

Paradise Care Ltd

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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

About the service

Paradise Care is a domiciliary care agency registered to provide personal care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was providing personal care and support to one person.

People's experience of using this service and what we found

Paradise Care currently provide care for one person who told us they felt safe being supported by care workers in their own home. Staff had been recruited safely following completion of relevant checks. We have made a recommendation about best practice recording of recruitment documentation.

Staff were trained in medicine administration and had their competency assessed regularly. Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. Thorough initial assessments were carried out to ensure the daily needs and choices of people could be met.

A comprehensive induction and mandatory training was completed by staff. Competency was monitored through spot checks and supervisions. The registered manager valued continuous learning and supported staff to complete additional qualifications to gain a knowledgeable workforce. Staff felt confident and able to support people safely.

Nutritional needs were supported, where required. People were supported to live healthier lives and access healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were reported to be respectful in people's homes. Staff spoke kindly of the people they supported. People, relatives and professionals were contacted regularly, formally and informally to ensure they were actively involved in care provision. People's opinions about end of life care was respected.

Independence was promoted as staff took time to understand what people needed support with. This enabled people to remain as independent as possible. Information about how to complain or provide feedback about the service was provided within care records in people's houses.

Although there were systems in place to monitor the safety and quality of the service provided, these systems and processes were still being developed by the registered manager and support team. It needs to be demonstrated going forward that developments made are embedded and sustained.

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

Rating at last inspection

This service was registered with us on 22 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Paradise Care 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 Health and Social Care Act 2008.

Inspection team

The service was inspected by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 February 2022 and ended on 07 March 2022. We visited the location's office/service on 28 February 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person and one professional who use the service about their experiences of the care provided. We spoke with three members of staff including the registered manager.

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

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.

Staffing and recruitment

- The registered manager told us how they understood the importance of recruiting staff with the appropriate skills and competencies to meet people needs.
- Recruitment processes ensured that relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We saw photocopies of recruitment documentation that had not been signed and dated to evidence the originals had been seen.

We recommend the registered manager dates and signs any documents that are photocopied as proof they have seen the originals.

Using medicines safely

- Staff received medicine training. Care workers told us their competency was assessed through regular observation and spot checks.
- Staff administered medicines for one person and the registered manager undertook regular audits to ensure safe administration.
- We saw documentation that required further clarifying detail, regarding who was responsible for medicine administration and when. During the inspection the registered manager took action to increase clarity within documented records.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.
- Staff were trained in safeguarding enabling them to identify and report concerns when required.
- One member of staff told us the different types of abuse that could harm people and what they would do if they identified abuse.

Assessing risk, safety monitoring and management

- Prior to the start of care provision an assessment of peoples care needs and home environment was completed by the registered manager.
- Potential risk when providing care and support was identified and appropriate interventions recorded.

Preventing and controlling infection

- Staff were trained in safe infection prevention and control.
- Care workers told us they were provided with personal protective equipment (PPE) which was replenished whenever required.

Learning lessons when things go wrong

- We saw the registered manager responded quickly and openly to any issues people or professionals had. The registered manager told us, "I see everything as an opportunity to learn. I am not scared to address difficult issues and learn how to improve the service."
- There was limited data available due to the amount of time the service had been providing care for. However, the registered manager was aware of the need to analyse any data trends to improve care provided to people.

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

- Before people began using the service we saw comprehensive assessments of people's needs and choices were carried out.
- The registered manager ensured capacity was assessed to ensure people were able to make decisions about how they live their daily lives. The registered manager told us, "[Person] likes to go shopping to choose their own food. [Carer] supports [person] to go out shopping which enables [person] to keep making their own choices."

Staff support: induction, training, skills and experience

- Staff completed a robust induction when they joined the workforce to ensure people were supported by competent, skilled staff.
- One person told us they felt staff effectively supported them with their needs.
- The registered manager confirmed staff were provided with specialist training relevant to people's needs. We saw staff had received specific training prior to providing care which ensured specific health needs were supported safely.

