

Paramount Care (Gateshead) Limited

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Inspection Report

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Summary of findings

Overall summary

Paramount Care (Gateshead Ltd) is registered to provide care and support for up to 20 people with a learning disability. The location is made up of six individual houses, one of which has been made into apartments. At the time of our inspection only four houses were in use and there were 15 people living at the service.

Our inspection team was made up of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Below is a summary of what we found. The summary is based on observations during the inspection, speaking to people who used the service and the staff supporting people.

The people we spoke with told us they felt happy and safe living at Paramount Care (Gateshead Ltd). We saw staff treated people with respect and were mindful of their rights and dignity.

The deputy manager, who assisted us on the inspection, told us she was confident she and all staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). She talked us through the process the service had recently gone through to gain a DoLS for a person living at the service. We noted a number of DoLS were in place and these were completed correctly and appropriate risk assessments and care plans were available to support staff in caring for these people.

We found the arrangements for handling medicines were safe. Staff told us they received regular training on medication to ensure they were confident in the processes.

We found some people were involved in the assessment of their needs and care planning but this was not always consistent and varied depending upon the homes. We saw some good examples of how people had written documentation to go in their care files and how they went through the documents monthly with the staff. This however was not applied to all of the houses.

We saw everyone was involved in discussions about their food intake and were supported to ensure this was nutritious. We noted each house had chosen to organise meal times in a different way. We saw one house had

decided to do a group menu each week, whereas in another house each person had individual meals but they all went together to complete a weekly shop. Staff told us if required they would seek specialist advice in relation to nutrition and dietary requirements.

We saw all staff had positive and effective relationships with people using the service. We saw people had a rapport with the staff members and knew them all by name.

The majority of people at the service received one to one support; however staff told us they still encouraged people to be independent. Some people told us they liked to spend time in their room and that staff respected this.

Staff told us the service used a MORE (Motivation, Occupation, Recreation, Education) Planner, whereby people planned their activities for the week. We noted the use of this was inconsistent between the houses. One person told us how she completed her MORE planner each Sunday and planned all her activities with the staff members. Staff told us how they tried to use the activities to support people's care needs. However, we identified in another house the MORE planner was not completed weekly and instead there was one planner which was a template of ideas. We noted the information documented was more around house chores and when we spoke to people using the service at this house they told us activities they would like to do but didn't get to. We have spoken to the provider regarding this and he is going to ensure staff work with people to ensure they can plan and attend activities they want to do.

The deputy manager told us residents meetings were per house. When we spoke with people using the service we identified two houses had residents meetings and were very happy with how involved they felt and the support they received during them. The people using the service at the houses however were not aware of any meetings and told us things they would raise if there was to be a meeting of this sort.

Summary of findings

Everyone we spoke with said they would be confident to make a complaint, should this be required. Staff members told us they would support people if they wanted to complain.

As the majority of people using the service receive one to one care, we noted the rotas for the service were consistent and people received care from a regular group of carers.

The management at Paramount Care (Gateshead Ltd) was split between the houses. The deputy manager told

us she managed two houses and the registered manager was responsible for the other two. We noted although the leadership and working relationship in each was effective and supportive, there was no consistency in service delivery and no overall monitoring of the service.

We noted a person centred approach appeared to be happening in each individual house, however due to lack of consistency in management there no clear values or equality throughout the overall service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe. We spoke to staff who were confident they would know what to do if they suspected abuse. Staff had all received training in safeguarding and had access to a clear policy for them to follow if they suspected abuse.

We saw the service had not had to make any safeguarding referrals in the past 12 months but processes were in place to support staff if it was required to do so.

We asked the deputy manager whether anyone was subject to a Deprivation of Liberty Safeguard authorisation (DoLS). These safeguards make sure that people, who lack capacity, are not deprived of their liberty unlawfully and are protected. The deputy manager talked us through the process the organisation had set up for staff to follow and showed us some DoLS that were currently in place for people using the service.

We saw that where a DoLS was in place for people using the service, appropriate supporting documentation had been produced for staff which ensured support given to the person was consistent and safe. These came in the form of care plans and risk assessments.

We saw that each person and people who mattered to them had been involved in discussions about the risks associated with their specific needs and lifestyles. Following these discussions risk assessments had been completed and appropriate care plans created, this meant that staff had appropriate documentation to refer to, which covered what was required to keep each individual safe.

We found that the arrangements for handling medicines were safe. All medicines were administered by suitably trained staff.

Are services effective?

