

Paradise Independent Living Limited

# Paradise Independent Living

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Paradise Independent Living is a supported living service providing personal care to people and which focuses on the rehabilitation of people with acquired brain injuries. At the time of the inspection, 16 people were using the service across four supporting living settings.

People in each setting had shared access to a kitchen, a communal lounge/dining area and a garden. Some people had their own en-suite facilities while others had access to communal bathrooms.

Not everyone who used the service received personal care. 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.

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

Improvements had been made around the management of medicines and people received their medicines as prescribed.

People and their relatives told us they received safe care and treatment. Risks associated with people's care and health were identified and managed in a safe way. There were adequate numbers of suitably skilled staff deployed to meet people's needs. The service adopted appropriate measures to prevent people from catching and spreading infections. Accident and incidents were recorded, and any lessons learnt were used as opportunities to improve the quality of service.

The service had made improvements around working within the principles of the MCA. 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.

The service assessed people's needs and delivered care in line with current standards. Staff monitored people's health routinely and supported them to access healthcare services when required. People were able to choose what they wanted to eat and drink. Staff told us they felt supported by management and received the training required to fulfil their roles.

Following our last inspection, the management team made several changes to their approach to show compliance with the regulations. There was a positive and inclusive culture within the service where people, their relatives and staff felt comfortable to speak up and contribute their views. Quality assurance systems were effective and enabled the management team to monitor their performance, learn continuously and deliver good care to people. The service provided person-centred care to people by working in collaboration with other agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 09 December 2019) and there were breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 20 and 24 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Paradise Independent Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Paradise Independent Living

## **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 inspection was carried out by one inspector.

#### Service and service type

Paradise Independent Living provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or 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 the last inspection. This included complaints, notifications from the provider around incidents and safeguarding concerns, and any action plans submitted following the last inspection. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including registered managers, deputy manager and support workers. We also spoke with a professional who acted as an advocate for people to help facilitate smooth transitions between hospitals, specialist neurological rehabilitation services, community services and social care providers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records such as staff training information, care assessments and communication records were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further records relating to the management of the service including quality assurance records and policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found systems in place were not effective to ensure the safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, we identified concerns around the provider's procedures for safe management of medicines, more specifically around 'as and when required' (PRN), and recording of, medicines. Following that inspection, we received an action plan from the provider outlining how they would improve.
- At this inspection, we found PRN protocols were in place for each person and provided clear guidance for staff to know when and how to administer these medicines. Administration of PRN medicines was also clearly recorded and included medicines such as painkillers and laxatives. Where people received their medicines covertly, best interest assessments and guidance for staff were in place to support this.
- However, we found the service did not record the date when certain medicines were opened, such as medicines in liquid form, which may have a shortened shelf-life once opened. We discussed this with the registered managers who reacted immediately by seeking appropriate guidance and making the relevant adjustments to ensure they were following best practices. The registered manager submitted a report following the inspection which reflected how changes were implemented, monitored and discussed with the team.
- The service ensured people's medicines were stored securely and disposed of in line with national guidelines. People's care plans contained detailed information on their medicines including their uses, possible side effects, allergies and review notes.
- Staff received appropriate training and were assessed as competent to administer medicines by the registered managers. Staff we spoke to confirmed this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had systems and processes in place to safeguard people from abuse. Policies and procedures were in place and staff were provided with appropriate training.
- People felt safe and protected. One person told us, "I feel 100% safe." A relative said, "I don't have any concerns about [person's] safety since [person] has been there. [Person] receives consistent good care."
- Staff knew how to identify abuse and raise concerns. A member of staff told us, "People are safe and their rights are respected."

- The service had a system in place to record and respond to accidents and incidents in a timely manner. The management team analysed accidents and incidents to identify specific trends. Any lessons learnt were communicated to staff through daily handovers and regular team meetings to improve the service.

