

Paradise Independent Living Limited

Paradise Independent Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Paradise Independent Living is a supported living service providing personal care and aims to support and rehabilitate people with acquired brain injuries. At the time of the inspection, 14 people were using the service in three supporting living settings.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, we found instances where people were subjected to restrictions and prompt action had not been taken by the provider to ensure any potential deprivation of liberty was lawful.

Medicines were not managed safely. There were no clear individual protocols for people receiving 'as and when required' (PRN) medicines.

Personal Emergency Evacuation Plans (PEEPS) for people using the service were not individualised in accordance to people's needs.

There were systems in place to assess and monitor the quality of the service provided. However, these were not always effective and did not identify the shortfalls found during this inspection.

People and relatives spoke positively about the service. They told us they felt safe and their needs were being met. Risk assessments were in place to prevent or reduce the risk of people being harmed. Staff followed appropriate infection control practices. Appropriate numbers of suitably skilled staff were available to meet people's needs. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively. Assessments were carried out to ensure people's needs could be met. People were supported to maintain good health and access healthcare services when needed. People were supported with their nutritional and hydration needs.

People's privacy, dignity and independence was promoted. People told us support workers were kind and caring. There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection

The last rating for this service was Good (published 21 March 2017).

Why we inspected

This was a planned inspection based on previous rating.

Enforcement

We have identified breaches in relation to safeguarding service users from abuse and improper treatment, safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and two Expert by Experiences. 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 provides care and support to people living in three 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 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 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 held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and eleven relatives to gain their views about the service. We spoke with six members of staff, deputy manager, compliance manager, registered manager and a director. We also spoke with two healthcare professionals.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not being managed safely. We looked at the medicines administration records (MARs) for six people. There were no clear individual protocols for people receiving 'as and when required' medicines (PRN) including pain relief such as paracetamol. The lack of guidance meant people were at risk of not receiving their medicines appropriately from staff.
- MAR sheets showed daily entries recorded for PRN medicines, initialled by staff using the code 'O' which meant 'other.' There was no explanation recorded as to what 'other' referred to.
- MAR sheets also showed entries where staff had initialled, but no code was recorded, which would indicate the PRN medicines were administered. However, the MAR sheets did not detail the reasons why the medicine had been administered or the dosage of what was administered. For example, two MAR sheets stated that people required '1 or 2 paracetamols', the MAR sheets did not detail how many tablets were administered to the person and the reasons. There was no information detailing in what circumstances staff were to administer one or two tablets to the person.
- We asked support workers and the compliance manager whether a tub of topical cream we found for a person was prescribed and did not receive a clear explanation from them. The registered manager later confirmed that the cream was prescribed. However, details of the cream including when and where it was applied to the person had not been included on the person's MAR sheets.
- Monthly medicines audits were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. However, it did not identify the shortfalls we found at this inspection.

Systems in place were not effective to ensure the safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during the inspection and provided an example of an updated MAR sheet including a PRN protocol. The registered manager also confirmed they will take action in response to the cream including updating the person's MAR sheet and discussing this matter with staff at the next staff meeting. We will follow this up at our next inspection.

Assessing risk, safety monitoring and management

- The registered manager showed us Personal Emergency Evacuation Plans (PEEPS) for people using the service. However, the peeps were identical in content and not individualised in accordance to people's needs and potential risks to them. This meant people were at risk of receiving inappropriate support in the event of a fire. The registered manager told us these would be reviewed and updated accordingly.

- Risks to people had been identified and assessed. Risk management plans were in place which contained guidance for staff to ensure people were safe in areas such as mobility, choking, moving and handling and managing finances.
- Support workers understood where people required support to reduce the risk of avoidable harm. A support worker told us "We make sure people are safe and in a safe environment including avoiding trips and falls."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and support workers had completed safeguarding adults training.
- People and relatives told us they felt safe using the service. They told us "I feel safe. The staff make me feel safe." A relative told us "Totally safe! They [staff] are always there. All the time."
- Support workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns about abuse. A support worker told us "I would record it and report it to the manager. If nothing happens, we then have to go higher to the directors. We can report it to CQC and whistleblow to the GP, Police and local authority."
- Where there were concerns of abuse, the registered manager had notified relevant healthcare professionals, including the local authority and CQC.

Staffing and recruitment.

- There were sufficient numbers of staff on duty to meet people's needs. A weekly rota was in place and staffing levels were determined and accommodated for based on people's needs including community activities and health appointments.
- Staff we spoke with told us there were enough staff on duty to meet people's needs. The three accommodation settings for people are located closely to each other, therefore support workers were able to easily provide additional support to people in the other settings as and when needed. A support worker told us "There is enough staff on duty and we can rearrange accordingly. Staffing is not a problem."
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they could work at the service.

Preventing and controlling infection

- The service was clean, and people were protected from the spread of infection. Infection control policy and measures were in place for infection prevention and control. Support workers had completed infection control training.
- There were safe systems in place for the Control of substances hazardous to health (COSHH); these were locked away and kept safely away from people.

Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents in a timely manner. Where things went wrong, records showed action was taken in a timely manner to ensure people remained safe and the service had notified relevant health and social care professionals and CQC.
- A monthly accident and incident analysis log was in place to identify specific trends. Any lessons learnt were used to improve the quality of service and this information were relayed to support workers through staff meetings to promote good practice.

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 the last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 (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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that, where people lacked capacity to make decisions, there was involvement from relatives and relevant healthcare professionals to ensure decisions were made in the person's best interests. Two people using the service had a Court of Protection's (CoP) authorisation to deprive them of their liberty. However, the service was not always working within the principles of the MCA. We found instances where people were subjected to restrictions which could have amounted to a deprivation of their liberty and prompt action had not been taken by the provider to ensure any deprivation of liberty was lawful.
- For example, we saw a person who was subjected to a number of restrictions and despite agreements by healthcare professionals for an authorisation to be sought from the CoP, no application was in place. This meant there was a risk that the person might have been deprived of their liberty unlawfully.
- We found a 'friend' was involved and supporting this person, however it was unclear what the role of the 'friend' was and whether they had any legal authorisation to do so.
- Another person, we found required continuous supervision and monitoring when out in the community due to their lack of capacity and mobility. Their care plan stated 'staff have to anticipate most of [person's] needs' and 'has a cognitive impairment which puts [person] at risk daily. [Person] requires monitoring and supervision with all activities. [Person] has to be escorted at all times when leaving the home as they are at risk of getting lost.' However, the provider had not considered that the restrictions on the person's freedom,

could have amounted to a deprivation of liberty and made the necessary arrangements to ensure an application to CoP was made. Therefore, they might have deprived the person of their liberty.

There were instances where people may have deprived of their liberty without lawful authority. This is 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.

- The registered manager showed us made some correspondence in relation to their contact with local authorities about applications for the CoP. During the inspection, the registered manager contacted the relevant agencies again to chase progress. We will follow this up at our next inspection.

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

- Assessments were carried out before people started using the service to ensure their needs could be met by the service.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Support workers spoke positively about working for the service and told us that they felt supported by their colleagues and management. A support worker told us, "It is interesting and rewarding to work here and it motivates you to help people." Another support worker told us "I am happy with my job and we work well as a team."
- Support workers had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- Support workers had completed training the provider considered mandatory in areas such as moving and handling, health and safety, food hygiene medication and fire safety. Support workers spoke positively about the training they received, a support worker told us "We get regular training including individual training if we need it. If you ask the management, they will help you to get the training."
- Support workers were also supported through regular supervision and annual appraisal. A support worker told us "We have regular supervision and you can also call for an informal supervision if needed and they will set it up for me. They listen to you and are open to ideas."

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

- People were supported to eat and drink based on their individual preferences. People's care plans contained guidance on their likes and dislikes and support they needed with their food and drink.
- People were encouraged and supported to do their weekly shopping and prepare their meals where they were able to do so. People spoke positively about the support they received with their food and drink. A person told us "The food is okay; I am vegetarian and my choice is respected."

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

- People were supported to access healthcare services when required. The service worked in partnership with other services, and health and social care professionals such as social workers, speech and language therapists (SALT) and GPs to deliver effective and timely care. A person told us, "They keep a diary and they take me to any appointment I have." A relative told us "They take [person] to the GP, they look after [person's] physical health too and they update me all the time."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives spoke positively about the care they received and indicated positive caring relationships had developed between people and support workers. People told us "Staff are very caring, dedicated. They always go the extra mile" and "Staff are kind, always there for me. This is my second family now."
- People's equality and diversity needs were detailed in their care plans and met. A person told us they regularly went to their place of worship every week and was supported with their dietary requirements in accordance with their culture. A relative told us "They understand [person's] cultural needs and they respond appropriately."
- Support workers had a good understanding of equality and diversity. A support worker told us, "We are all different and should have the chance to do what we want. Our backgrounds are different, and we should be able to express ourselves without judgement."

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

- Records showed people and their relatives, including healthcare professionals where needed were involved in decisions about their care. Relatives told us "I am involved in the care of [person]. They know [person] so well. I never had a problem."
- People were supported to make day to day decisions for themselves and were provided with choice. During the inspection, we observed support workers respected people's choices. People could choose where to sit and spend their recreational time the way they wanted.
- Tenants meetings and keyworker sessions were held with people which provided them opportunities to speak about the service and express what they wanted. Support plans showed goals were put in place which showed actions taken to meet people's wishes in relation to their care and daily lives. Records showed people were supported with goals such as going to the gym and seek further educational or work opportunities if they wished. A person told us "My key worker recommended the wooden workshop. I made my own table there."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were able to spend time in private if they wished to. A person told us "My privacy is respected; I can lock my door whenever I want."
- Support workers told us how they maintained people's privacy and dignity. A support worker told us, "I give them options and get their opinion on how they want things done for them."
- Care plans set out how people should be supported to promote their independence. During the inspection,

we observed support workers provided prompt assistance but also encouraged people to build and retain their independence. For example, we observed a person who was washing their own dishes and changing their beddings. The person spoke happily about the way they were encouraged to do things for themselves.