We saw that people were involved in their care and assessment of their needs. However, this varied between the houses within the service which meant that people were at risk of receiving inconsistent care.

We saw in one house staff worked through all the care documentation with the individual. We saw one person had an 'All about me' document that they had completed themselves with support from staff. Some people told us they were regularly involved

Summary of findings

in writing and reviewing their care plans and that staff had asked them what their goals were. This meant that people's care plans were effective as they were a true reflection of the individuals needs due to their involvement.

We noted in one house some of the care plan documentation had been transferred from the previous service that supported the person. We noted they had not reassessed since they had moved to Paramount Care. We saw a summary sheet was available, which accurately reflected the needs of the people using the service, but this level of accuracy was not available in the detailed care plans. We spoke with staff about these concerns and they could tell us the care requirements people had and what support they required. We noted that this individual had not been involved in their care documentation and that there was a risk that staff would not consistently deliver care due to lack of supporting information.

We saw people were offered a variety of food options and each house structured meal times differently. We saw the people in one house chose to have the same meals and planned a food menu each week, whereas in another house each person had individual meals but they went together to do the food shopping. One person told us they had very strict eating habits and that staff supported them to follow this. This meant that individual's preferences had been considered when planning meal times.

People were assessed to identify the risks with their nutrition and hydration and each person had a detailed care plan about their needs. Staff told us that where they were concerned about someone's eating abilities or their nutrition then they would access external professional advice.

Are services caring?

People told us they were happy living at the home They told us they had been encouraged to write 'pen profiles' so staff could know more about them.

During our time at the service we saw good relationships between staff and people using the service and saw staff supporting people whilst respecting their privacy.

Staff told us that although most people had 1 to 1 support they still encouraged people to be independent and respected people's privacy and recognised they might want time on their own. They advised having the support available just meant people could do things on their own but be confident that people were available to support them in any way if it was needed.

Summary of findings

We saw people had been involved in deciding what some of the spare rooms had been used for in one house and the service had supported people where they wanted to use them for individual use. Such as one person had a computer room and two people had individual lounges. This meant that people were able to be as independent as they wanted to be whilst having the privacy they required.

People we spoke with were positive about the service, the staff and the care that they received. One person said, "It deserves 100 stars". Another person said, "It's better than X (my last placement)".

Are services responsive to people's needs?

We saw staff encouraged people to plan their weekly activities by using a MORE (Motivation, Occupation, Recreation, Education) planner. During our visit we saw a variety of MORE planners. One person using the service told us how she completed her MORE planner every Sunday with support from a staff member, and that she used it to plan her social activities for the week. Staff told us they tried to coincide some of the MORE planner activities with goals that the person had set, which were documented in the care plans.

We identified the MORE planner and the activities taken on by people using the service were not consistent across all the houses within the service. Two people we spoke with in one house said they didn't really have a weekly plan. We spoke with staff in that house who said it was more of a template of things people like to do.

We looked at residents meetings in the service and how the service gathered and responded to people's feedback. Again we found the feedback varied depending upon the houses. Two houses were very positive and told us they had monthly meetings and that they found them really useful. One person said they felt the meetings were very important and gave residents a chance to express their problems and meet other residents and staff.

We spoke with people in the other two homes who were not familiar with residents meetings. Two people we spoke with confirmed they weren't aware of any meetings and that there was things they would bring up if there was. We spoke with staff in those houses who confirmed that at present residents meetings were not taking place.

People who used the service told us they were aware of the complaints procedure. One person said, "Staff would do something if we complained." Staff told us they would support people if they wanted to raise any concerns or complain. One staff member said,

Summary of findings

“There is a complaints procedure in place, it’s always accessible and service users are reminded of it during monthly meetings.” We saw the complaints procedure was on the notice board in each house we visited.

Are services well-led?

We saw the leadership at the service was varied and that a consistent message was not delivered throughout. We noted the registered manager, whose role it is to manage the service on a day-to-day basis was only managing two of the houses. During our inspection we noted the deputy manager was responsible for the management of the other two. We saw although each house was delivering a good standard of care there was no consistency throughout the service.

At the time of our inspection the service had not received any complaints or had to make any safeguarding referrals but staff told us they were confident of the procedures they would need to follow. People using the service told us they were confident to raise any concerns and that they felt this would be acted upon if they did.

We noted the service had in place consistent rotas per house and wherever possible people were receiving support from the same care team regularly. People told us they could access the rotas if they wanted and plan their activities around who was supporting them that week.

