

Paramount Care (Gateshead) Limited

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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 well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 October 2017 and 01 November 2017. At that inspection the service was rated good overall and there were no breaches of relevant regulations. After that inspection we received concerns in relation to staffing levels, the safety of people and the governance within the service. As a result, we undertook a focused inspection of Paramount Care (Gateshead Ltd) on 16 and 17 August 2018 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Paramount Care (Gateshead Ltd) on our website at www.cqc.org.uk.

Paramount Care (Gateshead Ltd) is 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Paramount Care (Gateshead Ltd) can accommodate 20 people in one adapted building comprising of six different houses joined together and on the date of this inspection there were 17 people living at the home. Most of the people living at the home had fluctuating capacity due to an underlying medical condition or a learning disability.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice and the promotion of independence and inclusion. People with learning disabilities and autism using the service were supported to live as ordinary a life as any citizen.

There was a new manager in post who was in the process of registering with the CQC as the registered manager for the service. 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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The premises were safe and people felt safe living there. There were safeguarding policies and procedures in place to keep people safe. Staff had received regular training and supervision around safeguarding vulnerable adults. The manager at the home escalated all safeguarding concerns appropriately to the local authority.

Staff were recruited safely and had undertaken all necessary training to safely fulfil their role. Staff received regular supervision from the management team but the managers did not receive regular supervision or support from the provider of the service. There were regular health and safety checks of the premises by the manager. Risk assessments were in place to keep people safe in the least restrictive way possible. There was a fire risk assessment in place.

Infection control procedures were in place at the home and during the inspection we saw regular cleaning of

the home. There was a business continuity plan in place to ensure the service could still provide care to people in the case of an emergency.

Medicines were safely managed and care was delivered in line with best practice and national frameworks. There were procedures in place to ensure the safe receipt, storage, administration and disposal of medicines.

Accidents and incidents were recorded, investigated, were appropriately acted upon and lessons learned were documented and shared with staff. Safeguarding concerns raised to the local authority were linked to the corresponding incident.

People's treatment was delivered in line with best practice and current national frameworks. People's needs were regularly reviewed and care plans were created in partnership with people. Consent was sought by staff before carrying out any aspect of personal care with people.

We saw regular involvement from GPs, local authority, clinical commissioning group (CCG) and other partnership agencies documented in people's care files. Care files contained daily recordings of the support people received and we also saw referrals to other health care services within these.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of some people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. Staff demonstrated their understanding of the MCA and worked in accordance with this. The registered manager had made applications to the local authority supervisory body, on behalf of people living at the service, to restrict their freedom for their own safety in line with the MCA. We saw staff asking people for consent when supporting people with personal care. People had access to Independent Mental Capacity Advocates (IMCAs) and independent advocacy services if they wished to receive support to express their views. Information related to advocacy services was on display in the home.

Staff and people enjoyed a positive relationship and we observed kind and caring interactions. Staff knew people well and knew people's likes and dislikes. People were treated with dignity and respect and were supported to maintain a balanced diet.

There were three managers in post at the home who worked towards the same vision to improve the lives and independence of people living there. The new manager in post was applying to be the registered manager and the two other managers were the previous registered managers at the service. Both managers had de-registered within the CQC, one in August 2016 and the other in July 2018. All three managers were aware of their responsibility to ensure appropriate safe care was delivered. There was a quality and assurance framework in place used by the managers to maintain the safety and quality of the home. The provider did not have a scheduled governance framework in place to maintain oversight of quality and safety of the service.

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.

The premises were safe. Personal and environmental risk assessments were in place.

There were enough staff to support people but the service relied heavily on agency staff.

Medicines were safely managed. 'As required' medication protocols required more details to reflect how people display certain symptoms.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the required knowledge and skills. Staff understood the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to maintain a balanced and nutritious diet.

People had access to health care professionals and other services.

Is the service well-led?

Good ●

The service was well led.

