

Supported Care & Accommodation Ltd

Paramount Support Centre

Inspection report

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Dagenham
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Paramount Support Centre provides personal care to people with learning disabilities and/or autistic people in a supported living service. The service can support up to four people and at the time of the inspection, two people were using the service. People lived in a shared house in a residential area.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People had choice and control of how their care and support was delivered to them. They were supported to live as independently as possible in their own home.

Right care:

- Staff supported people with their personal care and respected their dignity and privacy. People's equality characteristics were understood.

Right culture:

- Managers and staff had positive attitudes and values which helped to encourage people to feel empowered in their daily lives.

People were safe using the service. Staff were trained in safeguarding people from the risk of abuse. Risks to people were assessed and measures were in place to mitigate them. There were enough staff to support people in their own home. Staff were recruited appropriately and were safe to work with people. Accidents and incidents were reviewed and analysed to learn lessons. Procedures to prevent and control the spread of infections were in place.

Staff received training and supervision to maintain their skills and aid their development. People were supported to maintain a healthy diet and attend healthcare appointments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were developed to meet the needs and preferences of people. However, we made a recommendation for the provider to follow best practice on making care plans more person-centred.

People got on well with staff and they communicated with each other effectively. People were supported to

pursue their interests and maintain relationships to help avoid social isolation. There was a complaints process for people and their relatives to use. People's communication needs were understood and met. Feedback was sought from people and relatives to help make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection, the service was inspected but not rated (report published 24 December 2020) because we carried out a targeted inspection that looked at specific areas.

Why we inspected

This was a planned inspection to look at all five key questions and provide the service with its first rating since registering with us on 15 July 2019.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Paramount Support Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. They and the registered provider have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This was an announced inspection. We gave the registered manager 24 hours' notice because it is a small service and we needed to be sure that the registered manager or responsible individual would be in the office to support the inspection.

Inspection activity started on 29 November 2021 and ended on 1 December 2021. We visited the office location on 29 November 2021.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

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

During the inspection.

During the inspection, we spoke with the registered manager, the responsible individual who was the provider of the service and a senior support worker. We spoke with two people who used the service when we visited them.

We viewed documents and records that related to people's care and the management of the service. We looked at two care plans and staff training records. We also viewed documents relating to quality assurance, medicine management, recruitment and infection control.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with one relative for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of abuse. Procedures to safeguard people from abuse were in place and people told us they felt safe. One person said, "Yes I feel safe. It's a safe environment." A relative told us, "The service is safe for [family member]. The staff are very supportive."
- Staff told us and records showed they had received training on safeguarding people. They knew the procedures for reporting safeguarding concerns. A staff member said, "I would report abuse immediately. I know types of abuse like physical and financial abuse."

Assessing risk, safety monitoring and management

- Risks to people's safety were managed through the use of risk management plans. These contained guidance and control measures for staff on how to reduce certain risks. These included risks related to people's health conditions, for example the risk of seizures due to epilepsy, risks around eating and drinking, risks when people become agitated or angry and risks when people went out for particular activities.
- Staff told us the risk assessments were helpful and contained enough guidance and information to help them support people. One staff member said, "I have read the risk assessments and they provide very helpful information I need to know to support people."

Staffing and recruitment

- People were supported by staff who helped them with their needs. The provider assessed the numbers of staff needed. We saw staff working with people during the day, when we visited them in their supported living accommodation.
- Only two people were currently being supported at the time of our inspection. However, people's support needs differed and some people required more support than others. The provider had recruited the numbers of staff needed to provide this support.
- The management team provided a rota for staff which detailed their shifts for the week. A staff member said, "There is a good system and we have the staff we need."
- There was a procedure to ensure the recruitment of staff was carried out appropriately to protect people using the service. The provider completed criminal background checks, identity and work permit checks and sought professional references to confirm applicants were safe and of good character to support people.

Using medicines safely

- Staff supported people to take their medicines safely. They followed the service's procedures to administer and record them in Medicine Administration Records (MAR). There was a procedure for PRN medicines, which are administered to people as and when needed.

- We looked at a sample of medicine records and saw these were completed accurately. Medicines were checked during staff handovers and the registered manager audited records to check there were no gaps or errors. This ensured medicines were managed safely.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to learn lessons. Accident and incident records showed the action taken by staff to ensure people remained safe after the event.
- The management team investigated incidents and put in place measures to help prevent their reoccurrence. For example, after one incident, they looked at ways to help people in the service get along with one another but also respect other people's personal space.

Preventing and controlling infection

- A policy was in place to ensure the risk of infections, was controlled and prevented.
- Staff confirmed they had access to Personal Protective Equipment (PPE) such as gloves, face masks and aprons. People were supported to maintain hygiene and go out in public safely.
- We were assured that the provider was preventing people from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.

