff on the job as necessary and yearly appraisals were carried out.

• Staff were up to date with the mandatory training courses, including safeguarding, medicines management, infection control and fire safety. Where required, staff had to complete specialist training such as oral suction and oxygen therapy to support people with their specific health needs. A staff member told us, "The training is really good, and my training was specific to my permanent client's needs, like end of life care. If you do not have appropriate training, [the managers] would not send you to that client."
• We looked at staff files regarding induction when staff first started employment with the provider. Training in the induction was comprehensive and covered specific health needs people required support with. Staff training needs were assessed before they started working with people to ensure they had the required level of skills to support people effectively.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• We looked at care plans in the light of consent and capacity. Some people who used the service suffered from dementia and did, on occasion, present with behaviours that could be seen as challenging. We found evidence from care plans and risk assessments that these issues were dealt with in a sensitive and appropriate manner. All staff received training in the safe management of these issues and in matters related to the Mental Capacity Act (2005).
• Staff considered people's mental capacity when supporting them to make decisions, with one of them telling us, "I use care plans to find out about clients' mental capacity and the steps put in place so I know what I need to take into account when support them, like communication for example."

Supporting people to eat and drink enough to maintain a balanced diet
• Care records included information related to people's nutrition. This was important as some people did not take food and drink orally; it was delivered through a gastrostomy. One care plan we looked at showed that a person had complex nutritional needs due to their physical condition, such as paralysis. We saw clear guidance and protocols in care plans regarding the management of these. Staff were offered extensive training in this area.
• Staff told us they followed guidance when supporting people with eating and drinking. One staff member said, "Some clients might have swallowing difficulties and we support them with this if there is a risk of choking. We watch their body language for clues of the support they need. Risk assessments and care plans are done before hand and it's on mobile app which we follow as it provides us with step by step instructions."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Relatives told us that staff sought medical support when their family members needed it. Comments included, "Recently the carer told me that they had contacted the doctor as [my family member] had a problem with [specific health needs] and the carer took a photo and sent it to the surgery. They are proactive like that" and "The carers are good at spotting anything different or a little change that needs looking at and quick to act."
• People received 24 hour clinical support focused on minimising unnecessary admissions to hospital for people who were highly vulnerable.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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
• Family members told us that staff were, "very friendly and approachable", "are more than carers now, and are part of the family" and "very thoughtful."
• The service was committed to equality and diversity and this was outlined in the provider's policies and procedures and in practice. For example, people received staff profiles which encouraged equal opportunities.

Supporting people to express their views and be involved in making decisions about their care
• Relatives told us that people were empowered to choose the staff members that they wanted to be supported by. Comments included, "[The managers] try very hard to get the right carers for [my family member]. We had to try four or five carers before finding the right one for [my family member]" and "Paragon are really trying hard to get the right [staff]– I know they are making lots of efforts."
• Staff told us how they enabled people to make day to day decisions. Comments included, "I ask question…", "I don't make decisions for people. I help them" and "It's very important to give choices to clients."
• We also found evidence that people's wishes were listened to and respected, even when there were risks involved in the person's decision. For example, one person's care plan showed evidence of a discussion with staff concerning their wish to take solid food and drink, despite a very high risk of choking and the recommended use of their gastrostomy for the purposes of nutrition. Staff's actions were respectful of the person's right to self-determination as there was no issue concerning the person's mental capacity.
• Regular care plan reviews were undertaken by staff with the active involvement of people and their representatives. We noted people's views of the service were also sought on these occasions and written consent was available if care plans changed.

Respecting and promoting people's privacy, dignity and independence
• Relatives told us that staff respected people's privacy and dignity, including "[Staff] are very good with [my family member]. We see how gentle [staff] are with my family member]." A healthcare professional said, "There appears to be a good understanding of the needs of the patient in response to maintaining their privacy and dignity. Individuals are supported to maintain their independence and personal choice."
• Staff were respectful of people's belongings and personal information. They said, "I don't go through [people's] stuff and I let them know if I am looking for a specific item" and "Everything should be private; we can't give the information about clients to anybody. This has to be requested at the office."
• We spoke with the registered manager about how technology was used to support and promote independence. The provider had devised an electronic communications system to facilitate communication

between management, staff, people and their families. People and their relatives received training for this so updates from the provider could be shared with people who in turn, had an open channel of communication with the provider. A relative told us, "The app that they have deployed works very well."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

• People's care plans were highly detailed, and person centred. It was possible to gain an insight into the person's beliefs and views regarding their care, in addition to in depth information about people's personal, social and spiritual histories. It was clear that people and their representatives had been given the opportunity to shape their care plans in this area.
• Staff told us that people's care plans were informative and easy to access. One staff member said, "Each client has a care plan which are ok and covering everything that they should cover. We have good [electronic systems for care plans] and it's very easy to use."
• People were encouraged to pursue their hobbies and wishes. For example, a person was supported to organise, and risk assess a very important trip abroad to them.
• The staff team responded swiftly where a change was required to a person's care. For example, an internal assessment was carried out, followed by a referral to healthcare with a recommendation for a specific equipment when it was noticed in a person's care records that their mobility had deteriorated. A relative told us, "The carers noticed that [my family member] wasn't sleeping too well and changed when she had her dinner from evenings to lunchtimes. [My family member] is now much more comfortable at night, and sleeps better as a result of the change, so it's worked well for everybody."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Care plans included information where people required support with communication. For example, staff were encouraged to consider how and when they provided information to a person who had diagnosis of dementia.
• People had access to an electronic system used for recording their care delivery which was available in other languages, print/font sizes and an audio format for those who may struggle to read the information.