There was a new manager in post who was in the process of registering as a registered manager with the Care Quality Commission. The management team understood their roles and responsibilities. People, staff and relatives felt that the management team was open and approachable.

There was a governance framework in place that was used by the management team to ensure the quality of the service provided. The provider did not have a consistent documented framework in place to maintain oversight of the quality and safety of the service but plans were in place to address this going forward.

The management team at the service had a clear vision, strategy and plan to deliver a high quality of care.

Paramount Care (Gateshead Ltd)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was undertaken to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection of Paramount Care (Gateshead Ltd) took place on 16 and 17 August 2018 and was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was prompted in part due a number of incidents and information we had received from partnership agencies regarding the safety of people, staffing levels and the governance within the service. The inspection was unannounced on the first day which meant the provider did not know we would be visiting the service. The team inspected the service against three of the five questions we ask about services: is the service safe? Is the service effective? and is the service well-led?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Prior to our inspection we reviewed all of the information that we held about the service. This included any statutory notifications received. Statutory notifications are reports about events, which the provider is required to send to us by law. We also sought feedback from the local authority contracts monitoring and safeguarding adult s teams, and reviewed the information they provided. We contacted the NHS Clinical Commission Group (CCG), who commission services from the provider and we contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback

from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises, carried out observations in communal areas and had discussions with people who used the service, their relatives, staff and visiting professionals.

We spoke with six people who used service, two relatives and nine members of staff including the three service managers and six care staff. We reviewed the care records for four people and the recruitment records for four members of staff. We looked at quality assurance audits carried out by the manager. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

People told us they felt safe living at Paramount Care (Gateshead Ltd) and their relatives agreed with these comments. One person told us, "I feel safe." A relative told us, "[Person] is very safe and I'm very pleased."

On the first day of inspection we undertook a tour of the premises to make sure it was safe for people living at the home. The premises were clean, free from clutter and we observed regular cleaning. People living at the home were encouraged to actively take part in the 'daily chores' to help with promoting independence. There was a daily chores list on the wall of the one of the homes so people knew what their role was for that day. The home had an infection control policy which was followed by staff and people. There were risk assessments for the control of substances hazardous to health (COSHH) used for cleaning and these included data information sheets and protocols for each substance.

The premises were safe and we saw regular health and safety checks by the management team were undertaken, which were documented. There were recorded audits of the premises including equipment checks, portable appliance testing (PAT) and firefighting equipment. The home had a valid electrical installation periodical inspection certificate.

There was a fire risk assessment for the home and this was used in partnership with people's personal emergency evacuation plans (PEEPs). A PEEP is an individual evacuation plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. PEEPs included how many staff would be required to support people and what action should be taken. There was a business continuity plan in place which clearly detailed what would happen in case of emergency or if something happened unexpectedly.

There were safeguarding policies and procedures displayed throughout the home, these were also available in easy read format. There was also information about safeguarding which included information about the local authority and Care Quality Commission (CQC) available for people, relatives and staff. Staff had attended safeguarding training sessions and could explain what steps they would take if they identified any potential abuse or a concern. A staff member told us, "I would normally go to [manager] but if I couldn't I would telephone the council."

We reviewed the safeguarding information at the home and these records were accurate, linked to the appropriate accident/incident, had in-depth investigation reports, follow up actions highlighted and lessons learned. The manager had shared outcomes of investigations with staff and we saw evidence of supervisions discussing safeguarding outcomes. The manager had notified the CQC of each incident and provided regular updates during their investigations. There were records showing involvement from the local authority safeguarding team also.

We reviewed four staff recruitment files and found staff recruitment was safe. There were current Disclosure and Barring Service (DBS) checks in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Other pre-

employment checks had been carried out such as gathering references from previous employers.

During the inspection we saw that there was enough staff to safely support people. We reviewed the staffing rotas for a four-week period and these matched the assessed needs of people. We noted that the home was relying heavily on agency staff to support people. We discussed this with all three managers who told us that they were currently recruiting for new staff and some agency staff had successfully obtained a permanent position with Paramount Care Ltd. A relative told us, "There is enough staff more than adequate."

