

Paramount Care Housing Support Service

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Type of inspection:
Unannounced

Completed on:
26 February 2025

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 on 19 and 20 February 2025. Aspects of the inspection were carried out virtually on 21, 24 and 25 February 2025. The inspection was carried out by three inspectors.

To prepare for the inspection we reviewed information about the 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 20 people using the service
- spoke with 10 staff and management
- spoke with 14 family members/representatives
- spoke with four external professionals
- reviewed 43 responses from self-evaluation questionnaires sent to people experiencing care
- reviewed 44 responses from self-evaluation questionnaires sent to staff
- observed practice
- reviewed documents.

Key messages

- There were high levels of satisfaction from people experiencing care.
- People were consistently treated with dignity, respect and compassion from a staff group that knew them very well.
- The service prioritised people's wellbeing.
- The service was very well led and organised.
- Some improvements were required with the recruitment process which the service addressed during the inspection.
- The provider supported staff wellbeing.
- Staff were valued and rewarded for the work they did, and staff moral was very good.
- Notifications to the Care Inspectorate should be improved in line with our notification guidance.

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
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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 have evaluated this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement.

There were high levels of satisfaction from people experiencing care. Most people told us that communication was good and they were supported by a staff team who were reliable, dependable and trustworthy.

People were not rushed and told us they received the care they needed and wanted. This supported people's health and wellbeing.

The service supported people and their families to access their care and support information. One family member shared, "I can read the daily notes and feel part of the care." This supported collaborative working with family members and helped people and their families feel included.

People were consistently treated with dignity, respect and compassion from a staff group that knew them very well. People's wishes and preferences were used to shape how they were supported in their home. One person shared, "They think about the small things, but these are the big things to me." This respectful approach to service delivery formed the foundations of a positive relationship between the service and client.

There was an emphasis on social engagement during visits. One person shared, "They are a joy to see first thing in the morning." Another shared, "They brighten my day." This supported people to feel valued.

Staff recognised changing health needs and shared this information quickly with the right people. Staff were familiar with people's vulnerabilities and risks. For example, their skin or mobility, and observed and reported on these at visits. As a result, people received the care they needed at the right time.

There were rigorous processes in place to support effective communication about changes to wellbeing. For example, there was an alert system in place which was fed directly to the leadership team who responded promptly. We were confident people were receiving the right care at the right time.

Staff in the service understood their role in supporting people's access to healthcare and this promoted people's health and wellbeing. For example, we observed staff supporting one person with their daily exercises. They shared, "I wouldn't be able to do these exercises myself, the carers really understand how important it is to me."

A medication policy and protocol were in place to support people to take their medication safely. This supported people's health and wellbeing. Staff had received medication training and regular competencies of practice. Medication was signed by staff when administered/ prompted using an electronic system. This had built-in safeguards which alerted senior staff if medication had not been signed. This meant people received their medication as prescribed. Where an error had occurred, incident forms had been completed and actions had been taken to reduce future errors. The management team had good oversight of this. This helped keep people safe.

How good is our leadership?**5 - Very Good**

We have evaluated this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement.

The service was very well led and organised. People benefitted from a committed and experienced leadership team who were passionate about delivering high quality care. The service was divided into geographical areas with a clear leadership structure in place. Each member of the leadership team were clear about their roles and responsibilities, meaning leaders were able to continually support improvement and not just day-to-day issues. This supported continuous improvement and better outcomes for people.

The leadership team worked well together with effective systems to plan and follow-up on improvement priorities. A comprehensive set of audits formed the basis of how the service assessed their performance. Clear processes followed these to help bring about improvement. As a result, improvements were identified, planned and acted on timeously. This promoted better outcomes for people.

The service demonstrated a culture of continuous learning and improvement. The leadership team had embedded a supportive and reflective culture. Staff received regular 'check-ins' and encouraged to discuss and reflect on their practice. This supported an environment where there was continuous learning and improvement.

The leadership team were visible and they promoted a passionate, friendly and professional culture throughout the service. They had good oversight of the service and people's needs. This meant people's care and support was well planned. The leadership team were responsive and they effectively addressed issues raised by inspectors during the inspection.

People were supported to understand the standards they should expect from their care and support. The service recognised the importance of listening to people. The service regularly evaluated people's experiences of care. People and their families were invited to provide feedback at reviews and through the use of a questionnaire about the care and support they received. This meant the service was working in partnership with people to drive forward change and improvement.

The complaints process was user-friendly and accessible. The policy was in people's personal files in their homes. People and their families we spoke to told us they knew how to make a complaint and felt supported to do so by the staff. This supported people to be heard, and their rights upheld.

A regular newsletter shared relevant and valuable information with people and their families on activities and developments in the service. This helped keep people informed and updated.

How good is our staff team?**5 - Very Good**

We have evaluated this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement.

Staff were welcoming, warm and worked hard to support people. Staff were happy at their work and were passionate about caring for people. This contributed to a relaxed and warm atmosphere, and people were comfortable and at ease.

Staffing arrangements were based on the assessed hours of need for people receiving support. This meant people received personalised care to meet their needs.

When we looked at recruitment records, we saw that overall best practice was being followed. There was a robust system in place to audit recruitment checks. This helped keep people safe. Some improvements could be made with the provider's recruitment process. For example, 'taster sessions' were offered to new staff. This happened occasionally prior to a Protecting Vulnerable Groups (PVG) check being fully completed. The provider had completed other pre-employment checks such as reference checks, application for professional registration and had made an application for a PVG. Staff were never working alone and had signed a disclaimer. This helped keep people safe. However, it is best practice to have a PVG in place prior to having any contact with people experiencing care. The provider responded immediately by putting improvements in place, and we were confident this will be driven forward. This supported better outcomes for people.

