

# Key inspection report

## Domiciliary care agencies

<b>Name:</b>	Paragon (UK) Ltd
<b>Address:</b>	Mitchell House King Street Chorley Lancashire PR7 3AN

**The quality rating for this domiciliary care agency is:** three star excellent service

A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Bernard Tracey	1 0 1 2 2 0 0 9

This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example User focussed services)**

**These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people using this domiciliary care agency experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the agency

Name of agency:	Paragon (UK) Ltd
Address:	Mitchell House King Street Chorley Lancashire PR7 3AN
Telephone number:	01257485555
Fax number:	01257485095
Email address:	
Provider web address:	

Name of registered provider(s):	Paragon (UK) Ltd							
Conditions of registration:								
Date of last inspection	0	6	1	1	2	0	0	8
Brief description of the agency								
<p>Paragon head office is situated close to Chorley town centre. It is close to local facilities and some car parking is available for visitors. The service offers 24-hour domiciliary support, including personal care, and domestic support, for adults with a learning disability and mental health problems, who live in homes within a wide radius, including Chorley, Salford, Blackburn and Darwen. Many of the service users are tenants in 'supported living' arrangements.</p> <p>The agency has written information to inform service users about the services, support available and terms and conditions and what they can expect from the agency.</p>								

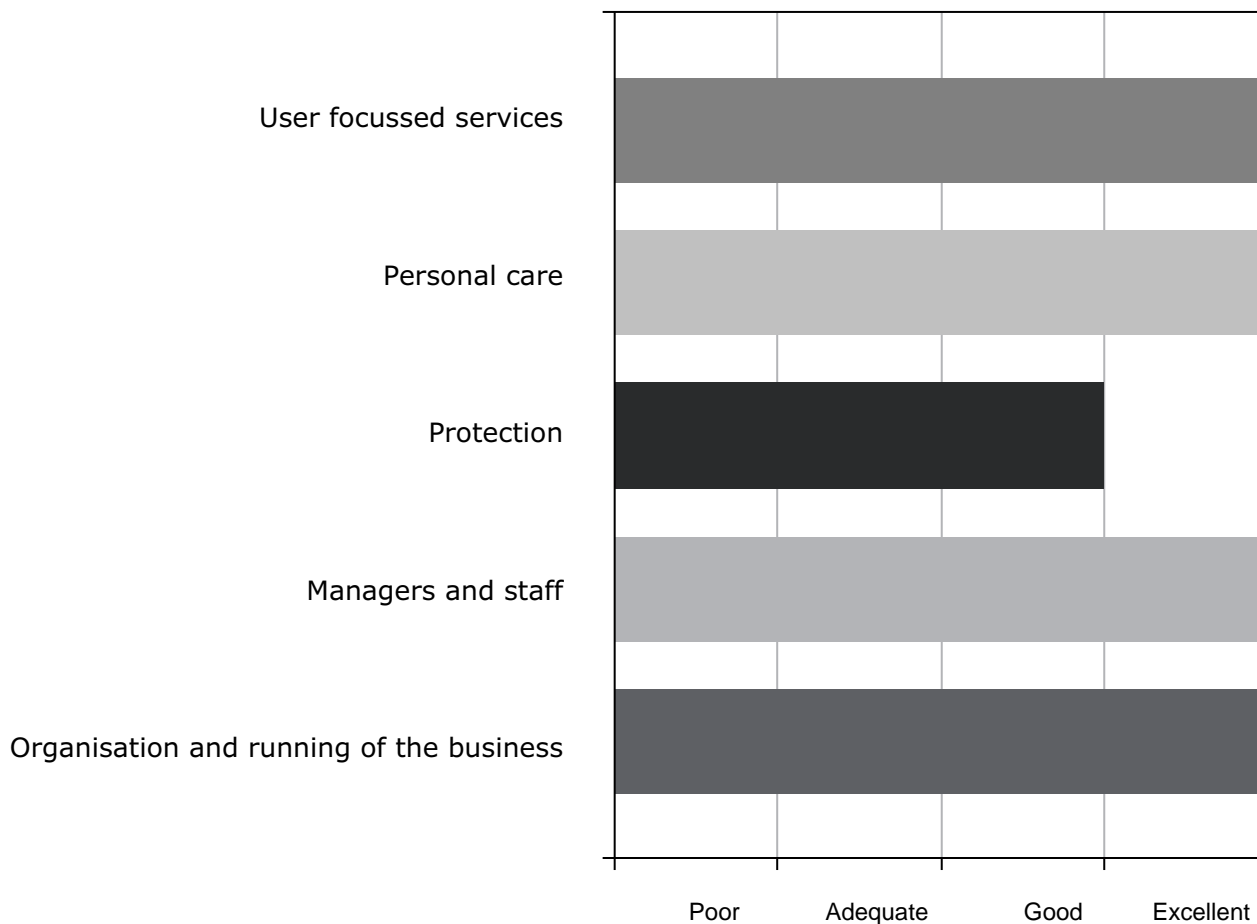
## Summary

This is an overview of what we found during the inspection.

The quality rating for this agency is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

We carried out this unannounced visit to Paragon UK Ltd on the 9th and 10th of December 2009. The visit lasted a total of 7 hours and was carried out by one inspector. The report says "we" when referring to what we did, as it is written on behalf of the Care Quality Commission. The last key inspection of the agency was carried out in November 2008.

The visit was just one part of the inspection. We also looked at other information we had received about the agency since our last inspection there. Before the visit the manager was asked to complete a questionnaire to provide up to date information about the service.

We also made questionnaires available to people using the service so they could let us know what they think about the agency.

During our visit, we looked at various records, visited people in their own homes with their agreement and spoke with staff on duty on the days we visited.

## **What the agency does well:**

The staff at the agency assess the needs of the people before they offer a service so that they can be assured their needs can be met by the staff team.

We saw that the people using the agency are involved in planning their care and are in control of how their support is provided for them.

Care plans are regularly reviewed so that people have the most appropriate support to meet their needs and if these needs change, the support they receive is amended to reflect those needs.