Risk assessments were in place to keep people safe, these included health and safety, manual handling, choking and mobility. Risks were clearly identified, assessed and mitigated. There were personalised risk assessments, linked to people's needs and care plans, that were completed in partnership with people, relatives, advocates and health professionals.

Medicines were safely managed. Medicines were stored in locked treatment rooms. Medicine stocks were recorded when received into the home. There were regular audits of medicines and these records accurately reflected the current level of medicine stocks at the home. People's medicine support needs were accurately recorded in their care records and the medicine administration records (MARs) showed staff recorded when people received their medicines. Entries had been initialled by staff to show they had been administered.

Protocols were in place to administer 'as required' medicines. 'As required' medicines are only needed for a specific situation, for example allergies, and are not prescribed as daily medication. We observed that the protocols for administering these medicines did not clearly indicate what signs/symptoms people would express if they required the specific medicine. We discussed this with the manager who told us that they would review all of the protocols to ensure they clearly described how people would present in each situation, for example if they were in pain or if they were constipated.

Staff explained to people what medicine they were taking. One person told us, "Staff give it to me (medication), then I take it myself." A relative told us, "They have never made any mistakes with his medication."

Is the service effective?

Our findings

People living at Paramount Care (Gateshead Ltd) had their treatment and support assessed and delivered in line with current national best practice standards and guidance, such as mental capacity assessments, Building the Right Support and National Institute for Clinical Excellence guidance.

Staff had received thorough comprehensive inductions and training to make sure they had the skills to care for people using the service. This included training provided by other professionals, especially focused on behaviours that challenge. A member of staff told us, "We get regular training in everything. I've attended it all. It's all useful especially calming down techniques for the residents." We saw evidence that staff received training in all areas appropriate to their roles, for example to support people experiencing behaviours of disturbance and distress, end of life care, physical disabilities and complex care.

Staff received regular supervisions and annual appraisals from the management team. One manager told us that they also have informal discussions with staff if any concerns are raised. These were not documented but the manager said going forward they would record these. The two previous registered managers at the home had not received regular supervisions or appraisals from the provider. We discussed this with the two previous registered managers who said they were concerned that they did not receive the right support from the provider.

We saw evidence of referrals to other health agencies to ensure people received responsive care and treatment. One visiting professional commented, "I visit regularly to see [person]. If anything changes they (the manager) always call me." Records showed GP, dietician and other partnership agencies involvement in people's care, including appointments and outcomes from visits. During both days of the inspection we observed social workers, case managers and staff from the Clinical Commissioning Group (CCG) visiting people at the home. One person told us, "They help me go to the dentist for my teeth. I don't like to go but [staff member] says it helps me stay fit." Another person said, "This morning I have been out for a walk and this afternoon I am going to the doctor's as I have hurt my leg."

We saw evidence in people's care files of partnership working between Paramount Care (Gateshead) Ltd and other agencies to ensure a consistent level of support and care was provided to people. There were hospital passports for people included in their care files. These passports detailed a profile of the person including medication, how a person prefers to be communicated with, how they react to physical contact and what they like to feel comfortable. People had "missing persons" page profiles to allow for easy escalation to the police if someone were to go missing. This included details on communication needs, medication and a physical description.

People were encouraged to eat and drink throughout the day and we saw staff supporting people to make and eat their meals. Staff encouraged people to eat a healthy balanced diet. Some people received support with nutrition and hydration. If people were at risk we saw evidence of referrals to the dietician and GP.

People described lots of different food options, confirming that they were offered different food choices.

One person said, "I make my own cups of tea and then I wash up my cup." Another person commented, "We have cereal, gammon and chips, pizza; whatever I want. You can eat any time." A relative told us, "On a basic level he will eat anything but his favourites are garlic bread and Yorkshire puddings. But I know they look after him very, very well. He really enjoys mealtimes." The home displayed a weekly meals planner and there was a daily blackboard informing people of the planned meals for that day.