Is the service effective?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with the necessary training to help them carry out their roles. A training schedule showed when staff had completed their training and how long it was valid for. New staff received an induction, as well as the training, to help them get to know the service and its policies.
- Training topics included safeguarding adults, learning disability and autism awareness, mental health awareness, supporting people with epilepsy, equality and diversity and infection control.
- Refresher training was arranged for staff when due, to keep their skills up to date. A staff member told us, "The training was very helpful." One person said, "The staff are trained well. I would notice if they were not and if they did not know what they were doing or saying."
- Records showed staff were provided supervision from the management team at least every three months to discuss their work and any concerns they had. Yearly appraisals of staff were carried out to review their performance and set objectives for the following year. Staff told us they felt supported by the registered manager and the provider. A staff member told us, "The managers are very supportive and encouraging."

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

- People's needs were assessed prior to their referral to the service, to determine if the service was suitable to support them.
- The assessment covered people's needs and abilities and risks around their current health, behaviours, personal care and communication.
- People's choices were assessed to help them achieve effective outcomes for their care.

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

- People were supported to maintain a balanced diet. Their food and drink preferences were known by staff and they were able to purchase them when needed from the local area.
- Some people prepared their own meals but staff offered support when people used appliances such as the cooker or oven, to make sure they were used safely. A person said, "I can do my own shopping and buy and make what I need."
- People's weights were monitored to check they were maintaining a healthy diet and they were keeping themselves hydrated.

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

- Staff worked with health and social care professionals such as doctors, occupational therapists, and learning disability and young person practitioners to help people remain in good health and maintain their

wellbeing. People's support plans contained contact details of health professionals so staff could contact them when necessary.

- Some people had a hospital passport which contained important information about the person for health care professionals to know, should the person require for any form of treatment.
- Some people received specific support, such as from external rehabilitation services. The provider ensured people received support from these services when needed and communicated with other professionals to help provide people with the right support.
- Records showed people attended appointments so that their health and wellbeing was continually monitored and they received the treatment they needed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to decisions made about their care was assessed. The provider understood if people were deprived of their liberty, an application needed to be made to the Court of Protection to authorise this.
- Records showed staff had received training on the MCA and staff told us they understood its principles.
- People participated and were consulted on reviews of their care and support needs.
- Staff told us they asked for people's consent at all times and respected their decisions. A staff member told us, "I always ask for their permission and knock on their door first."

Is the service caring?

Our findings

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

At the last inspection this key question was not rated. At this inspection 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; equality and diversity

- People told us the staff and management team treated them well. One person said, "Yeah the staff are very nice. They are friendly and respectful." A relative told us, "It is a caring service. My [family member] is settled and happy in their accommodation." We visited people and saw staff treating people well while they were supporting them.
- Policies to promote equality and diversity and human rights in the service were available. Staff knew about forms of discrimination and told us they understood people's protected characteristics, such as race, religion and sexual orientation. Records also showed they had received training in the Equality Act 2010. One staff member said, "I speak to people like they are my own relative. Their colour or religion does not affect this, I respect them for who they are."
- People's religious and cultural needs were included in their care plans. For example, staff supported people to practice prayers and worship in accordance with their religious beliefs.

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

- People and their relatives or representatives were consulted about their care and support requirements. People were supported to express their views and make decisions for themselves where they were able. One person said, "I speak with the staff and we discuss and agree what I need support with."
- Staff gave people choices about their support. They supported people to get on with their everyday lives, with people choosing where they wanted to go and what they wanted to do.
- Staff told us they respected the decisions people made and their opinions. Staff worked closely with people and had regular meetings to discuss their support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person said, "Yes, the staff respect my privacy. They don't disturb me, they just check I am OK. They support me with personal stuff and tidying my room."
- Staff prompted people with their personal care in a respectful way. One staff member said, "Respect is a number one thing. I make sure I treat people with respect and give them privacy and dignity. I close the door when supporting them with personal care."
- Staff told us they protected people's personal information and confidentiality. They understood that sharing people's personal information with unauthorised persons would be a breach of the person's confidentiality.
- People told us they got to know staff well and one person said, "I get on well with staff. We chat and sort out any disagreements quickly. They are professional and respect me to get on with things."

- People were supported to be as independent as possible. Some people required more support than others and staff gave examples of how they promoted people's independence. One staff member said, "I support [person] when they are cooking pasta, for example, with boiling water. They can do most things. I just observe. I like to guide and educate people to be independent. They don't need us to do everything for them."