Risk assessments are reviewed regularly in respect of the person's needs, the environment and behaviour so that service users and staff are safeguarded.

There are systems in place to ensure the staff receive training and are working in line with current best practice. This helps them to provide consistent, good quality care safely for the people who use the agency.

Good systems are in place to ensure staff receive regular support and guidance from their managers to help them continue to work effectively with the people who use the agency.

The agency has a comprehensive procedure to deal with complaints and concerns so that service users can be assured they are listened to and their concerns are taken seriously and acted upon.

The agency has its own quality monitoring process which ensures records are maintained to a high standard.

## **What has improved since the last inspection?**

The written information to guide staff on how to support people (the support plans) had improved. These plans contained more information about people's likes and dislikes and preferences, and some people using the services had helped to write some of the ones looked at. Care plans to assist with personal care tasks were completely person centered. This meant that staff knew exactly what they needed to do to help the person to meet their needs in the way they preferred. The plans focused on what people were able to do for themselves, which helped them to maintain their independence.

Records were now being made of how people were assessed for the service, and of when they had met support workers and visited the houses where they were going to live. This helped to show that people were living in the right place and that they were receiving the right support.

Since the last inspection the agency had written and told us of all the incidents where people using services had reported concerns about support workers not treating them properly. This meant that we could make sure that the right action was taken to help protect people.

The agency had improved the way it employed people as support workers and this should help to ensure that only suitable people are employed in the future.

The records kept of the training staff carried out when they started work had improved and these records now showed when people were ready to start work on their own.

**What they could do better:**

We consider that Paragon UK Ltd. provides excellent outcomes for the people who use it so rather than state what they could improve we would expect the agency to continue to review how it operates to ensure that the high standard of support provided at the time of this inspection is maintained and, where possible, improved upon.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

**This is what people using this domiciliary care agency experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency provides meaningful information about its service in an easy read format. The information it gathered about prospective service users ensures their needs and aspirations would be fully met.