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

- Staff supported people to eat and drink to maintain their health and wellbeing, where required.
- One person told us that staff provided the right support to eat and drink every day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and management communicated people's needs effectively in a timely manner. The registered manager and staff told us they discussed and recorded any new changes or concerns immediately.
- A health professional told us, "[Registered manager] and their team supports with personal care, nutrition, medication and makes regular assessments of needs so we can continue to support people - exactly as they need."

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 MCA 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.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- Care plans had been signed to confirm consent to receive care and treatment had been given.

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

- Management and staff ensured people were supported as planned and treated well using effective communication.
- One member of staff told us, "We have staff meetings regularly to discuss systems and processes, but we discuss [person's] needs every day and take any actions straight away."

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

- The registered manager told us how staff worked effectively with management and other agencies supporting one person to maintain their dignity and ensured their preferences were listened to and respected.
- A health professional told us "When [person] voiced their opinion to [staff member], they responded by requesting a meeting with me to ensure [person] was understood."

Respecting and promoting people's privacy, dignity and independence

- Consistent, timely care was provided from familiar staff who understood individual needs to encourage independence.
- One person told us "They [staff] respect my privacy, they are good."
- The registered manager told us, "It's important to be patient and kind and ask people what they want. If [person] has difficulties deciding, we offer suggestions to help them make their own choices."

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

- The registered manager knew the importance of ensuring people and their representatives and/or family were involved in the planning of care provided. One person told us they met with the manager in the presence of their family to build their care plan together.
- The registered manager told us, "After I have completed the initial assessment of a person's individual needs and preferences, I make sure everything is in place and ready – equipment or specific staff training - so we can care for them correctly."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was unaware of the Accessible Information Standards. Nevertheless, initial assessments showed that people were asked if they had any communication and information needs relating to a disability or sensory loss and what support may be required.
- The registered manager told us, "We can provide information in various formats to people who require that."

We recommend the provider consider current guidance to ensure enough information is gained and documented in people's care plans to allow care workers to support people's communication needs effectively.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care.
- The provider had a complaints policy and procedure in place. We were not able to assess the effectiveness of the policy because there hadn't been any formal complaints made to the service.
- When concerns were raised the registered manager responded promptly. A health professional told us, "[Registered manager] is quick to raise concerns about any needs she identifies for people and also responds quickly by implementing what I have asked."

End of life care and support

- The registered manager was aware of the importance of documenting discussions about end of life care so staff can understand and comply with people's wishes.
- People's decision not to discuss the topic was also respected and documented.

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.

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

- The registered manager had a clear vision for the service and told us, "My goal is to grow the service at a slow and steady pace. That way I can maintain good relations with my staff and people we support. I want to retain staff and grow together."
- Staff reported a positive culture led by the registered manager. Despite recent challenging circumstances caused by the pandemic, morale was good. One care worker told us, "I am new to the care industry. [Registered manager] is supporting my studies and it's a big testament to her that I have learnt so much and feel confident and not over-whelmed."

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

- Systems were in place to investigate and feedback on incidents, accidents and complaints. These systems had not yet been tested by formal complaints or incidents.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor the quality and safety of services through audits such as, medicine audits, care competency and care records. The registered manager had considered how these systems would need to evolve as the service grew to ensure effective oversight.
- The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.
- All staff enjoyed working at the service, confident in their roles and responsibilities. One member of staff told us, "I can confidently handle everything, that's because [registered manager] is patient and supportive of what I need. I really enjoy working here."
- The registered manager provided opportunities for people, staff and relatives to engage in different ways i.e. surveys, online calls, face to face meetings. The registered manager showed us positive responses from feedback questionnaires and staff told us regular meetings were held.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were still being embedded due to the service only providing care since 2021, throughout which time there were the added pressures of the pandemic. Despite this one person, professionals and staff said the service is consistently well led. The registered manager told us, "I am involved in networks with other care providers, we support each other and learn from each other to improve our services for people."
- The registered manager worked closely with external health professionals to promote positive outcomes for people. One health professional told us, "I am very happy working with [registered manager] and hope to work together to support more people to remain living in their own homes."