

Paramount Care (Gateshead) Limited

# Paramount Care (Gateshead Ltd)

## Inspection report

The Ropery  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This was an unannounced inspection which took place over three days, 15 and 16 of November and 1 December 2016. The service was last inspected in July 2016. Five breaches of regulation were found at that time. These related to safe care and treatment; staffing; consent; person centred care and governance. Warning notices were issued to the provider.

Paramount Care (Gateshead Ltd) is registered to provide accommodation for persons who require nursing or personal care at The Ropery for up to 20 people. There were 15 people living at the home at the time of the inspection, most of whom were people with learning disabilities. The service is split into three six bedroomed houses, two four bedroom houses and six one bedroom flats. Some of the accommodation was used as additional communal areas or office space for staff.

The service did not have a registered manager as the previous manager had cancelled their registration in August 2016. The deputy manager was intending to register with the Care Quality Commission. 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.

Risks to people's safety were now being correctly assessed and managed by the service so people were no longer at risk of harm. Routine health and safety checks in the service were more consistent and robust and actions arising from checks were completed by staff in a reasonable timescale.

Staffing was still under review with commissioners. People and staff told us they felt there was enough staff to provide support. People who used the service were supported to take part in therapeutic, recreational and leisure activities in the home and the community. We saw that occasional non-essential activity did not take place due to staff absence, but this was having a limited impact on the overall delivery of activities.

People's medicines were well-managed by the service. Staff were trained and monitored to make sure people received their medicines safely. Care plans were in place to support the use of 'when required' medicines. The service had almost completed an action plan to improve medicines management and staff had attended recent update training.

Staff were trained in and demonstrated they had knowledge of the Mental Capacity Act 2005, though this was not always clearly reflected in the service's records.

All people's care plans had been updated in line with the provider's new procedures. It was not yet clear how effective the review process was as records were not sufficiently detailed. It was not always clear whether people, or their representatives, were involved in their care reviews. Action was taken by the provider after our inspection to improve the review and recording process. Care plans were now consistent

and contained the details to show how the service supported people in a manner of their choosing.

Staff told us they received day to day support from senior staff to ensure they carried out their roles effectively. However, formal induction and supervision processes were not always used to enable all staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when needed. Feedback from external professionals was that staff were now more engaged and consistent in responding to their advice.

Care was provided with kindness, compassion and in a dignified manner. People could make choices about how they wanted to be supported and were treated with respect. People told us they felt cared for by staff who listened to them.

The systems and processes in place to make sure the staff learnt from events such as accidents and incidents were now being used to good effect. Regular audits and checks of quality had improved.

People, relatives, professionals and staff spoken with all felt the manager and deputy were approachable. However, staff told us there was still a lack of communication from senior staff and a lack of progress in clarifying the leadership and future direction of the service.

There had been significant improvements following our last inspection to improve the care planning, safety and staffing of the service. However we still found areas that required further improvement in relation to consistent supervision of all staff and responding to staff concerns about the leadership 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.

Risks to personal safety were now being assessed and managed by the service so people were no longer at risk of harm. Safety checks were now taking place more routinely and actions were taken when issues arose.

Staffing was deployed more effectively across the houses to provide consistent support and managers were now mutually supporting one another. People's medicines were appropriately managed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Supervision processes were not in place for all staff to receive feedback on their performance and identify further training needs.

Staff had an awareness of mental capacity law but this was not always reflected in records kept.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when needed.

### Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff responded positively. Feedback from people and relatives about staff conduct was all positive.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights.

### Is the service responsive?

This service was not always responsive.

It was not always clear if people or their representatives were involved in reviews of their care. Care reviews did not always contain enough detail to show how the service supported people.

The care records showed that changes were made to respond to requests from people who used the service and external professionals and new care plans were in place for all people.

People who used the service and visitors were supported to take part in various activities in the home and the community.

**Requires Improvement** 

### Is the service well-led?

This service was not always well- led.

There was a lack of clarity about the leadership in the service and there had been a slow response to concerns raised by staff.

The systems in place to make sure the staff learnt from events such as accidents and incidents were now consistently used by staff and learning was shared between team leaders.

People, relatives, professionals and staff spoken with all felt the staff were approachable and responsive and that leadership across the service had improved overall.

**Requires Improvement** 

# 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 planned to check whether the provider was 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. We checked if improvements to meet legal requirements had been made following our last inspection in July 2016.