Evidence:

We looked at information given to potential service users and their families to tell them about the agency and the service it provided. We examined the document that provided the person with information regarding the Agency that has been printed in an easy read format. This was an excellent document, containing practical information about the support the agency could provide, including how the agency could help a service user do the things they wanted to do. It also explained how the scheme was run, including expectations of living in a shared house e.g. regarding privacy,

Evidence:

communal areas.

This document was in a format many people with learning difficulties would find helpful and easy to understand with pictures and easy to read, large print text.

We looked at how the agency found out about the help potential service users needed. The agency only supported people living in existing supported tenancies or new supported tenancies it was commissioned to set up and run. All referrals came from Local Authorities, with the learning disability or mental health team within each of their Social Services departments. As part of the referral process, the agency received comprehensive referral information from the relevant Social Services department. The agency worked hard to ensure the needs of new service users would be met by a thorough introduction. There was a personalised and flexible getting to know you process, with a series of meetings between the prospective service user, their family and the agency. To further support this, the agency worked hard to formally match staff with prospective service users, formally considering gender, interests and skills. Compatibility with other service users living in the shared properties was also taken into account.

The agency worked well to ensure continuity of care, with service users benefiting from the same, small regular team of support staff.

## Personal care

**These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

**This is what people using this domiciliary care agency experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff respond to the needs of the people using the agency so that they get the care and support they need in a manner that respects their independence.

Service users received care from committed and caring staff. Comprehensive care documents provided staff with full details of service users' diverse and individual needs.

Evidence:

We looked at the care plans for three people who use the agency's services and visited two of those people in their own home to talk with them about the support they receive. Plans had been signed and agreed in each case. Both people who we spoke with confirmed that the support they got from the carers was in accordance with what they wanted. One person told us that the carer supported him in a way he was comfortable with and that the carer worked efficiently without being officious. All the people we had contact with during the course of our inspection told us that the carers were lovely and that they were very respectful in the way in which they supported them. Care plans were written in a way that promotes people's independence and identifies what they can do for themselves. Care plans we looked at had been reviewed and amended as the need arose and, unless there had been changes to

## Evidence:

people's support needs, at least once a year. This helps to make sure that the care plans are kept up to date and continue to accurately reflect people's needs. The organisation has its own quality monitoring checks in place to ensure that plans are reviewed regularly.

The care plans we looked at showed clearly the level of support people needed with taking their medication. The agency has policies and procedures in place to instruct staff regarding their roles and responsibilities and staff records showed us that they receive regular medication administration training. This helps to make sure that staff have the guidance they need to help people safely with their medicines. We looked at the care files of 4 service users in detail. Information was held in the service user's home, with copies of key documents kept in the agency's office. Files provided staff with an extensive and excellent range of personalised and helpful information. This ranged from relationship maps and a new quick reference 1 page profile, to in depth and detailed support information regarding care needs, how they wished these to be met, and personal life goals. The content of these care documents consistently reflected the involvement of the service user and their family.

Whilst newer care files were in good order, with information easy to find, those of some longer term service users were very bulky. Both ourselves and support staff had difficulty finding some information. Staff also felt there was some duplication, e.g. a new decision making proforma being introduced seemed to repeat information already held. The agency was aware of the need to monitor its care forms, with one senior support worker explaining how they were part of a working group looking at what paperwork was helpful (or not).

Changes in care needs were generally responded to well, with prompt and appropriate action taken. For example, the involvement of specialist community health services such as continence advisors was organised. With regard to one service user, we advised they may benefit from a multi-disciplinary review to assess what staff described as a marked deterioration over the past few months. Although action had been taken, this was of a isolated nature and an overview, including possibly a more frequent review schedule, may now be beneficial.

