

# London Paramount Care Ltd

# Rookery House

## Inspection report

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21 June 2023

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Rookery House is a residential care home providing personal care to 1 person at the time of the inspection. The service can support up to 1 person.

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

#### Right Support:

The service did not always give people care and support in a safe, well-maintained environment that met their sensory and physical needs.

People were supported to pursue some interests but did not have goals in place that identified future aspirations and guided staff about how to support them in a consistent way. Staff did not always communicate with people in ways that fully met their needs.

Staff supported people to make decisions following best practice in decision-making. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

People were supported to have maximum choice and control of their lives and most staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

#### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

The service had enough appropriately skilled staff to meet people's needs. Staff had training on how to

recognise and report abuse and they knew how to apply it and who to report any concerns to.

Staff had not yet received training in the persons preferred communication method. Clear systems of communication were required to support people to further develop their methods of communicating and ensure they were able to better express their views.

People's care, treatment and support plans reflected their current needs and this promoted their wellbeing and enjoyment of life. People could choose how to spend their time and pursue interests. Staff assessed risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Culture:

Staff and managers did not effectively evaluate the quality of support provided to people in relation to how they spent their time and what skills they had achieved. Relevant information about progress and outcomes was not recorded.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff placed people's wishes, needs and rights at the heart of everything they did and knew people well.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People and those important to them were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 25 August 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We have identified breaches in relation to safety, the environment, effective audits and staff supervision and support 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rookery House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Rookery House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rookery House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had recently been appointed to the post. They had not yet submitted their application to register at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

We visited the service on 12 and 18 June 2023. We reviewed documents remotely and spoke with staff, relatives and professionals. We met with the manager and regional manager remotely and gave feedback on our findings at the end of the inspection process on 21 June 2023.

#### What we did before inspection

We reviewed information we had received about the service since the date they were registered. We sought feedback from the local authority, Healthwatch England and professionals who work with the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

#### During the inspection

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool and an observation tool called 'SOFI'. For this inspection, the symbol based tool was not appropriate. The inspector used some speech, Makaton and observations to try and seek people's views. These were conducted over 2 unannounced visits, one of them out of hours on a Sunday.

We read people's care and communication plans and spoke with 6 members of staff including the manager, regional manager and 4 support staff. We spoke with 1 relative and 2 professionals to gain their views. We reviewed 2 staff recruitment records including their supervision and induction records. We reviewed various audits and other quality assurance documents and policies.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff did not always follow safe restraint practices. This placed people at increased risk of harm. Following the inspection, we reported this to the local authority safeguarding team who are making further enquiries and working with the provider.
- Risks associated with people's long-term health conditions were not being identified and managed in a safe way. Staff were not all aware of or following the current guidance for people from health professionals. This placed people at an increased risk of harm.

The provider failed to ensure people were protected from the risk of harm and abuse. Measures to mitigate risks to people's health, safety and welfare were not always effective. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed action would be taken to safeguard people and investigate the concerns. They were responsive in reviewing risks to people and how these were managed.

- Incidents and accidents were reported to the appropriate authorities and reviewed for patterns at provider level. However, this was still to be implemented at service level by the new manager.
- Staff were trained in safeguarding and had a good understanding of different types of abuse and what they might look like. Staff were confident about reporting and being transparent if they had concerns and knew who to report to both internally and to external agencies such as CQC.
- Other risks to people had been identified and guidance for staff about how to manage them was in place. Risk assessments were regularly reviewed for changes or new risks. Fire risks were confirmed as safe by the fire service and equipment had been regularly serviced.

