

# Paramount Care (Easington) Limited

## Elliott House

### Inspection report

Seaside Lane  
Easington Colliery  
Peterlee  
County Durham  
SR8 3PG

Tel: 01917318989

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Elliott House is a care home registered to provide accommodation and personal care for up to 11 people. At the time of the inspection, 11 people were living there.

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

Risks were not always correctly managed. Risk assessments were not regularly reviewed and updated. Information about risk management was not easily available to staff. Medicines were not always managed safely.

Fire safety of the building had not been appropriately managed. Risk that had been identified in 2019 had still not been addressed. This meant that people had been placed at risk and as a result the fire service had taken enforcement action against the provider.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The registered manager had not ensured people's capacity to make decisions about their care was properly assessed or recorded.

People's support plans were not always comprehensive or up to date and therefore did not accurately reflect people's needs.

Staff training was not fully up to date. Some training that was relevant to the people living in the home had not been completed or was out of date. We have made a recommendation about this.

The environment did not meet the current best practice guidance in respect of homes of this type. We have made a recommendation about this.

Information was not always available in a format that was easy for the people living at the home to understand. We have made a recommendation about this.

Management checks had not identified the issues we found.

There were sufficient staff to meet people's needs. Staff felt well supported and new staff were recruited safely.

People we spoke with told us that they felt safe living in the home. One person told us, "The staff are all great, it is the best staff team I have ever had." Relatives were very happy with the support their family members received.

People were supported to see relatives and encouraged to join in a wide variety of activities both inside and outside the home.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture. Staff respected people's privacy and dignity, seeing them as individuals regardless of their health condition or day to day needs. People were given opportunity to engage in meaningful activities, interests and hobbies. However, the model of care did not do everything possible to maximise independence. Support plans were not always person centred and there was no clear framework to help people set and then achieve their goals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 29 January 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about another location owned by the same provider. A decision was made for us to inspect and check whether similar concerns were present at this location.

We have found evidence that the provider needs to make improvements. Please see the full report for more details.

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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulations 12, safe care and treatment and 17, good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 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 three inspectors 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.

#### Service and service type

Elliott House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, registered manager, human resources manager, senior support workers and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received additional feedback from external professionals who also support people who use the service and the fire 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

- Staff did not have access to up to date information about risk. Risk assessments were completed but not regularly reviewed or updated. Some risk assessments were not filed in support plans and therefore not easily accessible to staff.
- The provider had not taken necessary action to ensure people were safe in the event of a fire. There were issues highlighted as requiring immediate action when a fire risk assessment was completed in December 2019. These had also been pointed out by a fire officer who visited the home in October 2019. At the time of our inspection the necessary work had not been completed.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Self-administration of medicines was not being managed safely at the time of our inspection. We gave the registered manager feedback on this and steps were taken to improve this.
- Guidance for medicines to be administered 'when required' was out of date or not in place at all.
- One person had no positive behaviour support plan in place and this has been the case since 2018. This meant there was no guidance in place for staff to explain what steps should be tried before the administration of the 'when required' medicine.
- Medicine stock was not being appropriately managed. Large amounts of medicine were being stored. For example, one person had five unopened tubes of ibuprofen gel in stock.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- All staff had completed safeguarding training and had an awareness of their responsibilities in this area. One member of staff told us, "I would speak out straight away and if necessary I'd go higher to the local authority or CQC."

### Staffing and recruitment

- Staffing levels were determined by the needs of people living at the home. Some people were receiving regular one to one care and there were sufficient staff on duty to meet people's needs. One person told us, "There is always someone here to help me as I can't be left on my own during the day, I don't feel safe so like



to have someone there."

- New staff were recruited safely with all appropriate pre-employment checks done before they started work.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysis of this information was done to look for patterns and trends.

# 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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Mental capacity assessments were not being done in line with guidance. In some cases, this had led to people having their choices unnecessarily restricted.
- Staff sought people's consent and included people in decisions about their care although this was not effectively recorded.

Documentation demonstrated a lack of understanding and oversight by management of the MCA. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Support plans did not always reflect people's assessed needs. External professionals were involved in people's support, but this did not always lead to effective support plans being developed. The registered manager said this would be reviewed immediately.

Staff support: induction, training, skills and experience

- Staff training was not up to date. In some key areas such as mental health and learning disability, training had either not been completed or refresher training was overdue. Medicines training was also out of date, but this was rectified following our first visit.

We recommend staff training is reviewed and brought up to date with those courses most relevant to people living in the home made a priority.