Reviews were held at least annually and for some service users, jointly with Social Services. In the past 12 months, three service users had benefited from a new and excellent review process, which was more comprehensive and person-centered. However, the agency's ability to introduce this across the scheme, benefiting all service users had been limited by only the service manager being trained to carry them out. Consequently, most service users had reviews conducted under the 'old'

## Evidence:

format. The recording for one of these reviews we saw was minimal - with no action plan; no clear link back to the service user's hopes and aspirations; no details about who had attended; and it was also not in an easy read format. This service user had also not received their annual Social Services review, which the agency needed to pursue.

Continuity of staff helped to promote service users' privacy and dignity, with only a small number of staff providing intimate personal care. With regard to respecting service users' homes, staff described that whilst most properties had a continual staff presence, staff rang the doorbell on arrival and waited to be let in. Some service users were able to tell us they were pleased with the agency and its support staff. A parent and a service user both commented they felt listened to by staff. Due to the complex and specialised needs of other service users who were unable to tell us what they thought, we observed how staff spoke to and cared for them. Staff were kind, courteous, warm and sensitive.

We looked at how medication was managed. Suitable arrangements were generally in place. Only staff who had received certificated training administered medicines. There was generally a clear audit trail of medicines entering service users' homes, being administered and returned to the pharmacy where necessary. The sample of medication administration records (MARs) we saw were generally clear and well completed. Handwritten as well as pre-printed MARs were in use. However, there were 2 different types of handwritten forms, which could lead to confusion. We also saw handwritten MARs in use for one service user when their pharmacy was actually supplying pre-printed MARs. Pre-printed MARs were easier to use and reduced the risk of error, e.g. when staff copied over details and where handwriting was difficult to read. We saw handwritten MARs that had not been signed or signed but not countersigned. We advised due to the greater potential for error, two staff should check and sign handwritten MARs (or any changes made mid cycle to a pre-printed MARs). The second check could be done at the same time if two staff were present, or by the next staff member who administered from the new supply. We were also told of one service user's medicines being placed in dosette box by staff. Although this was only one medicine and it was being done to enable the service user to take responsibility for their own medicines, we advised staff should not take medicines out of their original containers. The pharmacist would be able to provide this service free of charge.

## Protection

**These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:**

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

**This is what people using this domiciliary care agency experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff have good knowledge and understanding of Adult Protection issues to safeguard service users from abuse and promote their well-being.

Evidence:

The agency operates a comprehensive health and safety policy that seeks to ensure that the health, safety and welfare of service users and staff is promoted and protected. As well as an individual personal assessment of each service user an environmental risk assessment is conducted to identify any risks to service user and staff within the service users home and enable any remedial actions to be taken.

The agency operates a personal safety policy for its staff that seeks to minimise the risks for staff working alone.

The agency has clear procedures that relate to the safe handling of service users money, including the maintenance of a financial record for each service user, which details the agency's position on staff not receiving gifts and gratuities in the course of their work. The agency seeks to protect service users from any form of abuse through its protection of vulnerable people procedures. Discussion with the manager and examination of training records showed that staff are provided with regular training in

Evidence:

the area of service user protection. The agency also utilises the inter- agency protection of vulnerable clients strategy documents and discussion with the care managers indicated that they aware of and experienced in liaising with the relevant professionals.

All allegations are treated seriously and are documented and investigated appropriately. All staff employed by the agency are subject to Criminal Records Bureau checks before commencing employment and are assessed for their suitability to work with vulnerable people. A panel of senior managers considers any disclosures made in the CRB and document the decision to employ a person with a disclosure giving the reasons behind their decision.

A comprehensive policy and procedural guide is accessible to staff. Health and safety issues are covered in the induction programme including moving and handling, infection control, food hygiene and first aid. Staff spoken with confirmed they had undertaken health and safety training. Accidents were recorded in the client's records at their home and in an office accident book.

## Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

**This is what people using this domiciliary care agency experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency follows a thorough recruitment procedure and this, along with a comprehensive training programme ensures a high quality of service is delivered to service users.