Learning lessons when things go wrong

- The manager regularly monitored risk assessments and incidents and accidents. They reflected on these and recorded lessons learnt. Not all staff were clear in their understanding of whether they had opportunities as a team to reflect on this learning. We did not see evidence of reflective practice in supervision notes.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs.
- The provider ensured that all staff had received full employment checks to assure themselves of staff members' suitability for the role. This included a disclosure and barring service check. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to administer their medicines safely, including, where appropriate, the use of covert administration. Covert medicine is where medicine is placed in to food or drink to ensure people receive their prescribed doses. Where covert medicines administration was used, this had been agreed with the relevant health professionals.
- Staff were fully trained in the safe administration of medicines, including the use of emergency epilepsy medicine. Staff were checked in practice to ensure they were competent in this area and had a good understanding of what to do in the event of any errors occurring.
- We checked the medicines stock which correctly tallied with the documented balance.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because there was required maintenance work to the walls and pipes on the downstairs toilet and conservatory that could pose an infection risk. One fridge in the kitchen was also in need of defrosting and cleaning due to ice covering the inside at the back.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were supported to have visitors when they wished to do so without restriction. The provider promoted visiting and had measures in place for visitors to follow to minimise the risk of infection spreading.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and support was not always provided in a well-furnished and well-maintained environment which fully met their sensory needs. The provider was aware of this and planned to review the environment with the support of external professionals to see how it could better meet people's sensory needs.
- There was a maintenance log and audit system in place to identify areas that required repairs. Not all of these had been identified and where they had been, some had not yet been repaired.
- The provider acted quickly and arranged for most of these repairs to be completed the day of the inspection. However, there were still some areas such as previous water damage on the wall of the downstairs toilet, the conservatory and ceiling which were not yet fixed.
- At the time of the inspection the office was based in the kitchen of people's home and various posters such as safeguarding and abuse awareness were posted on the kitchen wall.
- This did not promote valuing people and meant there were missed opportunities to use the space for teaching new skills in the kitchen. The provider had since moved the office to a more suitable room and opened up the kitchen with a view to further develop people's skills.
- The provider had started to ensure the environment was suited to people's immediate sensory needs as well as their choice of décor.

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

- People's care needs had been assessed prior to moving into the service. The provider had used the information to develop their support plans and risk assessments.
- However, care records did not always promote clear and specific strategies to enhance independence, nor demonstrated evidence of planning and consideration of the longer-term aspirations of people.
- People's sensory needs had not been clearly identified and there was a lack of guidance for staff in this area. Staff had got to know people well but were unable to describe how their sensory needs might impact their daily life.

Staff support: induction, training, skills and experience

- Staff received an induction which included opportunities to shadow more experienced staff. They were provided with training in areas relevant to their role including safeguarding, safe systems for restraint with the Restraint Reduction Network (RRN). However, staff did not always follow their training in practice, which meant the training was not always effective in promoting positive outcomes for people. They also received autism awareness in practice and theory and learning disabilities training. The provider had booked refresher training in this area for staff using the Oliver McGowan training program. The Oliver McGowan

Mandatory Training aims to provide staff members with the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability. Other training was also required to support better communication with people. The provider was planning this.

- Staff could describe how their training and personal development related to people they supported and had a genuine interest in how people's health conditions impacted the way they viewed the world and their environment.
- Some areas of staff training such as medicines administration had been checked to ensure their competence in practice. Staff received regular supervision and participated in weekly team meetings where they felt able to raise any suggestions or concerns for discussion. However, supervision induction notes were not always recording progress, actions, any performance concerns and how these had been addressed. This meant there was a lack of evidence that staff had received the right level of support to develop in their roles.

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

- The staff team had supported people to improve their diet. This had resulted in improvements to their overall health and well-being.
- Staff recorded the amount of food and drink people consumed and what was offered so this could be easily monitored and reviewed.

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

- The staff team supported people to access a variety of health professionals as required, including annual health checks. They used a 'Purple folder' system to record health information about people. The Purple folder system is used in Hertfordshire to help health professionals prevent inequalities in healthcare for people with learning disabilities.
- The staff team worked closely with health professionals to seek advice on how to improve the health and care for people. One professional spoke highly of the support that had been given and how this had improved people's quality of life.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff were aware of any restrictions in place for people and why they were there. They knew how to consider what people might be trying to communicate.
- Staff respected the rights of people and gave them choices. Where people were assessed as lacking mental capacity for certain decisions, staff recorded assessments for any best interest decisions. Assessments recorded by staff were decision specific
- The regional manager was following up with the DoLS team regarding discrepancies in best interest assessments they had completed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff team had a good insight into how people preferred to be supported.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff showed warmth and respect when interacting with people. Staff ensured people were protected from exposure to any environmental factors they would find stressful.

