

# Creative Support Limited

# Blackburn Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 10 and 11 February 2016. The service was last inspected in April 2014 when it was found to be meeting all the regulations we reviewed.

Blackburn with Darwen and East Lancashire Domiciliary and Supported Living Scheme is part of Creative Support Ltd. The service is registered to provide 24 hour care and support to adults who have learning or physical disabilities or mental health needs. People using the service are tenants who live mainly in a variety of shared houses across East Lancashire that are staffed on a 24 hour basis. At the time of this inspection there were a total of 54 people using the service.

The service had a registered manager in place. 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.

People who used the service told us they felt safe with the staff who supported them. They told us there were always staff available to support them to participate in the activities which were important to them. Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults.

We saw that risks to people's safety and well-being were regularly assessed. Care records included information for staff to follow to ensure all identified risks were appropriately managed. Support plans we looked at were personalised and included good information for staff about the goals people wished to achieve as well as how they wished their support to be provided.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Systems were in place to ensure the safety and cleanliness of all the premises where people who used the service lived.

Staff told us they had received the training and support they needed to carry out their role effectively. New staff received a comprehensive induction to the service. There were systems in place to track the training and supervision staff had received.

All the staff we spoke with told us they enjoyed working in the service and felt valued by their managers. Staff felt able to raise any issues of concern in supervision or in staff meetings.

Most staff we spoke with had a good understanding of the Mental Capacity Act 2005; this legislation is designed to protect the rights of individuals to make their own decisions wherever possible. The registered

manager was aware of the action to take to protect the rights of people who were unable to consent to their care and support.

People who used the service had health action plans in place. Records we reviewed showed that people were supported to attend health appointments where necessary. Systems were also in place to ensure that people's nutritional needs were monitored and met.

We observed positive interactions between staff and people who used the service. People told us the staff who supported them were kind and caring and enabled them to maintain their independence as much as possible. Staff demonstrated a commitment to providing care which would improve the quality of life of the people they were supporting. Records we reviewed showed staff were regularly reminded in supervision and team meetings about the requirement to treat people who used the service with dignity and respect.

All the people we spoke with told us they would feel able to raise any concerns with the managers in the service and were confident they would be listened to. We noted all compliments and complaints were recorded and any concerns had been investigated.

The service was based on a set of values which were well understood by staff. There were a number of quality monitoring systems in place. Both staff and people who used the service were encouraged to comment on the service provided and to identify where any improvements could be made.

## 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.

People told us they felt safe with the staff who supported them. Staff had received training in safeguarding adults.

Staff were safely recruited. Staff rotas were flexible in order to support people to take part in activities of their choice.

Systems were in place to help ensure the safe administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff promoted the rights of people to make their own decisions. The registered manager was aware of the action to take should people be unable to consent to the care and support they needed.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us that staff provided the care and support they needed. Staff were observed to be kind, caring and respectful of people.

The requirement for staff to treat people with dignity and respect was discussed in supervision and team meetings.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to promoting people's independence and choice.

## Is the service responsive?

Good 

The service was responsive.

People told us they received the support they needed to meet their needs. They told us they were supported to attend activities of their choice and to maintain contact with family and friends.

People who used the service and their relatives were confident they would be listened to if they were to express any concerns about the support provided.

Systems were in place to record and investigate any complaints received at the service.

## Is the service well-led?

Good 

The service was well-led.

Both staff and people who used the service spoke positively about managers in the service. Staff told us they felt valued and enjoyed working in the service.

The provider had in place a set of values on which the service was based. They had communicated those values to the employees and people who used the service.

Quality assurance systems were used to drive forward improvements in the service.

# Blackburn Service

## 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 is 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.

This inspection took place on 10 and 11 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to adults with a learning disability or mental health needs. We needed to be sure people who used the service, staff and the registered manager would be available to speak with us. Due to the nature of the service the inspection was completed by one adult social care inspector.

We used the 48 hour notice period to speak by telephone with 11 relatives of people who used the service. This was to gather their views and opinions of the support their family members received.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We contacted the Local Authority safeguarding team, the local commissioning teams and the local Healthwatch organisation to obtain their views about the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

On 10 February 2016, with permission, we visited five properties where people were receiving 24 hour support in a group living situation. We spoke with six people who used the service. We also spoke with the registered manager, three team leaders and six support workers. On 11 February we visited the registered office and again spoke with the registered manager. We also spoke with one person who used the service and two team leaders.