Staff told us they felt supported in their role and we saw staff support each other throughout the inspection in the individual houses. However, we found the registered manager was not managing all areas of the service therefore how key challenges were faced and how the service worked towards improvements was not effective.

We saw risk assessments for the service were varied depending upon the houses, and that no service wide risk analysis was available.

Summary of findings

What people who use the service and those that matter to them say

We spoke with seven people who were using the service at the time of our inspection. People told us they were happy living at Paramount Care (Gateshead Ltd), comments from people using the service included:

“It deserves 100 stars”

“It’s better than X (named last placement)”

“This is the first time in my life I have felt safe”

“The food is good, we plan menus together. We can make hot and cold drinks whenever we like.”

“I like to go shopping and I like to make my own dinner – spaghetti on toast.”

“I cook my own meals, which I prefer to do. I like to shop locally and there are members of staff who support me well in shops. I also like to put an order in for a special delivery of foods from Brighton and staff are very helpful with this.”

“They feed us properly. I can make toast and drinks, we take turns at getting the food but mostly the staff do it.”

“I have a MORE planner on my wall. I do it on Sundays. I put my appointments on it. It shows my staff team and I choose when to play tennis, gym, discos and things.”

“I’m very pleased to have help and guidance from staff to make sure things are done properly. Without support things that are important can be missed. I like staff to be encouraging and guiding.”

“I do washing and keep the flat clean.”

“I go out for a walk, I go on outings. I used to go swimming but not here, I used to go to the library, I liked bringing books home to look at but not here.”

“I like my privacy – I have my own little apartment and can be by myself, it’s very nice.”

“Staff would do something if we complained.”

“(The deputy manager) is very open to listening about problems. She is excellent – very good for the staff team, she is focussed and quick and responsive, she doesn’t just leave things. She has lots of admin and is very busy but she is still very willing and able to talk about things.”

“We have service user meetings – staff would do something if we complained.”

“I feel service user meetings are very important – we must continue to have them regularly, it is the opportunity for residents to express their problems, not just their problems but a chance to meet each other and for residents and members of staff to get together.”

“Don’t know if we have any meetings, if we did I would tell them about the lights.”

Paramount Care (Gateshead Ltd)

Detailed findings

Background to this inspection

We visited the home on 15 April 2014. This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services.

We last visited the service in 25 September 2013 and found that all regulations looked at were being met.

We spent time observing care in the lounge and dining area and used the Short Observational Framework (SOFI), which is a specific way of observing care to help us understand the experience of people who could talk with us. We looked at all areas of the building, including people's bedrooms

(with their permission), the kitchen, bathrooms and communal areas. We also spent time looking at records, which included people's care records, and records relating to the management of the home.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of caring for people with learning disabilities.

Before our inspection, we reviewed all the information we held about the home and contacted the local safeguarding authority. They advised that they had no current concerns about the service.

On the day of our inspection 15 people were living at Paramount Care (Gateshead Ltd). We spoke with seven people, eight members of care staff and the deputy manager.

Are services safe?

Our findings

During our inspection the staff we spoke with had a good understanding of safeguarding and were confident they would know what to do if they suspected abuse. Staff told us they received regular training in safeguarding and training records confirmed this.

We noted that safeguarding and whistleblowing policies were readily available to staff throughout the service. Staff confirmed they would know where to access the policy if it was needed. We noted that no safeguarding referrals had been made in the last 12 months but the service had a procedure in place to make any referrals should it be required.

We looked at the records and saw mental capacity statements and best interest assessments were in place, where required, for people who were unable to make decisions for themselves. Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) is law protecting people who are unable to make decisions for themselves. The deputy manager, who was in charge of the service at the time of our inspection, had a good understanding of the MCA and DoLS. She was able to talk us through the process she had recently used when she applied for a DoLS for a person who used the service.

We saw one person who lived at the service previously had a court of protection in place and a DoLS application had been successfully submitted. We noted the records for this person included individual protocols in relation to their DoLS and risk assessments for key areas in relation to the person's safety, for example, absconding and self-neglect.

The care plans we saw had an assessment of the person's care and support needs and a plan of care. They included risk assessments specific to the needs of each person. They were different for each person and included areas such as going out in the community, bathing, physical health and sexual relations. The assessments were clear and outlined what people could do on their own and when they needed assistance. They gave guidance to staff about how the risks to people should be managed.