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed in the least restrictive way possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). For the two people whose records we reviewed, applications had been submitted to the supervisory body for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example, life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff. We noted that one person had a best interest decision to move to a different service to meet their needs. The person was still at the home and the previous registered manager confirmed that the decision had been overturned but did not have confirmation of this. We discussed that this would need to be addressed as the best interest decision had already been made and recorded. The manager contacted the CCG and provided confirmation that there was a new best interest decision and the person would continue to reside at the home.

The home was appropriately adapted for people living at the home. Every bedroom had its own bathroom and they were very spacious. Every room and corridor was accessible for wheelchair users. There was pictorial signage around the service. Pictorial signage helps people to orientate themselves to certain rooms and items, if they are no longer able to understand the written word. People had their rooms decorated with their own personal belongings and each room reflected the individual's choice. One person showed us their bedroom which was decorated with a superhero's theme. They told us, "I chose the walls and everything. I can put anything I want in here. It's all mine. I've got my TV, my figures, my games. It's all mine."

Is the service well-led?

Our findings

There was a new manager at the home who had been in post for three days when we inspected the service. The new manager had started the registration process with the Care Quality Commission (CQC) to become the registered manager for the home. This was in line with the requirements of the provider's registration of this service with the CQC. There were also two other managers in post, both had been registered managers previously but had made the decision to de-register with the CQC, one in August 2016 and the other in July 2018.

The management team were aware of their responsibilities and had submitted notifications to the Commission as and when required. All three managers were present during the inspection and assisted us. They were extremely knowledgeable about the people who lived at the home and able to tell us about individual people's needs. People and relatives, we spoke with knew who the managers were and told us they were a visible presence at the home. One person told us, "[Name] is the manager, she is around constantly and always in and out. If it wasn't for her I wouldn't have a job or anything. She's brilliant." Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The management team had a clear vision for the service which incorporated the values described in the provider's statement of purpose. The managers had worked hard to improve the culture at the home and one member of staff told us, "We all get on. It was hard at first with agency staff but it's the same ones all the time, so we all get along. We're doing it for them (people living at the home) and that's what we all think about. We've got to get along so we can do the best for them."

We saw records of regular resident house meetings and staff meetings. People and staff told us there were also regular weekly meetings to discuss meal choices for each unit of the home. We saw records from staff meetings where staffing issues, policies and updates on residents were discussed. Resident meeting records showed discussions around behaviours, activities and food. These discussions were used as improvement ideas for the home and the management team implemented suggestions where possible. The service carried out yearly feedback surveys with people, relatives and staff. The results of these were analysed and used to help shape the direction of the service.

We found that the management team clearly understood the principles of good quality assurance and used these principles to critically review the service provided. They completed monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff. We found the audits routinely identified areas they could improve upon. We found that the managers produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run. The provider did not have a scheduled governance framework in place to monitor the quality and safety of the care provided. The new manager provided the last audit carried out by a contracted auditor that the provider had used to carry out the sample testing. This audit was for the period of January to March 2018. This audit dip tested care

files and records in place at the home and discussed areas to improve within the care files. This was not a regular audit process in place by the provider as there was no quarterly review for April to June 2018. The audit did not fully assess the quality and assurance of the service provided to people. We discussed this with the management team who confirmed that the provider did not complete routine audits of the service. The new manager told us that they would work with the provider and the registered manager from another of the provider's services to ensure that there would be a scheduled audit in place which would assess the full quality and assurance of the service.

We recommend that the provider revisits their own provider-level governance arrangements to ensure the service is well-run and providing effective outcomes for people.

The service had an open, transparent and honest relationship with partnership agencies such as the local authority and the Clinical Commissioning Group (CCG) and we saw evidence in people's care files of joint working with external professionals to support people. The home had their latest CQC inspection rating on display so that people living at the home, relatives, visitors, professionals and people seeking information about the service can see our judgements.