This inspection took place on 15 and 16 of November and 1 December 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and a specialist advisor. The specialist advisor was from a qualified learning disability nursing background.

Before the inspection we reviewed the information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adults' team and three commissioners of care was also reviewed. We contacted a number of external professionals before the inspection and two sent us written information.

During our visit we spoke with 11 staff including the deputy manager, five people who used the service and two relatives. We spoke with two external professionals who regularly visited the service following our visits.

Five care records were reviewed as were four medicines records and the staff training matrix. Other records reviewed included safeguarding alerts and deprivation of liberty safeguards applications. We also reviewed complaints records, seven staff recruitment, training and supervision files and staff meeting minutes. Other records reviewed included internal audits and the maintenance records for the home.

The internal and external communal and garden areas were viewed as were the kitchen, dining areas,

offices, the activities building on site and with their permission, some people's bedrooms.

# Is the service safe?

## Our findings

People we spoke with during the inspection told us they felt safe living at the service and we observed that staff acted in a way to keep people safe. Relatives we spoke with told us that they felt their family members were safe at the service and that staff knew how to keep people safe from harm. One person we spoke with told us, "Yes I feel safe. The other people I live with now are better than before. It's quieter here now that [name] has moved out".

No safeguarding alerts had been raised about the service since the last inspection. Staff we spoke with told us they had attended safeguarding training and that they would report any concerns. No one we spoke with had any safeguarding or safety concerns.

In the period since our last inspection no new people had been admitted to the service following a suspension on admissions made by the local authority. All people living at the home had their care needs and risks reviewed. We looked at how the service assessed and managed any risks. People had detailed plans about the risks they may have faced, for example due to their behaviour or an underlying health condition. These were detailed and had been subject to recent review. Some review documentation contained limited information about what changes had occurred or how people had been involved in their reviews. We discussed these with the deputy manager who agreed to ensure that the form was adapted to encourage staff to describe in more details what had changed.

When we inspected in July 2016 we found that checks in the service were not always fully completed or detailed in relation to risk. At this inspection we could see that improvements had been made and staff told us the home now had reinforced systems and processes in place to manage and monitor risks to people, staff and visitors. We were told that staff carried out visual checks daily when walking around the building to identify, document and report any health and safety risks. We saw records of these checks and how risks were managed and assessed. We looked around the service to ensure that it was safe and that potential risks to people were managed by the service. We saw that issues which had been identified had been acted upon promptly and that issues identified at our last inspection had all been resolved. These included checks to food storage, hot water temperatures and window safety. We saw that team leaders carried out checks in each other's houses to bring in a 'fresh pair of eyes'.

We looked at the service's plans for an emergency that might arise, such as a fire. We saw that each person had a personal evacuation plan containing details of how best to support them in such an event. The service also had in place a procedure for staff to follow in case of possible emergencies. This was not kept in a place where staff could access it quickly. We discussed this with the deputy manager who had started action to resolve this by the third day of inspection.

Following our last inspection in July 2016 and further feedback from commissioners we reviewed how the service calculated and deployed staff across the service. The service model was based on minimal staffing for each house, alongside one to one staffing for specified reasons or activities based on individual assessments. People and relatives told us there were enough staff and the service had taken steps to retain



existing and recruit new staff since our last inspection. There were still times that non-essential activities were curtailed due to staff absence such as sickness, but there were no occasions that the service did not have enough staff to meet people's needs. We advised the provider to continue to work with commissioners to agree a staffing calculation model.

We looked at the service's accident and incident records and saw that after each entry immediate action was taken to address the issue. This had improved since our last inspection. Further review then took place to ensure that actions had been completed as well as to identify any common themes that arose from incidents. For example, there had been an incident between two people using the service and immediate actions were taken to prevent the situation escalating. Following this staff had worked with both people to resolve the issue and prevent reoccurrence.

We looked at how the service recruited new staff and the process followed to ensure they were safe to work with vulnerable people. We found a consistent process was in place to recruit new staff, with the aim of ensuring that only applicants suitable to work with vulnerable people were employed. Appropriate checks, such as with the Disclosure and Barring Service regarding previous convictions and suitability to practice, were undertaken. Applicants' work histories were checked for unexplained gaps, and proof of identity was obtained. Previous employers were approached for references. Recently recruited staff we spoke with confirmed the process was followed and they had been given full information about their roles before starting work.