Each person and people who mattered to them had been involved in discussions about the risks associated with their specific needs and lifestyles. Individual choices and decisions were recorded in each person's care plans and reviews. From talking to people who used the service and the staff it was clear people were supported to take risks so they could be as independent as they could be and wished to be. One person we spoke with said, "This is the first time in my life I have felt safe."

We found appropriate arrangements were in place for recording the administration of medicines, which included the application of creams and ointments. These records were fully complete and accurate, and showed that people received their medicines as prescribed. We looked at medicines prescribed to be given 'as required'. We found there was guidance with the relevant medicine administration record to make sure that staff administered these medicines in a safe, consistent and appropriate way.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at care plans for five people who were using the service and spoke with seven people. We identified that there was a variance throughout the service on how people were involved in their care and whether their care records reflected their current individual needs, choices and preferences.

In one of the houses, we saw one person using the service had worked with staff and completed a document entitled 'All about me'. The document was filled in by the person using the service and was a record to help staff get to know the individual. For example, it contained information on their best day ever, their worst day ever, favourite foods, what makes them annoyed and their dreams. Staff told us when they first started to support the person they used documents like this to get to know them better and help build a relationship.

In another house, we saw one person's personal file had a summary page which included key bits of information about the person, how they felt at home compared to in the community and how they needed to be supported. We found this information was up to date and a true reflection of the person's abilities as they had been involved in writing the care documentation and regular reviews. However, when we looked at the detailed care plans for this person we saw that they were not written by the home, and instead had been transferred from the person's previous service. They were out of date and did not reflect the person's current situation or support needs. We found the information in the detailed care plans contradicted with the summary page. We spoke to staff who could clearly tell us about the person and what care and support they required. They advised the manager completed all risk assessments and care plans and that they predominantly used the summary page.

We spoke to the provider in relation to the inconsistency of care documentation identified between the houses. The provider assured us that the good examples noted were the company standard documents and that they would ensure that all care files were to this standard moving forward.

The deputy manager told us the majority of people who used the service had 1 to 1 support; therefore they had

specific staff assigned to them daily. She told us one person using the service had struggled to get on with a staff member that was assigned to them/ So she had worked with the person, tried to see if the issues could be resolved and in turn moved the staff member to another rota. We spoke with the person about this, who said they were happy the deputy manager had supported them and it wasn't anything personal, they just didn't get on very well and they found other staff better to work with. We concluded the person had been supported in expressing their views and the deputy manager had worked with all parties and respected the person's decision to have a different staff member support them.

We saw that staff supported people to have a healthy diet. One person told us that they were currently trying to lose weight and staff had been supporting them. The person had written a health action plan with the support of the staff. The main aim for them was to plan and maintain a healthy eating menu and to subsequently lose weight. We saw the deputy manager had completed risk assessments to support the individual in their health goal and had accessed swimming, using the gym, physical health and cooking. The results of each risk assessment were then formulated in to care plans available for staff to support the person with their goals.

We spoke with people in one of the houses. They told us the house had decided to try and cook and eat together each week. One person said, "The food is good, we plan the menus together."

One person we spoke with had specific dietary preferences that they liked to strictly follow, they said, "I cook my own meals, which I prefer to do. I like to shop locally and there are members of staff who support me well in the shops. I also like to put an order in for a special delivery of food from Brighton and the staff are very helpful with this."

The deputy manager told us everyone using the service was registered with local doctors. She said if required they could make referrals though the community nurses for the Speech and Language Therapist (SALT) team. The SALT can work with people who have eating and swallowing problems. She told us that at the moment there was no one using the service who had any dietary concerns but they had sought advice in the past.

Are services caring?

Our findings

People told us they were happy living at the home. One person said, "It deserves 100 stars". Another person said, "Another person said, "It's better than X (my last placement)". During our time visiting the service we observed good relationships between the staff and people using the service.

Staff told us they had seen some big improvements and stability in people's physical and mental health since they began using the service. They told us, they worked closely with people to provide them with the support they required. The deputy manager told us staff knew people at the service well; they spent a lot of time with them but were always respectful of their choices and individuality. We saw this in practice during our time at the service. Staff regularly asked if people were okay and if they needed anything done.

We saw staff and people who used the service spending time together. Staff were respectful and friendly. We saw people being offered choices about how they wanted to spend their time. We saw staff often asked people if they were okay and if they wanted or needed anything.

We saw staff respected people's individualities, faith and privacy. One person had a preference that for a set hour each day they would be alone uninterrupted in their room. We saw this information was clearly documented in the person's care documents and that staff respected this decision. We talked with staff about how people's privacy and dignity was respected. One person said, "We respect resident's privacy by not talking or gossiping about individuals."