#### Assessing risk, safety monitoring and management

- The service anticipated, identified and managed risks associated with people's care and health. Risk assessments were comprehensive, person-centred and contained clear guidance for staff to support people safely. Risk assessments covered areas such as mobility, medicines, eating/drinking and swallowing, COVID-19 and behaviour.
- Staff had a good understanding of people's risks and knew how to keep them safe in a way that did not restrict their freedom. A member of staff explained to us the risks associated with a person's swallowing and said, "We have to make sure to add the thickener and we have to supervise [person] when they eat."
- Personal Emergency Evacuation Plans (PEEP) were in place which described the assistance required to evacuate people from their rooms to a safe area. These plans, which were reviewed regularly, also contained details of any specific equipment a person might require when evacuating as well as information on their ability to understand an emergency situation. PEEPs were tailored to meet people's individual needs.

#### Staffing and recruitment

- Sufficient numbers of staff were deployed to meet people's needs safely. The registered manager ensured people's varied needs were considered when planning staff rotas.
- The four supported living settings are located in the same vicinity and safe arrangements were in place for staff to support their colleagues when needed. Staff told us they had no issues with staffing levels and one member of staff said, "We have enough staff to ensure people are safe."
- The service followed safe recruitment practices and carried out necessary pre-employment checks before newly recruited staff were able to start. The registered manager also performed a personality test to ensure the right staff were recruited. They told us, "We want people [staff] who have a caring and empathetic nature. We want to know what's important to you [staff] and if you [staff] are going to care about our clients and are willing to learn new strategies."

#### Preventing and controlling infection

- Measures were in place to ensure people, their relatives, visitors and staff were protected from catching and spreading infections. Infection prevention and control policies were up to date.
- People were able to meet their families and friends safely and stay in touch with them via regular telephone and video calls.
- We observed staff wore Personal Protective Equipment (PPE) when supporting people. A person told us, "Staff always wear their masks." A relative told us, "The place is very clean, staff wear PPE and are consistent with that."
- The service adhered to COVID-19 testing requirements as per government guidelines. Staff confirmed they had access to appropriate training and were supported by management throughout the pandemic.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection we found instances where people may have been deprived of their liberty without lawful authority. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The service was compliant with the MCA. The registered manager carried out mental capacity assessments for people where capacity was lacking which were reviewed regularly and well documented in their care plans. We saw mental capacity assessments for people around bedrails, support in the community, locks on fridges and medicines.
- The registered manager understood their responsibilities regarding lawful deprivation of liberty and had ensured people who lacked capacity had appropriate best interest decisions in place.
- A healthcare professional who had a close working relationship with the service spoke to us about its proactive approach and how well they managed people's complex needs. They acknowledged the delays associated with CoP applications and added, "Paradise Independent Living always identifies the people who need community DoLS [Deprivation of Liberty Safeguards] and have been very clear in checking that the process is happening. I have no concerns about people's freedom."
- Staff had training in MCA and understood its requirements. A member of staff told us, "Where some people

cannot decide for themselves, we do mental capacity assessments. Families and staff contribute when making decisions about someone who does not have capacity."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service completed an initial assessment of people's needs before they moved into the service. This enabled the team to determine the best possible ways to support people in areas such as personal care, mobility, nutrition and physical and emotional health. Assessments included consideration around people's gender, culture and religion.
- The service worked with the individuals, their relatives and professionals to produce person-centred care plans in which people's needs and expected outcomes were clearly explained. For people with acquired brain injuries, their care plans contained information on what led to their injuries and the best way to support them in this aspect.
- Staff demonstrated good understanding of people's individual needs. A relative told us, "They [staff] work with [person] regularly. They [staff] got to know [person] and understand what their needs are."