During the inspection we observed interactions between staff and people who used the service. We looked at the care and medication records for seven people who used the service. We also looked at six staff personnel files and reviewed a range of records relating to how the service was managed; these included

recruitment records, staff training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe with the staff who supported them. Comments people made to us included, "I feel very safe here", "All the carers make me feel safe" and "I feel safe where I live." All of the relatives we spoke with told us they had no concerns about the safety of their family members. One relative told us, "Staff don't bully [my relative]. They speak nicely to her." Another relative commented, "It's the best place [my relative] has ever been."

People who used the service told us they were able to raise any concerns they might have about their safety with any of the staff supporting them or the managers in the service and were confident they would be listened to. One person told us, "I would speak to [name of team leader] if I had any worries. They would definitely take me seriously."

Staff we spoke with told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service, including the out of hours on call manager, to discuss any safeguarding concerns. From the information we held about the provider we were aware that appropriate referrals had been made to the local authority in order to protect people who used the service.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. Staff in each supported living environment also had access to a copy of the relevant local authority's safeguarding procedure; this contained the names and telephone numbers for staff to contact should they need to report any concerns. There was also a whistle blowing policy in place. This told staff they had an obligation to report any incidents of abuse and they would not be penalised for doing so. All the staff we spoke with were aware of this policy. One staff member told us, "There's been a huge push over the past year to ensure staff are aware of the procedures for safeguarding."

We found people who used the service had access to an 'easy read' safeguarding policy. This should help ensure they were aware of their right to be protected and the action they could take if they had any concerns or worries about their care.

We saw that the provider had introduced safeguarding supervision. This helped to remind staff of the procedures for raising any concerns regarding the safety of people who used the service. We saw that safeguarding was also an agenda item for staff meetings.

From the care records we reviewed we saw that people's support plans included information about what staff should do to help them to stay safe. Risk assessments had been completed for activities people wanted to do such as horse riding as well as those relating to the environment and road safety. We saw that risk assessments had been reviewed and updated when people's need changed.

People who used the service lived in properties which were owned by a number of different housing

associations. We saw there were systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. There was a business continuity plan in place for each supported living environment which detailed the action staff should take in the event of an emergency, including fire. This should help to keep people who used the service and staff safe. Records were also in place to document the checks which had been completed regarding fire safety equipment in each property. We saw that fire training was completed as part of each staff member's induction to the service. The provider also had an in-house health and safety advisor. Staff were able to call on this person for any advice and guidance regarding fire safety issues in the premises in which they worked.

We noted that all the properties were clean and well maintained. Staff told us they had completed training in infection control. They also told us they would always try and encourage people who used the service to take part in cleaning their home.

We looked at the arrangements for recruiting new staff to the service. The registered manager told us a values based recruitment process was used in the service. This involved people who used the service taking part in 'meet and greet' sessions for candidates and the group interview process which took place. We spoke with the person who was involved with recruitment when we visited the registered office on the second day of the inspection. They told us, "I do a lot of interviewing. I am looking for trust; to see if they can help us and be nice to us."

The registered manager told us they asked new staff to complete a skills matching exercise. This was to help ensure that the skills and interests of workers were matched with those of people who used the service.

We reviewed six staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We noted that the provider encouraged applications from prospective staff who did not necessarily have experience of working with adults with learning disabilities but were able to demonstrate the values of respect and empowerment required by the organisation. If successful at interview, these staff were offered a 12 week work trial to help ensure they were able to demonstrate the skills and competence required of a support worker. The registered manager told us all staff on work trial were offered close supervision and regular support; this was confirmed by two of the staff we spoke with who had been employed on a work trial basis.

We saw that new staff were required to successfully complete a probationary period. During this period the practice of new staff was directly observed by senior staff. New staff also completed a questionnaire at the end of the probation period to provide feedback on the process.

People who used the service told us staff were always available to provide the support they needed. Comments people made to us included, "Staff help me to do everything I want to do" and "Staff support me to go to cooking and music classes." Ten of the eleven relatives we spoke with confirmed that there were always enough staff available to provide the care their family member needed.

