

London Paramount Care Ltd

Suffolk House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Suffolk is a residential care home providing personal care to two people at the time of the inspection. The service can support up to two people.

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

Right Support

The provider did not always ensure the service was safe and well-maintained.

Staff did not always support people to reduce the risk of the spread of infection. Staff did not wear appropriate personal protective equipment (PPE).

Staff supported people to have maximum possible choice, control, to be independent and they had control over their own lives. People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. However, we found that not all staff had training on how to recognise and report abuse.

The provider did not ensure all staff working with people were appropriately trained to meet people's needs and keep them safe.

People could communicate with staff and understood information given to them because staff supported them consistently and understood their individual communication needs. Further consideration needed to how individual people communicated, which would enable people to have a wider choice in all aspects of their life and on different topics.

People's care and support plans reflected their needs and this promoted their wellbeing and enjoyment of life. Although some of the language within the care plans was not always respectful and did not always reflect the least restrictive measures to people's freedom.

Right culture

People's quality of support was not always enhanced by the providers quality assurance systems in place. Actions were not always documented, and it was unclear if these were completed. This had an impact on people's care.

People were supported by staff who understood best practice in relation to supporting people with a learning disability, however there were areas of improvement needed in relation to training and ensuring staff had the right skills.

People and those important to them, were involved in planning their care, although they felt that at times the provider did not offer consistent communication.

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 29 January 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, Right care, Right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Suffolk 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 Care Act 2014.

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

Suffolk House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Suffolk 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 two relatives about their experience of the care provided. We spent time observing people and the interactions between staff and people. We spoke with five staff, including registered manager, team leader and support staff. We spoke with one professional who was involved in the care of the service users.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The service did not always use effective infection, prevention and control measures to keep people safe. Staff did not use personal protective equipment (PPE) effectively and safely. We observed staff not wearing masks. This put people at risk of cross infection.
- The service's infection prevention and control policy was up to date, however we found that staff did not always follow this policy and risk assessments in place. These detailed the need for staff to wear masks when supported people. Our observations and staff confirmed that masks were not being worn at all times.
- Staff managed the safety of the living environment and equipment used through regular checks. However, fire risks and actions were identified from an independent fire inspection and were still outstanding when we visited. For example, we found the door leading from the living room to the kitchen not closing. The provider ensured this was completed following the inspection visit.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. We found one instance where a staff member described the need to restrain one person. This was not detailed in any records which meant no post incident reviews were completed and considered what could be done differently to avoid the similar circumstances.

The provider failed to ensure people were protected from the spread of infection and systems in place did not ensure risks were managed safely. This was a breach in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service tested for infection in people using the service and staff.
- The providers approach to visiting aligned to the government guidance. People were able to see their relatives or friends if they wanted to and there were no restrictions on this.

Systems and processes to safeguard people from the risk of abuse;

- Relatives felt at the time of the inspection their family member was safe; however, this had not always been the case. One person had to leave the service due to a safeguarding risk. Following this the provider has implemented additional measure to safeguard people
- Most staff had training on how to recognise and report abuse and those we spoke to knew how to apply it. One staff member said, "There have not been any recent safeguarding issues, if there were, I would report to the manager, or there is whistle blowing to CQC. I know what would trigger a safeguarding issue and I would know what to."
- People were supported by a provider who had systems in place to ensure there was a consistent approach

to safeguarding matters, which included completing an investigation and sharing the learning with staff, following any incident

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. The service had enough staff to provide one-to-one support for people and enable to be able to be spontaneous with their plans.
- The staff members were matched with people to ensure they had the right skills. Where staff changes occurred, the people were informed.
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

Using medicines safely

- People's care plans identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines. The service worked alongside health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting people instead.
- Staff received training to administer medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice.
- People were supported by staff who followed safe medicine administration systems and processes, these systems were audited to ensure medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, these were investigated.

Learning lessons when things go wrong

- Staff were involved in sessions where staff and management were able to share information and look at ways to support people in a positive way.
- Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses, in order to learn from these.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's outcomes were not consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were not always supported by staff who were adequately trained. Records confirmed some staff had not completed the core training such as autism, learning disability, Makaton, basic life support, positive behavior support, safeguarding and MCA. We found staff who lacked training were lone working without a trained staff member present. This meant there were times where people were at risk of not receiving safe care due to the lack of training.

The provider had failed to ensure that all staff working with people were adequately trained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The service had clear procedures for team working and peer support which allowed staff to get to know people and the staff team. Staff commented that the morale in the team was high. One staff member said, "We are quite a big team and all shifts are covered with us, and sometimes agency will come in. Morale is quite good."

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

- People lived in an environment where areas of the home were not well maintained. We found damage to parts of the home. For example, floor tiles cracked in the bathroom and kitchen cupboards without doors with some furnishings worn. The provider had identified some of the areas for improvement and were looking to make the additional repairs identified as part of the inspection.

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

- People's care and support plans detailed their physical and mental health needs, support needed and in parts were personalised. Although some of the language within the care plans did not always document the least restrictive measure imposed on people's freedom. For example, people were supported by staff on a one to one basis which offered them freedom to do things when they wanted to however, care plans highlight staff needed to prevent the person from absconding. This was not the least restrictive as the person had one to one which would allow them to leave the house when they wanted.