The deputy manager told us there had been a number of staff dismissed following disciplinary procedures. We looked at how this had been managed and saw that staff had gone through a process of investigation, hearing and any appeals before being dismissed. Feedback from staff via the staff survey had highlighted that some staff were underperforming. The deputy manager highlighted to us that this disciplinary action had been taken in response to our last inspection and staff's concerns about underperforming staff.

Local health commissioners had worked with the service to improve the management of medicines and their action plan was almost complete. Effective systems were in place for the ordering and delivery of prescribed medicines and for the collection and disposal of unwanted medicines. The management of medicines was audited on a regular basis and staff competencies were regularly checked. Staff had recently undergone training on the management of medicines with their pharmacy provider, and staff told us this had been helpful. We found one recording error where staff had not followed the correct process for dealing with this. The deputy manager investigated this and provided us with a robust response and clear action was taken to prevent this happening again.

We spoke with staff about how the service was kept clean; we saw a rota for the service included cleaning the home throughout the day, as well as regular deep cleans. People and relatives told us they felt the service was clean and odour free and we found this to be the case during the inspection visit. Areas of the service in need of maintenance at our last inspection had been re-decorated.

# Is the service effective?

## Our findings

At our last inspection we found issues relating to supervision, consent and person centred care. We issued warning notices to the provider. The provider took action to ensure that staff were supervised and appraised. They also ensured that people's consent was sought and recorded in care plans when reviews took place.

At our last inspection in July 2016 we found that staff were not being supervised and appraised as regularly as the provider's policy stated. We checked staff supervision records and found that a number of staff had now started to have regular supervision. However, we did not find this had been applied consistently across the whole staff team and some staff had still not received any supervision or appraisal. Staff in one part of the service had still not received supervisions and some of the senior staff had not been supervised. We discussed this with the deputy manager who advised that the senior responsible was no longer in post, however further no remedial action had been taken yet to make supervision arrangements for these staff until we highlighted this issue. Responsibility for supervising senior staff was also unclear due to a lack of clarity within the management structure. Most staff we spoke with told us that supervision had begun again. By the end of the inspection there was a schedule in place for all staff to have an annual appraisal and a programme of supervisions in future. Staff told us they could access day to day supervision from senior staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and some external professionals we spoke with told us the service was effective at meeting people's needs. Some external professionals and commissioners told us they still had to 'micro-manage' some aspects of the service, but commented that there had been improvement since our last inspection. One external professional commented, "There has indeed been progress". Other professional feedback was that staff more readily sought out their advice and help. Whilst they still needed this external support staff more promptly recognised this need for advice and assistance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that a number of people were subject to DoLS and that applications and renewals had been made promptly by the service. One person had their care plan reviewed by the court of protection following review of the placement suitability. The service provided information and updates on progress to the court to assist this process.

We looked at how the service recorded decisions about issues that did not relate to care provision but they had a duty to influence. For example one person was having tutoring which resulted in increased behaviour support and as required medicines needs. It was unclear how the decision to continue this tutoring had been reached as the records were not in line with the principles of the MCA. The deputy manager agreed to review this decision with the relevant external professionals.

We looked at how the service was recording people, or their representative's consent to their care plans. It was not always clear if the principles of the MCA had been followed when creating the care plan in the person's best interests as documentation was not used consistently. We asked the service to review how this was recorded and found by the last day of inspection that consent was being more systematically recorded. The deputy manager agreed to ensure that consent was formally recorded each time a care plan was changed.

People told us they were supported to make choices about the food they ate and were encouraged to eat healthily. We saw that people had records around their need for support to eat and drink healthily. In care plans we checked we saw that these goals were much more specific and that actions had been taken by staff. For example, by supporting a person to see their GP and developing a healthy diet plan with the person. Staff we spoke with told us they were also supporting a person to eat more due to their ill health. They told us that fortified drinks were made and how they encouraged the person and kept more regular weight records to check their progress.

There was evidence of good collaboration between the service and the local GP's and some community health professionals. Records showed this input was used to consult and advise about people's changing health needs. External professional feedback was that staff were receptive to their input.

# Is the service caring?

## Our findings

At our last inspection we found issues relating to person centred care and advocacy. We made recommendations to the provider. The provider put in place a plan to improve care planning for all people and give advice to staff about the role of advocacy services.