- Support workers understood the importance of promoting people's independence. One support worker told us, "We give them the chances to be themselves and make them happy. Understand what they need, reassure them and show empathy where needed."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People spoke positively about the service they received which met their needs and preferences. A person told us "I am so happy living here. It is unbelievable! Staff care about me and I am very content." Another person told us "I've been to a number of places; this place is the only one where the staff are perfect."
- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.
- We received positive feedback from a healthcare professional who told us the service was very responsive and sensitive to people's needs. They also told us the service had been very holistic in tailoring their care and shown a high level of knowledge of how to support people with a brain injury and complex cognitive and behavioural impairments.

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

- People were supported to follow their interests, take part in them and maintain links with the wider community. A person told us "I've got plenty to do, staff organise lots of things for us. Saturdays we go out as a group, today is the cycling club, some of us play tennis." A relative told us "They arranged [person's] holidays and travelled with them. It's just fabulous."
- People were able to visit family and friends or receive visitors and were supported to maintain these relationships.

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.

- The registered manager showed us a care plan that had been tailored to a person's individual needs. The care plan had been translated in the person's first language, so they were able to understand the content of their care plan where they could.
- A person using the service gave us a good example of how information was provided using different methods which reminded and prompted them about their activities. They told us, "As my memory is bad, I got this thing [planner] on the wall with all my daily activity. Staff made it for me. So, I know I have a cycling club today and looking forward to it. I was also given this gadget; it looks like a calculator, but it is to remind me of my activities."
- People's care plans contained information which showed how they communicated and provided guidance

for staff on how they should communicate with them.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to promptly by the registered manager.
- Records also showed a number of compliments received about the service. Comments included 'You provide an excellent service.' A compliment was also received from a family member who thanked staff for their hard work and the improvement a person had shown since moving to the service.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.
- The registered manager told us of how they arranged a funeral service for a person that had passed away as they had no family. The person was well known to people using the service who all attended the funeral. The registered manager showed us a card with photos of the person doing what they liked to commemorate the person's life.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider completed a number of audits in areas such as people's finances, medicines, health and safety and staffing to assess and monitor the quality of the service. However, these had not identified the shortfalls found at this inspection in relation to individual PRN protocols, topical creams, peeps and potential deprivation of people's liberty. Therefore were ineffective.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and after the inspection the provider sent us information regarding the action they had taken in response to the concerns raised during this inspection including updating people's PEEPS, medicine records to detail PRN protocols and prescribed topical creams. The provider also told us they were following up with relevant healthcare professionals cases where people might have needed Court of Protection authorisations in situations where they might have been deprived of their liberty. We will follow this up at our next inspection.

- There was a registered manager in post who knew of their responsibility with regard to managing a care service and had notified the CQC of any significant events at the service.
- However, most people did not know or were unsure who the registered manager was and told us she was not visible at the service. One person told us "No, I can't speak to the manager, it is not possible" and "Manager? not accessible." Most of the people were aware of the compliance manager and spoke positively of him. People told us "I can talk to the manager and he talks to me" and "The manager is a good man!" The registered manager told us there was always management staff available that people could speak with.
- During this inspection, people and relatives generally spoke positively about the service. A person told us "This [service] is the best one!" Another person told us "You know that it doesn't cost a penny to say, "thank you" so I want to thank them [Paradise Independent Living]."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. Support workers spoke positively about the management. A support worker told us "Management are supportive and are approachable, and they use a friendly

approach."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service engaged and obtained feedback from people, their relatives and healthcare professionals through surveys to improve the quality of care and support delivered. We noted feedback was positive about the service. Comments from people included "I am more independent in this supported living than any other I have been to before" and "Everyone cares and worries about me."
- People were also asked their views on the quality of staff recruited by the service. For example, for one member of staff, some of the comments from people included 'She is a nice person, very understanding, no problem at all' and 'very kind and helpful.'
- The service promoted an inclusive and open culture. Management staff recognised support workers contributions about the way the service was delivered through staff surveys and meetings. Minutes of these meetings showed staff had the opportunity to share good practice and any concerns they had. A support worker told us, "We discuss how to work with people and relay any issues. We come together and discuss how to sort things out. Yes, our voice is heard and our views."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care. We received positive feedback about the service from healthcare professionals. One healthcare professional told us the service was very organised and [person] was very content using the service. Another healthcare professional told us the managers were very good at responding and were approachable.
- The service had good links with other resources and organisations in the local community to support people's needs and accommodate social activities and events. The service is accredited with Headway. Headway is the UK wide charity that works to improve life after brain injury. A person told us "I go to Headway every week. They help with my memory."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The systems in place were not effective to ensure the safe management of medicines.</p> <p>Regulation 12 (1) (2) (g)</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There were instances where people may have been deprived of their liberty without lawful authority.</p> <p>Regulation 13 (5)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>