One person told us how they had been encouraged when they started to use the service to write a 'pen picture' so

staff could get to know them better. To support this, in one of the houses a relationship map had also been completed by each person. This showed in pictorial form the people they loved, the people they liked, the people they knew and the people who are paid. This helped people using the service understand relationships but also helped the staff be familiar with the relationships that were important to people.

Due to the needs of people at the service, the majority of people received a minimum of one to one support. Staff told us this didn't mean that people had to be with staff at all times, just that staff were available for them. They said they still encouraged people to be independent and to have time to do their own thing; they could just do so knowing staff would be free to help if it was needed.

We spoke with people about the care they received at the service. One person said, "I'm very pleased to have help and guidance from staff to make sure things are done properly. Without support things that are important can be missed. I like staff to be encouraging and guiding." Another person said, "I like my privacy, I have my own little apartment and can be by myself – it's very nice."

We saw where possible the service had tried to be flexible in relation to the rooms available in each house. For example, one house had more rooms than were required so individual lounges had been set up for each person that lived there. This meant if people wanted to have a friend or relative over to the house they had personal space where they could sit with them, without being in their bedroom. We saw each lounge had been decorated by the individual and reflected their personalities. One person told us they had used one of the spare rooms to set up a computer room. They said they had discussed it with staff and having space to use a computer was important to them so the service had helped set it up.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The deputy manager told us each person using the service had a weekly MORE (Motivation, Occupation, Recreation, Education) planner in place. This was a plan which included all of the activities or events the person wanted to do throughout the week. One staff member said the MORE planners were used to promote individual activities. They said, "These are structured plans which are updated weekly by a member of staff and resident according to personal interests and needs."

Where possible the staff tried to encourage people to link their chosen activities to their goals or their care plans. One of the preventions on the risk assessment was a well-structured MORE plan devised weekly which encouraged social activities. We spoke with the person about this and they said they liked having a weekly plan; it kept them going and they knew what to expect. They had their plan displayed clearly in their room.

During our inspection we saw the content and variety in the MORE planners and the activities that people undertook varied depending upon the houses within the service. We noted that the two houses ran by the deputy manager people had weekly MORE planners in place. Whereas the other two houses, the planners were used as a template and weekly activities were not planned.

We spoke to two people at one house who said the planners weren't used weekly; they didn't really have a plan. When we asked about the kind of things they did during the week, one person said, "I do washing and keep the flat clean". The other person said, "I go out for a walk, and go on outings. I used to go swimming but not here, I used to go to the library, I liked bringing books home to look at but not here." We spoke with staff about the planners for these people. They said they didn't have a weekly one, it was just a standard template for each person, and they then filled in a weekly log as to what they had done.

We looked at three people's planners within the home and noted that they did not correspond with what people told us that would like to do and instead had some activities such as house work or tidying their room. We noted one

person had a lot of activities on their planner regarding caring for a pet hamster. We discussed this with staff who said, they didn't have a pet hamster, it was something they wanted to get.

We saw the planner was used consistently in one of the other houses. One person said, "I have a MORE planner on my wall. I do it on Sundays. I put my appointments on it. It shows my staff team and I choose when to play tennis, gym, discos and things."

The service had a leisure centre on site which was available, at present, only for people using the service. We looked around and noted there was rooms for people wanting to learn music, do work or play on computers. In addition the centre had a sensory room and a large room which they used for discos. The deputy manager told us people using the service could access the facilities anytime they wanted. They said sometimes it was closed but staff could open it up for people. The deputy manager explained to us how the service had planned on expanding this facility for people and enhancing what was on offer.

We spoke with people about the leisure centre. Some people told us they attended the disco, others that they went to play table tennis or had music lessons. One person using the service was concerned the centre was being underused. They said, "It needs to get going – it's taking too long to reach a stage where it is all open and working, it's not reaching its potential. The computers are there but still not connected to the internet." We spoke to the deputy manager who confirmed that although some activities were available, that not everything was up and running yet that the management had planned.

We talked with people at the service about how their complaints and concerns were responded to. Everyone we spoke with said they had not had the need to make a formal complaint. One staff member said, "There is a complaints procedure in place, it's always accessible and service users are reminded of it during monthly meetings." We saw the complaints procedure was on the notice board in each house we visited.

