

DHCH14

Paradise House

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 House is a residential care home providing personal care for up to 39 older people, including those living with dementia. At the time of our inspection there were 37 people using the service. The service is purpose built and is situated in a residential area.

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

People living at Paradise House benefited from a service that was committed to providing safe and high-quality care and support. People told us they enjoyed living at the service.

Staff recruitment processes ensured staff were safe to work with people. Risks to people were identified and managed and mitigated by staff to lessen the risk of harm to people. Policies and procedures were in place to keep people free from the risk of abuse and harm.

We received positive feedback from both people living at the home and their relatives about the quality of the care and support they received from staff. Staff were described as kind, caring and 'willing to go the extra mile.'

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 adopted a positive culture which was committed to delivering high-quality care to people. Staff understood and shared these values. Governance and quality assurance processes helped to monitor service performance. People, their relatives and staff spoke positively about the registered manager.

The service worked in collaboration with other relevant organisations to help achieve positive outcomes for people.

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 19 July 2021 and this is the first inspection.

The last rating for the service under the previous legal entity was good, published on 16 November 2019.

Why we inspected

We carried out this comprehensive inspection to award a rating for the service.

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?

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.

Paradise House

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 and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector who was new to CQC, was also present at the inspection for observational and learning purposes only, they did not take an active role in the inspection process.

Service and service type

Paradise House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Paradise House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since its registration.

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 undertook a tour of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day, including the lunch time experience. We spoke with eight people who lived at the home, two relatives, the registered manager, the head of compliance, three members of care staff and a visiting healthcare professional.

We looked at records in relation to people who used the service including three care plans and systems for monitoring the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We also spoke with two relatives on the telephone to help us understand their experience of the care and support their loved one received.

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 of 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

- People were protected from the risk of harm and abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities. Systems, policies and processes enabled transparent investigations to take place in the event of any safeguarding concerns.
- People and their relatives told us they felt the care and support provided by staff was safe. People told us, "I feel very safe here, I am happy to be here" and "I feel safe and looked after." A relative confirmed, "[Name] is so safe, and very settled."
- Staff were trained in safeguarding matters and knew what action to take to keep people protected.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service took a preventative and proactive approach to risk taking and were aware of relevant risk factors and triggers. This approach ensured that people's human rights were protected as any decisions were taken in people's best interests.
- Staff supported people to make their own choices in an informed way and understood where people required support to reduce the risk of avoidable harm. Staff were aware of the risks to people and how to manage them safely. Risks were reviewed regularly to ensure the service had a current and accurate picture of safety.
- We saw evidence of how the home had effectively monitored and managed an area of risk. The home had identified the probable causes of people having falls. To help prevent and reduce the number of falls, staff had been deployed in a more effective way which had resulted in a reduction in the number of falls.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. People's records were reviewed to monitor any safety related themes. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files contained all required information.
- The service used a staff dependency tool to ensure there was enough staff to support people safely. Where agency staff were used to fill in gaps in the rota, the service used the same staff wherever possible to ensure people received consistency of care and support.

Using medicines safely

- Medicines were managed safely. Staff were supported to ensure they met good practice standards and were trained and competent to administer medicines.

- Protocols and procedures were in place to ensure controlled drugs were managed safely. Controlled drugs are drugs that are subject to extra safety measures and legal control as they can be harmful if not used properly.
- People received their medicines as prescribed and had a person-centred PRN protocol in place. PRN protocols provide guidance to staff on when to administer as and when required medicines, for example, painkillers.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place. The home was airy, well maintained and clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We saw how the service facilitated visiting during our inspection. It was evident visitors had a beneficial impact on the psychological and emotional well-being of people. Visitors told us they could visit the home at any time.