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

- Staff took time to get to know people and develop a good rapport with them. Staff respected people's choices and wherever possible, accommodated their wishes.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, build on previous interests and develop new skills.
- Staff knew when people needed their space and privacy and respected this. Staff supported people to maintain their dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's quality of life had improved which had a positive impact on their well-being.
- However, there were no clear pathways to future goals and aspirations, including skills teaching, in people's support plans. Staff did not always provide people with personalised, proactive and coordinated support in line with their communication plans and care needs.
- There was a lack of guidance for staff showing agreed approaches and a lack of structure to people's day. This lack of continuity of approaches by the staff could delay learning for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had a good awareness, skills and understanding of people's communication needs, they knew how to facilitate communication and when people were trying to tell them something. They also had a good understanding of the different ways people might express their emotions and frustrations.
- However, staff had also not yet received training in key methods of communication, which meant they were not able to further develop people's communication skills. The regional manager told us this was something they were planning.

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 participate in their chosen social and leisure interests on a regular basis such as swimming, bicycling and walking.
- Staff helped people to have freedom of choice and control over what they did and respected their choices if they indicated they did not wish to take part.
- Staff enabled people to broaden their horizons and develop new interests, friends and remain in regular contact with their relatives.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and this was shared with all relevant people. Staff understood how to identify when people might make a complaint and how to support them to

escalate it.

- Relatives could raise concerns and complaints easily and staff supported them to do so using agreed communication methods.
- The provider treated all concerns, feedback and complaints seriously sharing the learning with the whole team and the wider services.

#### End of life care and support

- The provider was not currently supporting anyone with end of life care.
- People had a health action plan in place to look at how they would be supported to be in good health. Staff would contact people's relatives and relevant health professionals to support making and decisions for treatment in the event of serious illness.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The location has a condition of registration that it must have a registered manager, but it did not have one. A new manager was in post but steps had not yet been taken to begin the process of applying to be registered.
- The manager and provider were keen to instil person centred approaches and had come some way to doing this. However, systems and guidance in place did not promote person centred practices as people had no specific goals that took into account their aspirations and how these could be achieved.
- Governance processes were not effective in holding staff to account, keeping people safe and protecting their rights. Audits did not always identify patterns and concerns with staff performance or the environment.
- Records contained no effective skills teaching guidance for staff and progress and outcomes were not monitored and evaluated. This meant staff were unable to identify what was working and what was not and adapt plans accordingly.
- The manager did have a lot of knowledge and skills about people being supported and what they needed. However, they required further support and training in relation to management skills in their new role.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. Systems to promote person centred approaches and to record, monitor and develop staff performance were insufficient. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acted immediately during and after the inspection. They had plans to implement new systems and structures that would better support people and the staff team to implement a consistent approach with more effective monitoring of progress and outcomes.

- The manager was visible in the service, worked directly with people and was approachable and open to challenges and feedback. The manager promoted equality and diversity in all aspects of the running of the service.
- Staff felt respected, listened to and valued their team members creating a culture of support and positive self-reflection. Staff felt able to raise concerns with managers without fear of what might happen as a result
- Staff were able to explain their role in respect of people without having to refer to documentation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The manager and provider understood the need to be open and were mindful of closed cultures and how to avoid them developing. They took swift action and reported to and involved all relevant professionals and authorities when incidents occurred.

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

- There were formal and informal processes for relatives to share their views and discuss issues with staff and comments were actioned by the provider.
- Staff had regular opportunities to meet and discuss any concerns or suggestions for improvement.

Continuous learning and improving care

- The provider had a vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Staff were aware of opportunities for general self-reflection or team discussion but were not all clear about support from the manager to reflect and learn when things had gone wrong as well as when things had gone well.
- The provider gave staff the opportunities to attend relevant training and request further training if they felt it was required. However, records did not always show how this training had been followed up in practice by the manager.
- The provider kept up to date with national policy to inform improvements to the service.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service as well as sharing learning to other services under the umbrella of this provider.
- The service worked well in partnership with other professionals and health and social care organisations to help improve people's wellbeing.
- Professionals spoke highly of the provider, manager and staff team and told us the provider and staff team worked well with them. One professional said, "London Paramount have transformed [people's lives]. The provider also adapts the level of support if appropriate without being asked to or having to be chased by the local authority."

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the person was protected from the risk of harm and abuse. Measures to mitigate risks to the person's health, safety and welfare were not always effective. This placed the person at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed the person at risk of harm. Systems to promote person centred approaches and to record, monitor and develop staff performance were insufficient</p>