People we spoke with during the inspection told us they felt well cared for by a staff team who knew them well. One person told us, "I like it here, [names of three staff] are very good, they have given me a chance when others didn't in the past". All the people we met told us they felt the staff were caring towards them. One person told us a senior staff member was, "Like a father to me". When staff were supporting people, we observed there was light hearted banter and humour. People talked about their plans for the festive season as well as what they were doing that day.

Relatives we spoke with told us they felt the staff team were caring towards their family members. One relative told us, "I had a lot of anxiety about [name] moving here after college. We had a lot of anxiety when the CQC gave a bad rating as well. But we are here regularly and remain very happy with the home. The staff are nice and have got to know [name] very well."

External professionals mostly stated that the staff's approach was caring and supportive of people. One told us, "Staff are all very caring, they need to work with some challenges, but not lose sight of the person and I think they can do that". All the feedback was positive about staff's attitude and behaviour towards people.

Staff were able to tell us about some people's behaviours that could be challenging. They told us how they recognised that people had the need for caring responses to these behaviours. Staff were able to tell us how they tried to divert these behaviours and see the person with their needs first, and not the challenges. Staff showed they could respect diversity and people's choices, offering them options and accepting people's decisions. For example, one person was supported to have a specified and appropriate role in the service, assisting staff and receiving a wage for their work. Staff we spoke with about this told us how this helped the person gain a valued status and have purpose and reward. We saw this person working and the value this had to both them and the service.

At our last inspection in July 2016 staff did not always understand the role that advocacy services played. Staff we spoke with were clear about their role in advocating for people's choices and rights, and to refer to external services, such as advocacy support, when required. We saw that this sometimes brought them into conflict with other agencies as they supported people to make choices. Advocacy support had been sourced for one person where legal issues were being addressed. Where the person had restrictions in place, these had been the least restrictive possible.

During our visit we observed staff and people interacting with each other and talked to staff about their approach to supporting people. Staff offered people choices and respecting their wishes. We saw one staff member manage a situation where a client displayed challenging behaviours and threw an object. The staff members present managed this situation so it had minimal impact on others as well as supporting the

person discreetly.

Staff told us how they made sure that people's privacy and confidentiality were respected. This included ensuring all personal care was provided in people's bedrooms, with curtains closed. People had been asked if they preferred male or female staff to provide personal care and this was adhered to by staff. One person had a care plan that detailed how to support them with their anxiety about their private space. This instructed staff on how to access their bedroom to avoid increasing their anxiety, as well as how this agreement had been reached. Staff told us this had helped reduce some behaviours and reach a compromise with the person.

Staff described how they worked with people to encourage their independence and develop self-caring skills. For example, by managing their own budgets for some food shopping, or by taking more control over how their activities timetable was directed.

## Is the service responsive?

### Our findings

At our last inspection we found issues relating to person centred care. We issued a warning notice to the provider.

At our last inspection when we looked at care plans and other care records we found that some had been updated using a new format, but others remained unchanged. At this inspection we looked at care plans and saw that all people's care plans had been updated and were all in the same format and using the same documentation. Care records we looked at however, did not always have enough evidence of comprehensive review, or where reviews had taken place give enough information to identify what had changed. For example when a person's medicines had changed. We discussed this with the deputy manager who agreed to modify the review documentation to ensure it had more space, was made clearer and used more consistently by staff. When we returned for the third day of inspection we saw the review forms in use had been adapted. However, there was not enough evidence to show that reviews of people's care plans were effective or that people or relatives had been involved in reviews.

We recommend the provider ensure that reviews of people's care are thorough and records kept reflect this.

The new care plan format developed by the provider assisted the reader by being clear and concise about people's needs. New plans gave details of specific aspects of people's care and were written in plain English. Staff we spoke with told us the new format had meant that new staff had clear information that was relevant about how best to support people. There was evidence in care plans that advice from external professionals had been incorporated. For example, one person had specific advice from psychology about how staff should manage a behaviour. This was repeated in the care plan with guidance from staff based on this advice. A new staff member we met had read people's care plans before starting work with them and told us they found them useful in giving enough detail to start to shadow existing staff. They told us the care they observed had reflected the care plans.