- Staff told us they had supervision meetings and felt well supported by the management team. One member of staff told us, "I feel I can give feedback and raise issues. I will voice things to the manager. I can confidently raise things."

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

- People were provided with a balanced diet. Staff prepared meals for people and promoted healthy eating.

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

- Outside the home there were large signs identifying the building as a care home, which is not in line with current best practice for care homes of this type. We fed this back to the provider who was going to take action to remove or amend the signs.
- To access the property there were large electronic, time-locked double gates operated by a key fob. These conspicuously identified the home as a care setting and could be seen as intimidating and institutional. This is not in line with current best practice for care homes of this type.

We recommend that the provider review the right support, right care, right culture guidance in respect of premises and environment.

- The home had been decorated in line with people's personal preferences. Murals had been painted by one person who lived at the home and was very artistic. They had asked people what they would like included in the mural and we saw these choices reflected in the finished artwork.
- People's bedrooms were very homely and personalised with photographs and other belongings. Some people had pet fish in their rooms which they cared for themselves.

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

- People had access to health professionals when required. One relative told us, "As soon as he's not well they call the Doctor and they let us know straightaway."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People we spoke with were happy with the support they received at Elliott House. One person told us, "If I was inspecting here, I would say it was great. The staff are all great, it is the best staff team I have ever had."
- Relatives were very happy with the care their loved ones received. One relative told us, "I'm very happy, all the carers are lovely, they're not just carers they're like family, just lovely."

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

- People had opportunity to express their views at regular 'empowerment meetings'. These were group sessions held with people who live at the service so they could have their say on things that were important to them. People also had one to one meetings with their key workers to discuss things to do with their individual care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent in some areas but not others. Some people managed their own medicines, and some people made themselves snacks or baked cakes. However, there was no system in place to encourage greater independence in the kitchen, a vital part of moving towards a more independent way of living.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The support plans we looked at did not contain sufficient information about people's individual preferences, likes and dislikes. There was no evidence that people had been involved in creating or reviewing their own support plans.
- There was a lack of information about people's hopes and aspirations and no clear framework to help people set and then achieve their goals.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Support plans were not written in an accessible way for people who live at Elliott House to understand. We saw easy read documents in some people's files but not in others.

We recommend the provider reviews the AIS and ensures information is available in formats accessible to all people who use the service.

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 follow their interests. Some people attended college and told us about the courses they had been doing, others were looking for voluntary work with the support of their key workers.
- People we spoke with told us about the various activities they had taken part in at the home. There were photographs showing recent events and it was clear that staff had used lots of imagination to come up with ways to entertain people when they were not able to go out because of the pandemic. The service had an allotment and people also had pet rabbits in the garden.
- People were supported to visit relatives and visits to the home were also possible following the change in government restrictions. One person told us, "I keep in contact with my family and friends and can see them whenever I want."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. At the time of our inspection no formal complaints had been raised. One relative told us, "If there were issues, I would get on the phone."

#### End of life care and support

- All staff had completed end of life training. At the time of our inspection nobody was in receipt of end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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; Continuous learning and improving care

- Quality assurance within the service was not always effective. Audits had failed to identify the issues found during this inspection regarding medicines management, risk, fire safety, care plans and MCA requirements.
- There was not a full and accurate record in place for each person. People's care plans, risk assessments and monitoring forms regarding behaviours that may challenge were not accurate, complete or up to date.
- Support records were not sufficiently person centred and outcomes for people were not monitored.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- Staff told us they felt involved in the service and had opportunity to put forward suggestions. One member of staff told us, "We have team meetings once a month. I absolutely could raise issues there. I have mentioned what I think would be beneficial for service users and my suggestions have always been actioned."
- Staff surveys were done on an annual basis. The results from this were analysed and any areas of concern were addressed in feedback letters to staff.
- Feedback was regularly sought from people. One person told us, "We have monthly meetings where we can have our say."

Working in partnership with others

- We received very positive feedback from several professionals who worked with the home. One health professional told us, "Management and staff have worked well with us, introducing new ways of working

with the individual, being responsive to feedback, being open and honest about difficulties and proactively seeking support."



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>Risk assessments were not always completed or reviewed regularly. 12(2)(a)</p> <p>The provider had not done all that was reasonably practicable to prevent the risk to people in the event of a fire. 12(2)(b)</p> <p>Medicines were not always managed safely. 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to people's care and support needs were not always complete, accurate or up to date. 17(2)(c)</p> <p>The provider's system of audits and checks were not sufficiently robust as they had failed in identifying the issues we found during inspection. 17(2)(a)</p>