All the staff we spoke with told us staffing arrangements were centred on the needs of people who used the

service. Staff told us rotas were regularly amended to ensure staff were available to support people to attend appointments and to undertake activities which people who used the service had chosen. One staff member told us, "We juggle rotas to meet people's needs." One relative told us they did not consider staff were always flexible enough to provide the support their family member wanted. However, when we looked at the most recent support plan review which had been undertaken with the person we saw that they had not raised any concerns about how their support needs were being met.

Staff told us the use of agency staff was kept to a minimum. The provider had a pool of bank staff who were able to provide cover for sickness or annual leave. We saw that all bank staff were provided with an induction to each house they worked in. The team leaders we spoke with told us they would always try to ensure the same bank staff were used whenever possible; this helped to ensure people who used the service felt safe and received consistent support.

We reviewed how medicines were managed in the service. We saw that medicine support plans were in place which detailed the level of support each individual required to ensure they were able to take their medicines as prescribed. All the people we spoke with told us they always received their medicines when they needed them. One person told us, "Staff always give me my medicines when I have my breakfast".

We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe administration of medicines as part of their induction before they were allowed to work unsupervised with people who used the service. Records we looked at showed the competence of staff to safely administer medicines was reviewed on a regular basis by senior staff. We noted that staff were required to undertake refresher training should any concerns be raised regarding their ability to administer medicines safely.

We looked at the medication administration record (MAR) charts for seven people who used the service. We found all the records were fully completed. We also noted that there were protocols in place where people were prescribed 'as required' medicines. These protocols provided guidance and information for staff to help ensure people always received the medicines they needed.

Prior to the inspection we became aware, following our conversation with a relative, that a person who used the service was being given their medicines in food or drink. The relative did not raise any concerns about this process. However, we checked this person's records to ensure the correct procedure had been followed and appropriate documentation was in place. We noted that it was not clear from the records how the medicines the person was prescribed should be administered. However, when we raised this with the team leader for the house in which the person lived, they provided us with evidence before the end of the inspection that appropriate documentation had been put in place.

We saw that weekly stock checks were conducted by the team leaders for each of the houses to ensure people had received their medicines as required.

## Is the service effective?

### Our findings

People who used the service told us staff had the necessary skills and knowledge to provide them with the care they needed. All the people we spoke with told us the staff who supported them knew them well. One person told us, "All the staff are great. [The team leader] knows me really well." Another person commented, "Staff know me well. I wouldn't change anything about living here." A family member told us, "Staff know [my relative] well. He interviews to choose the staff he wants to support him." Another relative told us, "[My family member] gets on well with the staff. He can't tell them what he wants but they have also got to know what he likes."

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. 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 were being met.

The registered manager told us that they had been involved in reviews and discussions with the relevant local authorities regarding people who did not have capacity to consent to the care provided by Creative Support or to sign a tenancy agreement for the property in which they lived. The registered manager told us these discussions and reviews had led to applications being made to the Court of Protection on behalf of 46 people who used the service. This was to ensure that the care they were receiving and any restrictions in place were in the best interests of each individual.

We saw that, where necessary, procedures were in place to assess the capacity of individuals to make particular decisions; these included whether medicines should be administered in food or drink, the ability of a person to manage their finances and whether doors to particular properties should be locked to protect the safety of all the tenants. We saw that family members and other professionals had been involved in these meetings as appropriate. This process should help to protect the rights of people who used the service.

Most of the staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and how it applied to the people they were supporting. All staff demonstrated a commitment to promoting the rights and choices of people who used the service. One staff member told us, "I always ask people what they want to do. I give people options." A team leader commented, "The MCA is regularly discussed in supervision."

We spoke with two members of staff who had been recently appointed. They told us they had attended a comprehensive induction at the provider's head office. We looked at the programme for this training and

saw it included safeguarding, person centred approaches, equality and diversity and nutrition and hydration. They told us they had also completed an induction at the property on which they were to be based. Both staff commented that the induction had prepared them well for their role. One staff member told us, "The quality of the induction programme was good and effective."