People had been supported to develop and maintain their own activity schedules. We saw one in pictorial format so the person could choose from the options available. People we spoke with told us what they were doing that day and this corresponded to what their schedule had in place. Staffing was made available to support people with activities as some people required one to one staffing for external activities. We saw a number of people using the service's transport to access external activities. Feedback from people, staff and external professionals was they hoped to see more internal activities based at the service. They told us they had an under used facility and hoped this would be developed in the future. We discussed this with the deputy manager who told us this had been identified in surveys and was under review.

We saw that the activities facility was used for a regular disco and some seasonal events which were well attended. People we spoke with told us these were often key events in the service's social calendar and they enjoyed the disco.

Relatives and external professionals we spoke with told us the service offered choices to people and

reflected their need for support. For example, one person had a particular interest, so staff had been identified who had that same interest to support them at an event. The family stated, "This matching up worked well as [name] gets more out of the day if the person supporting them is on the same wavelength". Another person had a tendency to self-isolate and we saw that staff supported them to spend time in other parts of the service and mix with other people.

We looked at how the service responded to complaints. There had been none since our last inspection and no one we spoke with had any issues or concerns. We saw the process the service had in place had responded to complaints in the past and had resolved them by taking action where required.

We spoke with one person who was moving on from the service to their own tenancy and looked at how this transition had been managed by the service. The person told us the service had supported them to gain the skills and abilities necessary to move into their own home with minimal staff support. They told us how the service was supporting them to plan for the move, buying furniture and assisting with possible budgeting skills. They expressed a high level of satisfaction with the care and support they had received from the service and were able to reflect on how far they had come since initial admission.

## Is the service well-led?

### Our findings

At our last inspection we found issues relating to the leadership and governance of the service. We issued a warning notice to the provider.

The provider had taken action to try and clarify the leadership of the service and effectively manage senior staff members. Since our last inspection, the registered manager remained in post as manager but had voluntarily cancelled their registration. We were informed that the intention was for the deputy manager to apply to become the registered manager, though no application had yet been submitted.

At our last inspection in July 2016 the line management structure was not always clear to all staff. At this inspection we found that four staff we spoke with told us they were unclear who their line manager was and who was in overall charge of the service. This was also reflected in the results of the provider's staff survey and meetings with staff. The provider produced an updated management structure, though gave no further clarity about the future plans for governance of the service.

Recent staff survey findings raised concerns that senior managers did not involve staff in decisions, or communicate effectively. They also highlighted that staff did not feel valued or felt they were given recognition for good work. The deputy manager had an action plan to respond to these issues. The provider had met with staff to hear their concerns and also had an action plan in place. However, from talking to staff a number of these issues were long standing and they felt that lack of leadership and timeliness of responses were holding back the service.

External professionals felt the service had made improvements since the last inspection, but told us that the underlying lack of clarity about the leadership and direction of the service remained an ongoing issue. They told us that actions were not always completed promptly and that some senior staff were more effective than others. External professionals and some staff felt the service had accepted people in the past whose needs they lacked the skills to meet, leading to poor morale and high staff turnover. We discussed with the deputy manager that the service may wish to review the service's statement of purpose to ensure that the service is clear about which people's needs they are best placed to support.

Not all staff had been afforded the opportunity to have supervision and appraisal in line with the provider's policy. Action had been taken but not all staff had effective line management in place for this to happen. These continued failures in leadership meant that staff morale remained unchanged since our last inspection.

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

When we met with the deputy manager and responsible individual to give feedback they accepted that there had been issues of leadership in the past. They demonstrated that a number of improvements had been made and they were now working in a more systematic way to resolve issues raised by staff. We saw



that the responsible individual was meeting staff to hear their concerns and that action plans were now being put in place to ensure issues were managed and addressed.

The deputy manager also showed us how the team leaders were now working more collaboratively, carrying out checks and audits in each other's houses. We saw the team leaders were meeting more regularly and supporting each other. Meeting minutes showed that clear guidance was being put in place to support and ensure that learning from other houses was shared effectively across the service. For example one team leader was supporting another to carry out safety audits in their home and share their experience.

The provider was also exploring options around human resources support to the management team.

Records we looked at showed us that audits and checks within the service were now more consistent and that issues picked up were addressed. For example, minor repairs were being progressed more quickly. We also saw that the work on the improvement of care plans was almost complete and that records were now being monitored by team leaders to ensure that a more consistent approach was used in future across the service.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>Regulation 17 (2) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that persons employed by the service provider had received such appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform</p> <p>Regulation 18 (2) (a)</p>