

Paramount Care (Easington) Limited

Elliott House

Inspection report

Seaside Lane
Easington Colliery
Peterlee
County Durham
SR8 3PG

Tel: 01917318989

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13 December 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Elliott House is a residential care home providing the regulated activity personal and nursing care to up to 11 people. The service is provided from purpose-built accommodation and provides support to people with a mental health need and or living with a learning disability or Autism. At the time of our inspection there were 11 people using the service.

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 the 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.

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

Right Support:

Improvements had been made to records. Records were detailed and gave guidance to staff, so people received care that was centred and tailored to each individual.

Improvements had been made to medicines management. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. Staff contacted health professionals when people's health needs changed.

There were sufficient staff to support people safely.

People were provided with a variety of opportunities to be part of the community. They were supported to make choices and achieve their aspirations.

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.

Right Care:

People were provided with person-centred care that enabled them to develop skills and behaviours to live more independent lives. Care was person-centred and promoted people's dignity, privacy and human rights.

People were complimentary about the care provided by staff. They trusted the staff who supported them.

They said staff were kind, caring and supportive of people and their families. A person told us, "I love the staff, they respect me." People were supported to maintain contact with their families.

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

Systems were in place to ensure the right culture was being promoted that people's human rights were respected and their opinions were listened to and valued.

The home had a new registered manager since the last inspection and a management team who had good knowledge of people's needs and clear oversight of processes in the home. There was a positive atmosphere at the service. Staff spoke very positively about working at the service and the people they cared for. Staff said the registered manager was very approachable and they were supported in their role.

A governance system was in place to monitor the quality of the service through audits and feedback received from people, their relatives and staff. Improvements had been made since the last inspection to ensure people received safe and person-centred care. Processes were in place to manage and respond to complaints and concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 October 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that information was made available in an accessible format for people who did not read, staff should receive specialist training to give them more insight into the needs of people they supported and the environmental design should meet the Right Support, Right Care and Right Culture guidance. At this inspection we found the provider had acted on most of our recommendations to improve the quality of service provision. The recommendation regarding replacing the electronic gate was in the process of being actioned.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 August 2021. Breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elliott House on our website at www.cqc.org.uk.

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 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.

Elliott 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

The inspection was carried out by one inspector.

Service and service type

Elliott 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. Elliott 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 unannounced.

Inspection activity started on 13 December 2022 and ended on 19 December 2022. We visited the service on 13 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with 7 people about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager and 8 support workers including 1 senior support worker. We received feedback from 1 health and social care professional.

We reviewed a range of records. This included 3 people's care records and 4 medicine records. We looked at 3 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were well-managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to medicines management, so medicines were managed safely.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles□
- Medicines risk assessments and associated care plans were in place, including where people administered their own medicines, to ensure staff understood how to provide this support in a safe and person-centred way.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had introduced improvements to ensure all risks to people had been assessed, and safety was monitored and well-managed within the service.
- People lived safely and free from unwarranted restrictions because staff assessed, monitored and managed safety well and positive risk taking was promoted.
- Care plans and risk assessments were detailed and reviewed regularly.
- Staff understood where people required support to reduce the risk of avoidable harm.

- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.
- Staff managed the safety of the living environment and equipment in it through regular checks and action to minimise risk.

Learning lessons when things go wrong

- Systems were in place to manage incidents affecting people's safety well.
- The registered manager monitored and reported the use of restrictive practices.
- Staff recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.
- People received safe care because staff learned from safety alerts and incidents

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff were trained on how to safeguard people.
- People and relatives said people were kept safe. A person commented, "I do feel safe living here, I trust the staff."

Staffing and recruitment

- There were sufficient staff to support people safely.
- Some people had complex needs and received individual support from 1 or 2 staff members. Systems were in place to ensure the staff team was kept informed formed to ensure consistent care was provided and continuity to reduce their anxieties.
- Systems were in place to ensure only suitable people were employed.

