

London Paramount Care Ltd

Sunny View House

Inspection report

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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

Sunny View House is a residential care home providing personal care to a maximum of 1 person. The service provides support to people with learning disabilities or mental health care needs in a 1-bedroom bungalow.

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

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.

Right Support:

The person was supported to have maximum choice and control of their life 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.

Staff communicated with the person in ways that met their needs and worked with them to plan for when they experienced periods of distress.

Staff supported the person to take part in activities and pursue their interests in their local area. The service gave the person care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. They were able to personalise their home.

Staff supported the person with their medicines in a way that promoted their independence and supported them to play an active role in maintaining their own health and wellbeing. They enabled the person to access specialist health and social care support in the community.

Right Care:

The person received kind and compassionate care. Staff understood and responded to their individual needs.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had training on how to recognise and report abuse and they knew how to apply it.

The person's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. However, they did not always include enough guidance for staff. This included for a medical condition they had and their wishes at the end of their life.

Right Culture:.

The person received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood the person well and were responsive, supporting their aspirations to live a quality life of their choosing.

The person and those important to them, were involved in planning their care. Staff evaluated the quality of support provided, involving the person, their family and other professionals as appropriate. However, the person's daily records lacked detail; we have made a recommendation related to this.

The service enabled the person and those important to them to work with staff to develop the service. Staff valued and acted upon the person's views.

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

Rating at last inspection

This service was registered with us on 31 July 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation in relation to recording of daily support provided by staff.

Follow up

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?

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.

Sunny View 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.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Sunny View House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Sunny View 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 a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the person receiving support would be at home to speak with us.

Inspection activity started on 24 October 2023 and ended on 8 November 2023. We visited the location's

office/service on 24 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care staff. We reviewed the person's care file and 2 staff personnel files. We also reviewed records relating to managing the service.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The person's risk assessments did not include enough guidance for staff to manage a medical condition they had. However, we spoke with staff and found they knew the person and understood their needs well.
- The service had a behaviour support plan. This was person-centred but not very detailed. The MDT team had completed a positive behaviour support plan; this had not been updated since 2021 but was being reviewed at the time of our inspection.
- Staff could recognise signs when the person experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- The provider's recruitment process included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, in the 2 files we reviewed there were unexplained gaps in employment history and 1 staff member only had 1 reference. Following the inspection, the registered manager advised their human resources team were completing an audit of all staff files to address any gaps.
- The service had enough staff, including for 2-1 support for the person to take part in activities how and when they wanted.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The person felt safe at the service. They told us, "I feel safe with staff and can trust them to know how to help if I'm anxious."

Using medicines safely

- Staff supported people with their medicines in a way which promoted their independence. The person told us, "Staff help me with my medicines. I do [some] myself."
- Staff received regular medicines competency assessments to check their practice and competency at medicines administration.
- The person's record included protocols for administering PRN medicines. These are medicines which are administered as and when required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The service supported visits from relatives and professionals in line with current guidance.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. We saw reports detailed what had happened, action taken, and support offered to both the person and staff.
- People were given suitable support when things went wrong. A member of staff told us, "We reassure [person] that we are here to support, and everyone has their best interests at heart."

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 good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Not all staff had received training in a medical condition the person had. Following the inspection, we were told this had been arranged.
- Staff received an induction to the service. This included training and 2 weeks on-site where they would shadow experienced staff. A member of staff said, "We're constantly provided with training opportunities, some we do annually and other which can be added for us to do, e.g., we recently had a food allergy training, which helped us."
- Managers checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision. They told us they were able to raise concerns and suggest changes. A member of staff said, "The team leader will put on a topic to discuss. If I have something I'd like to change, we record everything and at the next team meeting we discuss it."

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

- Staff completed an assessment of the person's physical and mental health. This was personalised and included medical conditions and areas support was needed as well as their protected characteristics under the Equalities Act 2010.
- The person's record contained a 1-page profile with essential information such as likes and dislikes to ensure new or temporary staff could see quickly how best to support them.

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

- The person was involved in choosing their food, shopping, and planning their meals. There was a list of foods they liked and disliked to choose from when planning the shopping and a list of meals to choose from.
- Staff supported the person to be involved in preparing and cooking their own meals in their preferred way. The person told us, "Staff make my meal. I do sometimes do some cooking, but staff mainly do it."
- The person was given guidance from staff about healthy eating. We saw staff had worked with the person to develop their understanding of managing their diet in line with their health condition.