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

- Care and support was delivered in line with evidence-based guidance and relevant legislation, which was monitored to ensure consistency of good practice. A comprehensive initial assessment of people's needs was undertaken before they were admitted to the service. This helped ensure care and support was tailored and appropriate to people's needs. People and their relevant others were directly involved in setting out expected outcomes wherever possible.
- People's needs were met in the best way and appropriate referrals to external services and professionals were made to ensure that support led to good outcomes for people and promoted a good quality of life.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. New staff underwent a programme of induction to help ensure they had the right skills to care for and support people. People told us they felt staff had the right training to support them.
- We did note that some staff were out of date with some key refresher training modules such as practical manual handling. However, the registered manager had already identified the need for refresher training and was able to evidence training had been booked for staff.
- Staff had also received more specialised training, for example, training in dementia care and support, so they were able to better meet the specific needs of people living at the service.

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

- The service helped protect people from the risk of poor nutrition, dehydration, swallowing risks and other medical conditions that affected people's diet and fluid needs. Where people required specialist intervention with their dietary requirements, we saw evidence that the service had made appropriate referrals.
- People had a choice and say in the food they wanted to eat. We saw how the service specifically provided food for one person to meet both their cultural needs and preferences. We observed the lunch time experience and found it to be relaxed and sociable. Music played in the background as people ate their lunch. Tables were set out nicely and people had a choice of menu. One person said, "Very nice that was" when staff took their plate away.

Adapting service, design, decoration to meet people's needs

- The service followed best practice guidance to ensure the environment was suitable to meet the needs of people living with dementia with clear signage and suitable flooring in communal areas to help people navigate around the home. One person told us, "I love the place, its perfect. I love the building, it's a great

pleasure being here."

- The service had large and airy communal spaces, so people could choose to spend their time with others or in quieter areas. People had access to a large conservatory and enclosed garden which helped them to enjoy and spend time in outdoor space. One person commented, "I go out into the garden whenever I can."

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

- Staff worked in collaboration with other appropriate and relevant services, such as district nurses and pharmacists, to meet people's needs in the best possible way.

- The service helped ensure people experienced positive outcomes regarding their care and support. Options and information about their likely outcomes were provided to people to better enable them to make choices which were right for their care and support requirements. Where necessary, staff acted as advocates for people when liaising with other health professionals, enabling people to make choice and preference.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service ensured people were directly involved in decisions their care and support, so their human and legal rights were upheld. Staff regularly assessed whether people had capacity to make particular decisions and involved relevant others when required such as external health professionals and relatives.

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

- Our observations showed, and people and their relatives told us they were treated with respect and with kindness and compassion. We observed staff were attentive to people's needs and treated people with sensitivity. People told us, "All the girls [Staff] are nice. They have a lot of patience; the staff look after me well" and "Staff are great, if I need help, I only have to ask and they will come." Relatives confirmed, "I have very high standards and couldn't choose a better home than this, I wouldn't have [Name] anywhere else" and "Staff go the extra mile, they are so kind and caring."
- The service did not view people's protected characteristics as a barrier. A positive value was placed on people's differences to enable people to fulfil their potential. For example, for people with mobility restrictions, suitable equipment and staff support was put in place to afford people greater freedom.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. We saw how staff knocked on people's doors before entering their room. People's care and support needs were met in a way which both maintained and encouraged people's independence. The service utilised technology to minimise any risks to people's confidentiality.
- People were treated with dignity, respect and without discrimination and were afforded choice and control. It was clear staff had built up positive and trusting relationships with people which helped ensure people received a consistent level of care and support from staff who were familiar to them and knew their needs well.

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

- The service supported people to express their views on all aspects on their care and support, so that people were able to make genuine choices. Staff took the time to get to know people and understand their needs and choices around their support.

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 service worked with external professionals to help ensure people's care and support needs were met. People and their relatives were consulted to ensure that people's needs were identified, and people had choice, control and preference on how their support was delivered. People were encouraged to make their own choices. A relative told us, "Staff know [Name] so well. Staff's knowledge and assessment of each and every person is superb, they treat everyone as individual."
- Although we were assured people received care and support to meet their requirements, some care records did not always accurately reflect this, we spoke to the registered manager about this who confirmed it was a recording issue and arrangements had already been made to support staff with the electronic recording system.