We spoke with people about monthly residents meetings and again we received a varying response as to whether the meetings took place depending upon which house people lived in. In two of the houses we found people using the service were positive and confirmed they had regular meetings. One person said, "We have service user

Are services responsive to people's needs?

(for example, to feedback?)

meetings, staff would do something if we complained.” They continued to say, “I feel they are very important – we must continue to have them regularly, it is the opportunity for residents to express their problems, not just their problems but a chance to meet each other and for residents and members of staff to get together.” We found in these two homes the meetings were regularly attended and minuted.

We spoke with two people who lived in another one of the homes and they were not aware of any residents meetings.

One person said, “I don’t know if we have any meetings, if we did I would tell them about my lights.” Another person said, “No meetings.” We spoke to staff who confirmed that there was no residents’ meetings currently taking place. We observed one staff member asking a person if they did would they go, there response was “might do.”

We concluded that although there was some very positive feedback regarding the residents meetings they were not consistently organised and the service was not responding to everyone’s needs.

Are services well-led?

Our findings

At the time of our inspection the service had a registered manager, who was on annual leave and a deputy manager assisted us with the inspection.

The service was made up of six houses, at the time of our visit only four of the houses were in use. The deputy manager told us the registered manager managed two of the houses, whilst she managed the other two. During our inspection we identified the registered manager, who should be in day-to-day charge of all aspects of the service, was only managing half of the home.

In addition to the managers, each house had a team leader and dedicated support staff. We noted each person using the service had a key worker assigned to them and where possible a dedicated rota so that they received care consistently from the same group of people.

Throughout the inspection we identified a number of key areas whereby it was apparent there was no consistency between the houses and no standard documentation and processes that were followed throughout. We noted in each house there was a sense of support and staff working as a team; however this did not transfer to the service as a whole. For example, the staff in each house could tell us about the people who lived there and the processes they followed, however they were not aware if this applied to the other houses. We spoke to the deputy manager and nominated individual who both confirmed that the current management structure meant that the service was ran as two separate units rather than as one home.

We concluded the service as a whole did not have an open culture and that effectively it was operating as two smaller services. The registered manager was on annual leave during our inspection therefore was not able to comment on our findings. Following the inspection we spoke to the nominated individual for the service who advised they had recently been made aware of similar concerns and they were working with both the registered manager and deputy manager to rectify this.

As most people using the service received 1 to 1 support we noted that a consistent rota pattern was followed and sufficient staff were always available. One person was funded to receive one to one support throughout the day and additional member of staff for the afternoon period. We noted that even if person did not want to use this

resource the organisation still provided it should they change their mind or want to do activities. We found people were aware of the staff that were supporting them and could access the rota if required to see who their staff team was that week.

At the time of our inspection the service had not received any complaints or had any safeguarding referrals to learn from. Staff we spoke with were happy with the procedures they would follow and people we spoke with were confident the service would act and support them if they needed to raise any concerns.

We noted accidents and incidents were documented thoroughly and stored in a central point. We saw this information was stored securely and therefore only accessible to the registered manager. We noted that all complaints had been investigated thoroughly, however due to limited number of complaints received there had been no opportunities for further learning identified.

Staff we spoke with said they felt supported in their role and were confident they were delivering effective care. However, we identified there was inconsistencies in the way each house was run and the support provided by the relevant managers to ensure improvements were ongoing. For example, we noted two houses had regular residents meetings whereby people using the service were engaged and regularly fed back. However, the other two houses did not have any formal meetings of this type and told us that they would have raised some of the issues they had at a meeting of this sort.

We saw risk assessments for people using the service again were varied depending upon the house people lived in. We viewed records in one house which showed effective and thorough risk assessments for all possible outcomes of an individual's care. We saw these were adapted regularly and new risk assessments were introduced as the person's preferences changed and all care plans reflected the latest information. In another house we saw the standard of care documentation was not consistent. We saw one person's care documentation had been transferred from a previous service and identified a number of areas that were no longer applicable to the person. We also noted documentation had not been reviewed regularly and changes had not been applied when people's circumstances had changed.

Are services well-led?

We spoke with staff and were confident they knew the people using the service and were giving consistent care. However, they told us all risk assessment and care plans were completed by the management so they shared information in the daily handovers.

We spoke to the provider in relation to our findings of inconsistent management and they advised this was

something they had picked up recently due to the set up of the management team and the houses being managed separately. They said the good examples identified were what was expected of the service and that they would work with the registered manager and deputy manager to ensure a consistent management and service delivery approach was worked towards.