There was a rolling recruitment programme to ensure staff were regularly recruited to meet service demand. There was very good continuity of support with familiar teams of staff providing support. This ensured people were supported by staff they knew and provided continuity of care. One person shared, "We get the same carers, it really helps my wife as she doesn't like new faces."

There was a robust induction with a probationary period. All new staff had a probationary period which allowed the provider to assess competence for the role and identify any issues or training needs. New staff undertook a clear induction plan and were given the opportunity to shadow experienced staff to learn about people's support needs. This meant staff had the necessary information to undertake their role.

Staff had access to a wide range of training opportunities to further their professional development and develop their knowledge and skills. Staff benefitted from two training officers within the service and an in-house trainer. Staff told us they felt supported to identify any training needs or gaps. This enabled training to be identified and delivered to staff based on the specific needs of people they support.

There was an effective training analysis for the service and individual staff. The training record clearly identified priorities, and we were confident staff had access to the right training to undertake their role safely and effectively. A new training room had been developed which provided staff the opportunity to undertake simulation based training. This allowed staff to develop their skills and knowledge of real life processes or scenarios in a safe risk free environment. This helped to ensure a competent and confident workforce.

People who used the service were involved in staff development and learning. This supported better outcomes for people and people experiencing care felt valued and included.

There were clear channels of communication between staff and management. Staff told us they felt informed and valued. Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views, and to support communication and improvement across the organisation.

The provider supported staff wellbeing. A "safe space" had been created in the main office which provided a protected quiet place for staff to come and talk openly away from the typical work environment. The service has appointed and trained mental health officers who have been trained in signposting staff to relevant services. This contributed positively to staff health and wellbeing.

Staff were valued and rewarded for the work they did, and staff moral was very good. The service has an electronic platform which allows staff the opportunity to be awarded recognition for their work, flexibility and celebration of achievements, by awarding points which were then transferred into monetary awards. We saw a staff member being presented with flowers for achieving an academic award. This helped

contribute to increased staff morale.

Staff reported feeling supported in their role. Systems were in place to support staff development which included supervision sessions and observation of practice. This helped ensure a competent and confident workforce.

How well is our care and support planned?

5 - Very Good

We have evaluated this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement.

Everyone had a personal plan in place with some guidance around the care and support they required. Personal plans were detailed and provided staff with very clear information on how the person wanted to be supported. This led to responsive care and support. At times, we found the care plan system confusing and it was time consuming to ascertain if a person's support plan was up-to-date. We discussed this with the manager who had identified this through their own quality assurance processes and had plans in place to address this.

Medical conditions were recorded and information leaflets relating to these were contained within a person's personal plan. This level of information meant staff had an understanding of specific health conditions and any impact this had for the supported person.

People were able to make choices with regards to planning their care. As a result, people had personalised care to meet their needs and wishes. For example, people were able to reduce the support they required and people told us they really appreciated this. One person shared, "They are very adaptable." Another shared, "They accommodate changes well."

There were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes and ensure that current risk measures in place were appropriate.

Reviews of care with people and their family members were carried out within the regulatory timescales. This created an opportunity for people to discuss and make changes to their care, to support positive outcomes.

Daily recordings of care and support were of varying quality. However, we found them to be mostly task orientated and did not reflect people's views or feedback. This had been identified by the management team who were actively working to address this. We will follow this up at our next inspection.

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

In order to ensure people using the service experience the safe and effective administration and handling of medications, the provider should carefully consider the times of visits to ensure doses of medications have an adequate period of time between administration/prompting.

The service should also ensure that all prescribed medications appear on the Medication Administration Record.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 7 October 2024.

Action taken since then

Medications were administered in accordance with the prescriber's instructions with an adequate period of time between doses. The staff we spoke to had a good understanding of the reason why this was needed. This ensured safe medication handling and administration.

We observed that visit times were carefully planned in order to ensure people's medications were safely and effectively administered.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure health conditions are effectively monitored and recorded, the service should carefully monitor staff practice to ensure they are working in accordance with the care plan, and consistently recording healthcare monitoring checks.

The service should also provide enhanced training to ensure the care team are fully aware of common healthcare conditions and the need for careful monitoring.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14).

This area for improvement was made on 7 October 2024.

Action taken since then

Each staff member received a monthly observation of practice. There was a spreadsheet in place to track these and this ensured the leadership team had oversight of this.

We were confident staff practice was being monitored effectively and people benefitted from a skilled and competent work force. This supported better outcomes for people.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure people using the service experience a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should ensure that both formal and informal concerns and complaints are handled in accordance with the organisation's complaints procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 7 October 2024.

Action taken since then

There was a wide range of effective systems and processes in place to provide oversight and assess the performance of the service. This helped identify areas for improvement and support better outcomes for people. The service had a robust improvement plan in place which gave us confidence that they were committed to driving forward improvement.

The handling of concerns and complaints had improved. The provider had a record in place and tracked all complaints and concerns. This included, responses, outcomes and detailed formal investigations undertaken. This meant that any required improvements were identified and followed-up timeously. This supported better outcomes for people.

The service demonstrated a culture of continuous improvement. Complaints and concerns supported meaningful change. We observed learning from complaints which helped improve outcomes for people. People were made aware promptly of the outcome of any complaints, and there were processes in place to implement learning from complaints/concern.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	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
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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