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care and support for people was provided according to their preferences. Care and support plans were developed and maintained to record their preferences and needs. They included details of the person's interests and outcomes they wanted to achieve. One person's care plan stated, "[Person] likes to be challenged. They love doing puzzles, building construction using [model set] and detailed artwork." Records showed staff supported them with these hobbies and interests.
- Staff told us care plans gave them an understanding of the person and how they liked to be supported. People were supported to have choice and control of their lives. A staff member said, "[Person] will always choose their preferred things and I encourage them and go by their choices."
- People's needs were reviewed monthly to check on progress made with outcomes or to reflect any changes to their needs and preferences. However, we found people's support plans required some further development to be more person-centred, for example written from the person's perspective and in a less prescriptive format to make it easier to read.

We recommend the provider follows best practice guidance on a more person-centred approach to developing care and support plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in an accessible and easy to read format, such as complaints procedures and notices. This helped people understand the information presented to them.
- People's communication needs were understood by staff and these were set out in their care and support plans. There was information for staff on how best to communicate with people who were less verbal. For example, staff made use of visual aids and spoke slowly to give time for people to process what was being said to them. This helped to meet people's communication needs.
- Staff told us they had got to know people well and knew how to communicate with them. We observed staff communicating with people appropriately. A staff member said, "[People] are very intelligent and understand everything. We don't have a problem understanding each other."

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 maintain relationships and avoid social isolation. Staff supported people to keep in touch with their relatives and friends. One person said, "Yes I have other support networks and friends I can contact."
- People were supported to pursue their interests. Records showed these included creating music, singing, dancing, video games, doing puzzles, shopping, attending a day centre and using public transport. People were also supported to access education training, volunteer work or employment should they wish to.
- Staff were respectful of people's lifestyle choices and wishes but offered people encouragement to ensure they did not feel isolated.

Improving care quality in response to complaints or concerns

- There was a procedure for people and/or their relatives to make a complaint if they were not satisfied with the service or had concerns. There had been no complaints since the service first registered with us.
- The responsible individual told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

End of Life care and support

- The service did not support people needing end of life care at the time of our inspection.
- The responsible individual told us they would explore people's wishes should they require end of life care and support in future.
- They told us support would be sought from end of life care health professionals and relatives to ensure people were treated with dignity and respect.

Is the service well-led?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and responsible individual worked together to monitor the service. The registered manager was promoted from the existing staff team and so already knew the people in the service and the staff. They had been in post for a few months and told us they were supported by the responsible individual to help settle into the role.
- The responsible individual was also the previous registered manager of the service but had informed us they wanted to hand over the day to day running of the service to a new registered manager.
- The registered manager understood the requirements of the role, including its regulatory responsibilities. They carried out audits of medicine records, incident records, and daily reports to ensure staff were following procedures correctly.
- Staff told us they were clear about their roles and responsibilities to ensure people were safe and received support that met their individual needs and wishes. Daily reports were completed to summarise how people were and note any issues or incidents.
- Staff told us the registered manager was supportive. A staff member said, "[Registered manager] knows the staff and is understanding. If there are any problems, they help and support us."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People and relatives spoke positively about the service. People felt they could approach the staff to have discussions or raise any concerns. One person said, "Yeah it's well managed. I can talk to [registered manager]. We talk a lot and I know the other staff as well. I can also call the [responsible individual] who is very helpful."
- Staff told us there was an open culture and they could also discuss anything with the management team. One staff member said, "[Responsible individual] and [registered manager] are very good."
- Staff spoke about people respectfully and told us they supported them to achieve their goals and ambitions, such as improved health, hygiene and nutrition.

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 provider was open and honest with people and relatives when things went wrong. They looked at learning lessons to improve or prevent recurrences of incidents.
- The provider knew of regulatory requirements to notify the CQC of significant events in the service as they

are legally required to do. This ensured the service was compliant with health and social care regulations. We discussed how they could also notify the CQC of changes to their registration details, as the provider needed to move the service's office to another location.

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

- People were involved and engaged in the service. Their equality characteristics were understood and respected by staff. The provider obtained feedback from people and relatives through surveys and questionnaires and used their responses to identify areas for improvement.
- The feedback from the last survey was positive. One relative had written, "I have a good relationship with the staff and I am confident [family member] is well cared for." Staff also provided their feedback to the management team and we saw that staff were happy with how they were supported to carry out their roles.
- Meetings were held with staff to share important information, such as updates on people's support needs, staff training requirements and general topics that needed to be discussed as a team.

Continuous learning and improving care; Working in partnership with others:

- The management team had plans for continuous learning and improving the quality of the service. For example, by responding to feedback from people, learning from incidents and seeking guidance from external learning disability professionals.
- The provider worked well with partner agencies and was a member of local provider groups to share information and good practice. They worked in consultation with local commissioners in developing services to help people with learning disabilities be involved in community projects.
- The staff and management team worked with social care professionals and took part in multi-agency meetings about people's support needs.
- The provider also kept up to date with government guidance around keeping people and staff safe from COVID-19. Professionals we contacted told us the staff and the management team in the service were competent and helpful.