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 service presented information in a way that people understood, to ensure people were able to make appropriate choices based on options which had been presented to them in an accessible way. This included written, pictorial and verbal formats.
- Adjustments were made to reduce any barriers in communication. People's care records contained guidance for staff on the most appropriate and effective way to communicate with the person. Staff told us for any people who were not always able to verbalise their needs, staff knew people well enough to know what support was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service involved those who were important to the person in their care and support to help maintain good relationships.
- The service both facilitated and maintained links with people's local communities, to help people feel a sense of belonging and avoid any feelings of social isolation. Both group and individual activities were facilitated to help people engage in a way that was most appropriate to their needs and preferences. The service was situated opposite to parkland, people told us how they enjoyed regular outings to the park.

Improving care quality in response to complaints or concerns

- Although the service had not received many complaints, an accessible complaints policy was in place to ensure people knew how to give feedback on their support and that any feedback would be acted on. Any complaints that had been received, had been dealt in a sensitive and considered way. Comments from people included, "Nothing to complain about, staff do everything I ask them to do" and "If I had any concerns, I would be happy to say so, but I don't have any."

End of life care and support

- For people who were receiving end of life care, the service helped ensure people and their relatives were involved in the development of appropriate treatment plans, sensitive to the needs and wishes of the person, including any religious and cultural needs.

- The service worked in conjunction with relevant external health care professionals to ensure people were treated with dignity and that any specialist medicines or equipment was made available.

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 and provider implemented and practiced a culture which was focused on delivering person-centred care and support underpinned by compassion, dignity and respect. This ethos was understood and practiced amongst staff so that people using the service received a service that was person-centred.
- The positive culture and involvement of people and their relatives in their support helped lead to positive outcomes for people. We observed the registered manager engaged positively with people during the day, it was clear people knew who the manager was and enjoyed a good relationship with them.
- Both the registered manager and the staff promoted equality, diversity and inclusion to remove any barriers to people's access to high quality care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service demonstrated effective governance and accountability processes and practices. The registered manager was knowledgeable about the home and had a good understanding of their role and responsibilities. Both the registered manager and staff were committed to deliver a person-centred service for people. Staff were positive about the manager and shared the same values, ethos and need to provide a quality service. One staff member told us, "Manager is great, supports the residents and us, we work as a team, we treat people with dignity and respect, like our own family."
- Governance systems were effective at identifying risks to the safety and quality of the service provided to people. Audits were used to help drive up improvement within the service.
- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of good care and support. One told us, "I am supported. I love working here and feel valued as a member of staff."

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

- The service encouraged and facilitated people and their relatives to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support. This also enabled the service to make changes to people's support plans as their needs and preferences changed. Relatives spoke positively

about the registered manager and told us they were able to provide feedback at any time, one told us, "[Manager] is superb, I am kept well informed but can also talk to the manager at any time."

- The registered manager engaged with staff to enable staff to have a platform to voice their feedback and views, this included staff meetings. Staff feedback was listened to and acted on to help shape the service further, and further improve the quality of care and support.

Continuous learning and improving care

- Quality assurance processes were in place to capture the views and experience of people using the service, through resident meetings and feedback questionnaires. Emphasis was placed on the perspective of people and their relatives to help understand any quality issues and challenges.
- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the deliverance of good care.

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 service encouraged any feedback and adopted a transparent and open approach. Concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared amongst staff and acted on, to help minimise the risk of recurrence.

Working in partnership with others

- The service worked in partnership with external organisations to support high quality and appropriate care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference. We received positive feedback about the service from a visiting professional who worked closely with the service, "The service is very proactive with a consistent management team, which is good for communication."