- Staff used person-centred planning tools and approaches to discuss, however care plans did not consider what support people needed to achieve their long term goals and aspirations.

- People, those important to them and staff reviewed plans regularly together. Staff were knowledgeable about the people they supported.

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. We observed one person comfortably moving around the kitchen and choosing their own food.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- The service ensured that people were provided with joined-up support so they could travel, access health appointments and were supporting people to look at education and or employment opportunities and social events. For example, one person had been referred to drama therapy to support their wellbeing.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means. Staff empowered people to make their own decisions about their care and support. One staff member said, "If [person] needed to have medical attention we inform [person] that a doctor will come and see them. The day of the appointment we will keep reminding [person] someone is coming. When the doctor arrived, I asked again, if they wanted to see the doctor and they said yes and were absolutely fine."
- For people that the service assessed as lacking mental capacity for certain decisions, staff had clearly recorded the assessments and any best interest decisions.

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

- We observed staff being kind. A relative said, "[Staff] is exceptional. They are the [staff] that I really think get [family member]. I think [family member] enjoys living here."
- People were well matched with their designated support worker and as a result, we observed people to be at ease and happy. Staff showed commitment when speaking about the person they supported. There were a number of examples where staff had a great understanding of people's support needs, likes and dislikes.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Although, one relative said they would like further consideration with encouraging their family members communication which would allow them the ability to communicate wider decisions.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. One staff member said, "[Person] likes walking in the garden and likes to be alone, after some time if we speak to [person] they will then want to participate in doing things."

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.

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.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff felt they were able to understand people's communication needs and had good awareness of individuals communication needs. However, one person's care plan indicated they wanted staff who were Makaton trained and the provider had not ensured staff were skilled in this. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

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

- Staff supported people through recognised models of care for people with a learning disability or autistic people.
- People were supported to learn everyday living skills and staff were able to understand how to make adjustments to ensure people were able to have control of their support. People were able to prepare meals with staff's support and were encouraged to be involved in their daily lives as much as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One person enjoyed art and created drawings around the home.
- People had regular contact with their family. A relative said, "I can see [family member] regularly and we have some time together which is nice. They will spend time with other family members and enjoys their company."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. The registered manager spoke about times where they have met with individual family members to discuss concerns they have had and responded to these.
- The provider spoke about the open dialog they had with relatives to ensure they could voice any concerns

and the provider can offer information to try and resolve these.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had quality assurance systems in place, however these systems were not always reliable and effective. For example, incidents and accidents were captured however, these were not always analysed to look at over all trends to drive improvement. Following our feedback, the registered manager provided analysis of these incidents.
- The management had identified staff requiring training; however, was not proactive in ensuring staff had the correct training for their role. Staff had worked within the service for a number of months and had not completed training that was imperative for their role. This meant there were times where people were at risk of not receiving safe care due to the lack of training.
- The management team did not consistently capture actions to drive improvements. Actions needed were either not identified or lacked detail if they had been completed. For example, the fire department highlighted immediate improvements needed, however, these actions had not been completed at the time of the inspection visit. The provider ensured this was done during the inspection.
- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback. However, there were no formal quality assurance checks to ensure they were confident people were receiving good care.
- The provider and registered manager did not always consider people's choice of whom to live with. Feedback from relatives and staff suggested that decisions had been made without considering the compatibility of people's support needs. The registered manager had put a risk assessment in place to detail how to mitigate the risks of people living together.

The provider has failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The management team and staff understood their roles and respected the impact their roles had for people. The registered manager worked alongside the staff team routinely and assessed the delivery of care as part of their daily work.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

- The management team worked directly with people, this gave them the opportunity to get to know the people they supported and ensure staff worked in line with company policy.
- Staff reported a positive ethos in the service and Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "We have team meetings and all the support workers get together. The team leader will do supervisions. I feel supported by them."

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

- People's relatives said they were able to give their views, however did not always felt listened to. One relative said, "[Registered manager] did not respond to me, [Providers representative] has now since been giving me an update. I think they were reliant on [registered manager] to keep in touch. It has got better and [Providers representative] has been great."
- Staff encouraged people to be involved in the development of the service, this was through day to day discussion and encouragement. For example, the registered manager explained that the staffing ratio in the home allowed people to decide what they wanted to do with their support on a daily basis.

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; Continuous learning and improving care

- The service apologised to people, and those important to them, when things went wrong. However, some relatives felt the provider was not always open and transparent with information given to them. One relative said, "Since last October there is always something that they are promising and then it changes. I am always disappointed."
- Staff gave honest information and described times when the management team would give time to implement new systems or approaches to ensure they were continuously improving the service.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. One professional said, "My experience of visiting Suffolk Close has generally been positive. The support staff there are friendly and welcoming, and I feel they do a good job supporting the [people] who I have been involved with their care. I feel it is well led with a person centred and caring approach."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure people were protected from the spread of infection and systems in place did not ensure risks were managed safely. This was a breach in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that all staff working with people were adequately trained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>