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction process upon joining the service. This included the completion of mandatory training including the Care Certificate and working under the supervision of experienced staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke positively of the service and of the support they received from management. A member of staff told us, "They [management] made sure I had all the support I needed. They allocated time at work to do my training and made sure I was on top of it."
- Staff received additional training around brain injuries which enabled them to have an in-depth understanding of how to support people through their rehabilitation. A person told us, "Everyone [person] has different levels and staff understand that. They understand your injury."
- The service supported staff via regular supervisions and appraisals. Records confirmed this.

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

- Staff supported people to eat and drink according to their individual preferences. Care plans contained detailed information around people's diets, support/equipment they required and any associated risks.
- Staff encouraged people to be involved when preparing their meals and doing their shopping lists. People were able to choose what they wanted to eat and drink. A member of staff told us, "They [people] have choices. Some will ask for porridge and some will have boiled eggs for breakfast."
- The service considered people's culture when planning meals. The registered manager told us, "People are supported to access multi-cultural shops on the high road."

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

- People had access to a range of healthcare services. Staff supported them to attend their health appointments when required. Care plans contained detailed information about people's health and medical needs and the support they required with these.
- Staff worked in collaboration with several agencies including GPs, dentists and community rehabilitation teams, which helped achieve positive outcomes for people. We found instances when the registered manager referred people to specialist services, such as speech and language therapy and physiotherapy.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems in place were not effective to ensure quality of service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following our last inspection, the registered manager took appropriate actions to improve the service. They acknowledged our feedback and reviewed their systems to ensure people's medicines were managed safely and effectively. The service worked with other agencies to make sure people were not deprived of their liberty or if they were, procedures were in place to demonstrate it was done lawfully.
- Systems were established to assess, monitor, mitigate risks and improve quality of service. The management team carried out various quality audits regularly including audits of medicine management, health and safety and records such as people's care plans and risk assessments. The registered manager produced monthly reports which highlighted areas of good practice, changes within the organisation and where improvement was needed.
- The team monitored people's progress on a regular basis. Updates around people's cognition, behaviour, health, communication and dependency levels were clearly documented. This enabled staff to support people through their rehabilitation journey.
- There was a clear organisational structure in place and staff understood their individual roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 staff team created an open and fair culture where people were comfortable to initiate conversations and express their feelings. People were free to move around and access different parts of their accommodation. One person told us, "I'm very happy here, staff are the best I've ever had."
- A relative told us, "Everyone seems fairly content and happy, they get on with each other and the environment is nice and calm. Staff seem fairly happy." Another relative told us, "Staff are super friendly,

they are absolutely fantastic with [person]."

- Staff spoke positively about the service and management being supportive. A member of staff told us, "Management are supportive, it's a very nice working environment. Teamwork here is good, everybody just mucks in."
- The manager understood their responsibilities to be transparent with people when things went wrong and to notify the CQC of any significant events at the service.

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

- The service engaged and sought feedback from people, their relatives and healthcare professionals through surveys to ensure people received good care. The management team analysed the information received and acted accordingly. For example, we observed how the service enforced changes through staff meetings and supervisions after a person commented, "Staff at times rushed them to undertake activities."
- Several positive comments were noted from professionals including, "I appreciate how it [the service] is a wonderful resource in assisting and enabling people to move onto independent living."
- We observed people and staff engaged with the management team as and when they needed to. The service also held regular meetings with people and staff which gave them the opportunity to discuss any issues. Staff commented, "If anything we can go to the manager, they sit down and listen to you" and "Management is approachable. They've given me freedom to see things that need improving and allow me to have my say."
- A relative told us, "Anything I raise with management, they speak to me in a nice way. They listen to me and take on board what I say. They try their best to rectify."

Working in partnership with others

- The service regularly worked in partnership with other organisations such as local authorities, clinical commissioning groups and community rehabilitation teams to ensure people received ongoing support to meet their needs. Communication records confirmed this.
- The service maintained their accreditation with Headway, a charity organisation supporting people with acquired brain injuries. This ensured people with complex physical and cognitive impairment received appropriate specialist care. Staff also benefitted from specialist training around brain injuries.