Preventing and controlling infection

- 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 Personal Protective Equipment [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 promoting safety through the layout and hygiene practices of the premises.
- 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

- There were no restrictions on visiting and the registered manager followed the latest government guidance with regard to visiting during an outbreak of Covid-19.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection the provider had failed to ensure there was good understanding and oversight of Mental Capacity documentation. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- Improvements had been made to records to ensure mental capacity assessments were completed as required. Records showed if any restrictions were in place, so they were not unnecessarily applied to restrict people's choices.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills.
- New staff completed a comprehensive induction, including working with experienced staff members to learn about their role. One staff member commented, "There are great opportunities for career progression and development."

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

- Before people received care, a detailed assessment took place to check if people's needs could be met.
- Assessments included information about people's medical conditions and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a better quality of life.

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

- People were supported with their food and drink requirements.
- People were supported to be involved in their meal preparation. Care plans described people's eating and drinking needs and food likes and dislikes. One person told us, "There's plenty to eat and I make my own breakfast."
- Healthy eating was promoted.

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

- People were supported to maintain their health and well-being.
- Where people required support from professionals or with specialist equipment, this was arranged. Staff followed guidance provided to ensure people's needs were met appropriately.
- There were care plans in place to promote and support people's health and well-being.

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

- Improvements were being made to the exterior of the building to ensure it blended in with the rest of the community, following the Right Support, Right Culture and Right Care guidance. Large external signage had been removed. There were plans to replace the electronic gate at the front entrance with a more appropriate gate that still maintained security but blended with the local community.
- There was a programme of decoration and refurbishment planned. The environment was light and well-maintained with several communal areas and personalised bedrooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection the provider had failed to ensure people were involved in the planning of their care and support. Detailed personalised information was not available that accurately reflected people's needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to records and support plans were detailed and included what the person was able to do and how staff should support them.
- The management team were responsive to people's needs and to ensure staff had the information to meet people's needs when they moved into the service.
- People's were fully involved and supported to fulfil their potential and lead a fulfilling life. Detailed guidance was available for staff to help with a making a positive impact on peoples' lives.
- Staff regularly reviewed people's needs with them and worked in close partnership with people and other professionals to make changes. A person told us, "I meet with my key worker to talk about what I want to do and how things are going."

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.

- Information was accessible and made available in a way to promote the involvement of the person. The registered manager was aware of the Accessible Information Standards and gave examples for its use.
- People's care records gave guidance about how they communicated, including times when they may not communicate verbally. A person commented, "I have communication cards to sign how I feel."

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 service enriched people's lives, helping people to remain engaged and stimulated and fulfil their

wishes. Everything staff did focused on people's well-being and preferred activities.

- Staff supported or encouraged people to become more engaged and occupied in activities and community involvement that was meaningful to the person and improved their quality of life. A person told us, "I'm going out shopping this afternoon and will have a coffee while I'm out."
- Within the service a range of entertainment and activities was also available for people to socialise and engage if they wished. A regular newsletter advertised people's suggested activities and organised events. A person told us, "I have loads of friends in here." Another said, "I keep rabbits, they come inside but they stay outside in the hutch."

End of life care and support

- No one was receiving end-of-life care at the time of inspection.
- Peoples' care records contained information about their religion and cultural wishes, so their needs could be met.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place, including in an accessible format, with a system of regular monitoring to improve the quality of care provision.
- People told us they knew how to raise concerns if needed. One person said, "I'd speak to staff or the manager."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to have accurate records or an effective quality and assurance system in place to monitor the quality and safety of the care provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new registered manager had been appointed since the last inspection. They had introduced improvements to the service to ensure compliance, so people received safe and more person-centred care.
- The Nominated Individual, who was also the registered manager had clear and effective oversight of the service.
- Record keeping had become more robust and now ensured any risk was identified and then incorporated into individual care plans.
- Regular internal checks and audits were completed to monitor service provision, and external systems were in place to check the effectiveness of the audits carried out internally.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- The ethos of the service promoted openness and inclusivity.
- People were at the heart of the service.
- People were provided with support which was constantly analysed and evaluated to improve their well-being. Staff followed guidance to help the person achieve an improved and enhanced quality of life, whatever the level of need, working at the pace of the person, respecting the individual's wishes

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

- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives and the service.
- Staff said they were well-supported. They were very positive about the management team and said they were "very approachable."

Continuous learning and improving care; Working in partnership with others

- There was a focus on learning and improvement.
- Staff communicated effectively with a range of health and social care professionals. They advocated when necessary to ensure that people's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.