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

- The person's care and support was provided in a safe, clean, well equipped, well-furnished environment. There was also a well maintained garden.
- The person was included in decisions relating to the interior decoration and design of their home which supported their individual needs. They told us, "It's a nice bungalow. A good place to live."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The person was referred to health care professionals to support their wellbeing and help them to live a healthy life. They told us, "Staff are good if I'm not feeling well. They take care of it."
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. Multi-disciplinary team professionals were involved in support plans to improve the person's care.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interests decision making.
- Staff respected the rights of people with capacity to refuse their medicines. A member of staff told us, "We call 111 and get direction from the professionals. [Person] has the right to refuse medication."

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 person's care plan contained a religious plan which included details of what the person liked to celebrate.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.
- The person felt valued by staff who showed genuine interest in their well-being and quality of life.

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

- Staff took the time to understand the person's needs and develop a rapport with them. They were aware it would take the person time to get to know and trust them. The person felt listened to and valued by staff. They told us, "They don't tell me what to do."
- Staff respected the person's choices and wherever possible, accommodated their wishes. The person said, "They help me and take me out places I want to go."
- The person, and those important to them, took part in making decisions and planning of their care and risk assessments. We saw evidence of communication with family in their care record.
- Staff supported the person to maintain links with people important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff felt they provided a warm and nurturing environment for the person. A member of staff said, "The staff's compassionate approach ensures that each individual's unique needs are met with the utmost care and attention."
- The person was happy with the care provided by staff. They told us, "The staff are fantastic. All of them."

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 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

- The person's file included their goals. There was little evidence of what was needed to support the person to achieve these. However, we saw these had been discussed at MDT to consider the best approach.
- Staff provided the person with personalised support in line with their care plans. A member of staff told us, "I do like the care home's dedication to open communication, family involvement, and resident-centric decision making ensures that everyone's voice is heard and valued."
- The registered manager told us the person's care plans and risk assessments were reviewed annually, or where there had been a change. They told us, "Monthly key worker sessions are led by the team leader with [person]. They ask if [person] feels safe, happy, anything which could be better. This input and at the MDT meetings all feeds into the care plans and risk assessments."

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 ensured the person had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs. They were able to give examples of the best way to communicate with the person.

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

- The person was supported to participate in their chosen social and leisure interests on a regular basis. They told us what they enjoyed doing and we saw a list they had created with staff with options to choose from each day.
- The person told us they saw their family regularly and people from other services.

Improving care quality in response to complaints or concerns

- The person, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The person told us, "I talk to [staff]. If I am not happy. they will do something about it."
- The service had not received any complaints at the time of our inspection. There was a complaints procedure available for people to follow. A member of staff told us, "The complaints/concerns procedure is

clearly displayed on the walls for all to see and it is quite straightforward as well."

End of life care and support

- Staff had not received training in end-of-life care.
- Staff had attempted conversations about the person's wishes at the end of their life. However, there was very little information related to this in their file. We fed this back to the registered manager to review.

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 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; 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 registered manager had not ensured staff completed detailed daily records. This meant it was not always clear what support had been provided by staff.

We recommend the provider review their systems to provide oversight about the person's daily care.

- The provider invested in staff by providing them with quality training. However, they had not ensured all staff received training in a medical condition the person had. Following the inspection, we were told this had been arranged.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of the person's needs. They were aware of their responsibilities to submit relevant notifications appropriately to CQC.
- The registered manager completed audits to monitor the quality of the service.
- Staff reviewed the person's care and support on an ongoing basis as their needs and wishes changed.

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

- Managers and staff put the person's needs and wishes at the heart of everything they did. They described an improvement in the person's wellbeing since they had lived at the service.
- The service had a positive culture which was person-centred and inclusive.
- Managers were visible and approachable in the service. Staff felt supported by senior staff. A member of staff told us, "The manager supports me well and carries me along most of the areas that concern me." Another member of staff said, "We do have team leader who works in the house with us and a manager who's available for us to speak to."
- The registered manager felt supported by the provider. They told us, "They are very supportive of all staff regardless of our role and responsibilities... They are always at the end of the phone."

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

- Staff encouraged the person to be involved in the development of the service. A weekly well-being survey

was issued which gave the person the opportunity to feedback on anything staff could do better.

- The provider sought feedback from people and those important to them and used the feedback to develop the service. We saw annual surveys had been completed by the person and their relative. They had not raised any concerns in those we reviewed.
- Staff attended team meetings. We saw these focused on the needs of person they supported and included reminders of lessons learned.

Working in partnership with others; Continuous learning and improving care

- The service worked well in partnership with other health and social care organisations. The registered manager told us they had regular meetings with other professionals and had received praise for the improvement in the person's quality of life.
- The registered manager gave examples of improvements they made to the service. They had introduced a nutrition/hydration file to make information more accessible to support the person with this. They were working with a local team to have additional training for staff.