Improving care quality in response to complaints or concerns
• People felt listened to when they raised a concern. One person told us, "If there's ever a problem, I just mention it to the carer, or I phone the office. They are a proactive team – easy to talk with." A relative told us, "Yes, there's been a couple of issues with staff that [the management team] have resolved quickly."
• Records showed that one formal complaint was received in the last 12 months which was dealt with in

good time and with actions put in place to resolve the matter.

End of life care and support
• Staff received training for end of life care and palliation where they required to support people at the end of their lives.
• The registered manager told us that their nursing team had an extensive experience in palliative care. They reviewed the care and made referral to healthcare professionals such as district nurses where they noticed changes in people's health conditions and symptoms related to end of life care.
• Care plans included information related to the possible risks and support required for those people who were receiving palliative care. It was clearly stated where a person had a DNAR in place and wished in the event of a cardiac or respiratory arrest for no attempts at cardiopulmonary resuscitation (CPR) to be made.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• There was a high level of engagement from the management team with people who used the service which encouraged open relationships. People and their relatives described the registered manager as, "terrific", "superb" and "excellent." They complimented the management team on the excellent work they do, with relatives telling us, "I think that there is a very effective specialist management team in place" and "They do seem to be a very organised management team…"

• Great achievements of Paragon Home Healthcare were acknowledged by people and their relatives who voted for the service and they had received an award of "TOP 20 Recommended Home Care Provider in London."

• The service got involved and protected people's right to quality care. The registered manager told us how closely they liaised with the NHS Continuing healthcare team, a spinal injury centre and advocate to help a person to secure their eligibility for funding. This funding appeal was successful because of the level of information provided by the staff team who worked with this person to demonstrate the high risks involved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• Care, compassion and dignity were the key values of the service which we saw imbedded in staff training, care delivery and the registered manager's approach to always aim for transparency and excellence.

• Staff were motivated and proud of the service that was inclusive and aimed to improve as necessary. Staff's comments included, "Paragon is a young company and has a bright future as they are forward looking company", "Everything about the Paragon is good, I like the way they deal with issues. They treat the carers well" and "Very good company to work for. When you need help, it's there, questions answered quickly, they accommodate you well."

• The provider had enabled people with highly complex and fluctuating care needs to remain living independently at home which made them feel empowered. The registered manager told us how they supported a person to receive the required treatment at home as they chose not to go to the hospital. Although this treatment was usually not provided in the community, the staff team made it possible by making the necessary adjustments to the care provision and training staff appropriately.

• People were at the heart of the service and the management team looked for meaningful ways to engage people during the COVID-19 pandemic. This included the staff team being notified about people's birthdays and people receiving a call when appropriate and a birthday card to help celebrate the occasion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

• There was a well- embedded framework of accountability to ensure effective running of the service. All people had a named clinical lead who was supported by a nurse and a coordinator that managed staffing and their rota. Clinical lead and coordinator worked closely together to ensure safe and continued care delivery.

• Healthcare professionals told us there was a strong and skilled leadership at the service. Comments included, "Management is very impressive as nursing knowledge is evident from skilled support to staff" and "The service seems to be very well led – manager is confident, competent with excellent clinical knowledge and communication – I feel very assured."

• The provider specialised in spinal cord injury care. Staff received specialised training and were aiming to provide best practice care for people with this need. The nursing team was committed to continues learning and closely worked with two spinal injury centres to ensure best practice.

• The management team had researched for ways to improve the quality of care delivery. The service was a member and sponsored the Spinal Injuries Association (SIA) which is a charity organisation that provides services and support to people who have suffered a spinal cord injury. This meant that the provider had an early access to events, information and guidance which they shared with people as necessary. This included a person being referred to the SIA by the provider for financial and advocacy support which resulted increase to their care funding meaning they were able to afford the required equipment and that their emotional well-being had improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The provider had identified the key challenges to the service delivery and worked towards improving the practice. For example, they provided information for staff to encourage them to have the COVID-19 vaccination to ensure safe care delivery for people.

• There was a high level of open engagement within the team to ensure effective care delivery. The system used to deliver care planning and risk assessments was electronic. It was a 'live' system which could be updated in real time; staff accessed care plans and risk assessments via a secure phone application and consequently were always in receipt of current information and guidance. The system also contained a 'clinical updates and requests' section, which informed staff of any changes, imminent or recently made, to people's care, for example a review by their GP or a change in a person's medication.

• Quality monitoring had ensured continues improvement of the service delivery. People's care plans and risk assessments were regularly reviewed and subject to frequent audit. Weekly checks were carried out to review staff's completed records and performance which meant that issues arising were picked up and dealt with in a timely manner.

Working in partnership with others

• The service worked in partnership with others to promote people's good experiences and informed choices. A lot of input was provided by the service as people using the service had multiple inputs from other services, such as the NHS. For example, we saw correspondence between the health professionals and the service outlining a person's current health needs, what care they were receiving and what medication they were taking. This was done with the knowledge and permission of the person.

• The management team ensured that people received on-going support and consultation from the healthcare professionals which was especially important where the team supported people with complex needs. Healthcare professionals told us, "Very good communication between myself and the provider. They also liaised with other professionals involved in my client's care very well, to ensure a safe discharge into their care. Very prompt communication has been received – 10/10 on this to be fair" and "I have had regular updates regarding any patient changes. If I email for updates they respond quickly."