

Paramount Care Housing Support Service

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Type of inspection:
Unannounced

Completed on:
12 September 2023

Service provided by:
Paramount Care (Aberdeen) Ltd

Service provider number:
SP2004006423

Service no:
CS2004076314

About the service

Paramount Care provides a housing support and care at home service to people with physical disabilities and older people. The service provides flexible support to a high number of people living in Aberdeen City and Aberdeenshire. The main office base for the service is in Westhill.

About the inspection

This was an unannounced inspection which took place at the service between 4 September and 7 September 2023. Aspects of the inspection were carried out virtually on 7 September 2023 and 11 September 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 14 people using the service and nine of their family;
- spoke with 29 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

People valued the care and support they received.

There were good relationships between people.

People and their families found the service to be flexible, approachable and consistent.

Staff had a good understanding of people's needs.

The leadership was visible and had good oversight of the service.

People's daily notes need to be more detailed.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed good relationships between staff and people. This helped support good outcomes for people. For example, one person told us "My mum would not be at home if it wasn't for the carers, they spend time with her, and she looks forward to seeing them".

People's personal plans were person centred. The plans had information about people's needs, preferences and essential information. This helped ensure staff had the information they needed to support people. The provider had been moving to an electronic system. We observed some information still needed to be uploaded for some areas but the provider was working towards this.

People told us they experienced consistent care and that carers were usually on time. One person told us "The carers are fantastic, I cannot fault them, if someone is late or it is to be someone different, I am told". This meant people knew what to expect from the service and they received care from people they were familiar with.

Staff had very good knowledge about people's needs and this supported good outcomes. For example, we observed staff knowledge, experience, and skill in communicating with people in a range of ways using a variety of tools. This meant people were able to communicate their needs, wishes and desires. People told us that this made a difference to their lives.

We observed that the service was proactive in identifying and responding to any Adult Support and Protection issues. This meant people got the right help at the right time. The service worked in partnership with people, families, and other agencies to ensure people were supported. One relative told us that the service was exploring options to support respite care. The values of the service and approach by staff reflected the Health and Social Care Standards.

The electronic system had alerts on it which helped ensure people were aware of any issues that impacted on someone. People and their families also had access to the electronic system. We observed that the quality of the daily recordings varied. The notes did not always reflect the care provided. For example, some only noted care tasks. This was fed back to the manager of the service who planned to re-visit training in this area.

The provider had comprehensive policies in place. This meant staff had guidance to support them in their role. Care Plans were reviewed regularly in participation with people, their families, and agencies. We did observe that the recording in people's reviews varied. The service would benefit from a consistent approach to recording review meetings.

The provider was proactive in carrying out service user consultations. This helped promote service development. The provider should ensure that people using the service are also updated on the outcome of their feedback.

The service had a medication policy and supported some people with medication. There were appropriate assessments in place to ensure this was managed safely.

There was an induction programme for new staff. This included training and shadowing. This helped ensure staff had the correct knowledge, skills, and experience to support people.

Staff had access to Personal Protective Equipment (PPE) and followed best practice guidance.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of quality assurance and leadership and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had relevant policies and procedures in place to guide and support staff practice. Staff were very committed to supporting people's needs and outcomes. This was evident through observations of staff and the relationships between people.

The leadership of the service was visible to people using the service, their relatives, and staff. We observed a supportive working environment. Staff were able to access support and discuss issues. The service regularly sought feedback from people. The feedback was used to evaluate experiences and develop the service. The provider should ensure people using the service are also aware of the outcome of their feedback.

A care manager stated, "Paramount supported someone with additional hours when their needs changed, such flexibility is much appreciated by the client and us".

We observed that the teams in each area worked well together and supported each other. Communication was very good, and staff informed they were always made aware of any changes or issues for people.

The service followed safer recruitment guidance and appropriate paperwork was in place. Staff had an induction programme which included shadowing and essential training. This was thorough and staff reviews were held at regular intervals to ensure staff were competent in their role. We observed that most staff had an annual appraisal. The service should ensure this is consistent in all teams. People had access to regular supervision "catch ups" and there was a tracker in place to help provide oversight of this.

There were observations of staff practice, but this was not consistent in all areas. The service should ensure that this is carried out consistently to ensure staff remain competent in their role and to identify any training needs.

The provider had a training tracker in place. This was extremely thorough and provided oversight of the whole service. It included people's training and registration. The provider invested in staff and provided incentives and access to training opportunities and qualifications. This helped retain staff which ensured people were supported by a consistent team.

Each team had a development plan which fed into the overall service development plan. To develop this further, the service should ensure outcomes from any staff or service user consultations are included in the service development plan. This would support a culture of continuous improvement.

The service worked in partnership with agencies in the area. We observed there was a level of flexibility in people's care package. This meant care and support could be increased or decreased when required without delay. People got the right level of support at the right time. One relative told us "It was a relief knowing the care package wasn't cancelled whilst their relative was in hospital".

The systems in place helped ensure there was oversight of the whole service. The values of the service were embedded throughout the staff team and supported good outcomes for people.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote people's choice, control and involvement where legal arrangements such as Power of attorney's (POA) and welfare and financial guardianships are in place, the provider should ensure that they are aware of the purpose of legislation and their role and responsibilities in the application of it.

1. This should include, but is not limited to, training in adults with incapacity legislation, regular communications and cooperation with POA and guardians in respect of decision making and updates of the subjects care and support.
2. Support plans should detail the powers that POAs and guardians hold in order to ensure that people who use the service rights are upheld; the correct people are consulted during reviews and when changes are necessary, and to ensure that people are protected from harm.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12)

This area for improvement was made on 23 February 2022.

Action taken since then

The service submitted an action plan following the last inspection.

Electronic support plans and paper copies in people's homes note essential information including Power of Attorney. The service has some copies of Power of Attorney when people agree to it, but for some it is noted on their support plan. The plan also notes who the Power of Attorney is and if it is active.

All staff have continued to have training in relation to Adult Support and Protection. We observed records of communication between staff and people's Power of Attorney.

During the inspection we observed checklists and observations of staff's practice and competency in relation to infection, prevention and control.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that all required notifications are made to the Care Inspectorate as is required by all services.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I benefit from different organisations working together and sharing information about me promptly" (HSCS 4.18).

'Records that all registered care services (except childminding) must keep and guidance on notification reporting', Care Inspectorate Publication Code: OPS-0212-119, amended version 1 April 2015.

This area for improvement was made on 23 February 2022.

Action taken since then

The service submitted an action plan following the last inspection.

During the inspection we observed that the service is submitting appropriate notifications to the Care Inspectorate in line with Notification Guidance.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure that staff are competent and can confidently put their training into practice during the Covid-19 pandemic; managers and team leaders should carry out and record observations and audits of staff at regular intervals, in order to assess competency and compliance in respect to appropriate use of PPE and infection prevention and control training and practices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 23 February 2022.

Action taken since then

The service submitted an action plan following the last inspection.

During the inspection we observed checklists and observations of staff's practice and competency in relation to infection, prevention and control.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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