Evidence:

The agency has sound recruitment and selection procedures in line with good practice. A selection of staff files was examined including staff that had been recruited since the last inspection. A detailed application form is held on file containing relevant information and declarations. All relevant checks had been completed including 2 references and Criminal Record checks. Contracts and a staff handbook were issued and signed on appointment. The manager works closely with the staff to monitor and record all training activity and training requests. Foundation training sessions addressed topics such as the value base of care, effective communication, development as a worker, abuse and neglect, and the needs of individuals. These sessions provided valuable learning to enable carers' development. Face to face induction was provided along with shadowing, either prior to or on the first day of employment. Input on learning disability mental health and person centered care was included. Distance learning packs were also provided and staff commented positively on their usefulness.

The Contract and Induction Pack complemented face to face training and included

Evidence:

relevant policies and procedures, information on care values, conduct and personnel issues. Training profiles were available on file, an electronic system has been introduced to assist in monitoring the need for updated training. Identification of training needs was included in supervision sessions and addressed by learning packs. Copies of certificates are held on personnel files and the agency maintains a central record to enable them to plan training effectively across the service. Staff said, "Training was good and always available".

A clear job description is issued and staff had a good understanding of their roles and responsibilities. Induction records are held on file relating to the induction to the agency and formal induction training. Over 50% of staff had completed or were working toward their NVQ 2 or 3 qualifications. The manager has completed the Registered Manager Award.

Clients were very complimentary about the staff employed, considering them to be efficient, helpful, caring, and very professional in their approach.

## Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

**This is what people using this domiciliary care agency experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager works closely with the senior staff to ensure the effective and efficient management of the agency in line with current legislation and good practice. Service users are provided with a consistent, appropriately managed and planned service. Service users rights, health and best interests are safeguarded by the implementation of policies and procedures that are reviewed regularly.

Evidence:

The agency operates from permanent premises which were safe and suitable for purpose. A valid insurance certificate was displayed. The office contains adequate equipment to assist in the smooth running of the business including telephones, fax machine and computers.

This is an agency that is very well managed in a progressive and planned manner. Staff are very clear about their roles and responsibilities and their commitment to providing flexible and innovative person focused services.

A clear management structure is in place, which both service users and staff indicated they were aware of. The management team have an extensive skill mix. Each member of the management team has specific areas for which they are responsible. For example there is a manager who is responsible for recruitment, personnel issues, the care co-ordinator organises rotas, staff supervision, training and supervising staff. The

## Evidence:

Service managers undertake assessments, reviews, complaints, liaison with other agencies, and senior home carers provide day to day support to home care workers.

Feedback from staff was very positive with comments like "very good support and training", "Very professional approach, flexible and supportive" and "good agency, high standards and supportive managers good induction as I had never done the job before".

A complaints procedure is in place and a system is in place for recording the concerns and complaints made. The complaint log was examined . The log included details of investigations, steps taken to rectify the matter and the outcome. All recorded complaints appeared to have been resolved to the complainant's satisfaction. Also on file were copies of letters sent to service users at the conclusion of the investigation. No formal complaints have been received by the CQC since the last inspection.

Feedback in returned questionnaires and during home visits confirmed service users knew who to approach if the had a concern or complaint. None of the seven service users visited had made a complaint but all were confident that if the need arose her concerns would be taken seriously. All users who returned surveys indicated they were aware of whom to approach if they had a concern or complaint. Two survey forms identified they had had problems in the past. One indicated the agency had apologised and put the matter right.

A variety of quality assurance and quality monitoring systems are in place such as staff meetings, formal supervision and spot checks. Good practice was noted in that the agency had conducted a wide-ranging, service user consultation day in 2009. This had looked at a range of performance factors, including client feedback (anonymous and known) and client and staff records. The results had been on the whole positive, with any gaps identified and addressed in an action plan, which the agency was following.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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