We saw that all levels of staff had access to a training programme delivered by the provider. This programme included moving and handling, infection control, first aid and epilepsy awareness. A record of the training staff had attended was held at each property and centrally at the provider's head office. All the staff we spoke with told us they had received the training they required to be able to carry out their role effectively. One staff member told us, "It's the best company I know for training." A team leader commented, "Creative Support is big on consistency. Staff are well trained."

The registered manager told us there was a supervision policy in place which stated that staff should have access to supervision every six to eight weeks. Records we reviewed showed that although all staff had attended some supervision sessions, this had not always been in line with this timescale; this was mainly due to changes in management arrangements. One of the experienced staff we spoke with had not received an annual appraisal of their performance for some time. They told us they were not concerned by this and considered their learning and development needs were met.

We asked staff how they supported people to have a healthy diet. We were told that staff encouraged people who used the service to make healthy choices when completing menu planning or shopping for food. We saw that information regarding healthy eating was on display in some of the houses. Staff told us they would assist people to understand this information so that they could make informed choices about the food they ate.

During the inspection we observed staff provided people who used the service with a meal which looked appetising and well balanced. Comments people made to us about the food included, "Staff cook me good food" and "The food is smashing." Records showed that people who used the service were weighed regularly. When necessary staff referred people to the dietician service for advice and support.

Support plans we looked at were personalised and included good information for staff about the goals people wished to achieve as well as how they wished their support to be provided. The registered manager told us staff were encouraged to be creative with people when developing and reviewing support plans to ensure these plans were centred on the strengths and needs of each individual. Staff we spoke with told us they used a variety of communication aids, including flashcards and pictures, to ensure people who used the service were involved in deciding what support they wanted.

We saw that health action plans were in place on six of the seven care records we reviewed. These are documents which record the support an individual needs to stay healthy. We saw that, where they were in place, these plans had been reviewed regularly with people to ensure they remained up to date. We saw that people had access to professionals and specialists. These included hospital consultants for conditions such as epilepsy and diabetes as well as opticians, dentists, podiatrists, GP's and the learning disability team.

## Is the service caring?

### Our findings

People who used the service gave very positive feedback about the staff who supported them. Comments people made to us included, "Staff are very nice. We get on ok", "Staff are kind to me" and "All the staff are lovely." All the relatives we spoke with also told us staff were kind and caring. Relatives commented, "Staff are very caring. I can't fault it, they are very respectful", "[My family is well cared for. The staff are all very nice" and "I have never seen [my relative] smile as much as they have done since they moved in."

During the inspection we observed warm, friendly and respectful interactions between all staff and people who used the service. We also saw that staff provided consistent and sensitive responses to people when they became upset or agitated.

All the staff we spoke with demonstrated a commitment to providing high quality personalised care and support to people. One staff member told us, "I definitely feel we offer person centred care. We ensure the support we provide is individual to each person's needs and strengths." Another staff member commented, "I personally believe we offer good care." All the staff demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made.

We noted that during their induction all staff received training in relation to treating people with dignity and respect; their practice was then monitored when they were observed providing support to people. In addition the provider had introduced 'The dignity challenge' supervision. This document was used with staff to help ensure they treated people with the same respect they would expect to receive themselves. Staff were also asked to discuss how they enabled people to achieve the maximum possible level of independence and supported people to express their needs and wants. We saw that the dignity challenge was also discussed in team meetings.

We saw that people's care records included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

People who used the service told us staff always supported them to be as independent as possible. One person commented, "I like to have staff around sometimes but they help me to be independent." Another person told us, "Staff help me to walk. They help me to get to the kitchen and sometimes I make my own sandwiches." A relative commented, "[My family member] is much better than they were. They can now do things they couldn't do before. Staff promote their independence; if they can do something staff let them do it."

We saw that arrangements were in place to support people to be involved in planning and reviewing their own care as much as possible. Relatives we spoke with told us they had been consulted about any changes to the care and support their family member received. We also saw that regular tenant meetings took place in each of the properties. These meetings provided a forum for people who used the service to comment on

the care they received and provide feedback on the staff who supported them.

## Is the service responsive?

### Our findings

People we spoke with who used the service told us they received the support they needed to be able to follow their interests, develop their independence and maintain contact with those people important to them. Comments people made to us included, "I can do what I want. Staff support me to go out", "I get to do whatever I want" and "I do everything I want to." Relatives we spoke with told us staff would always support their family members to take part in activities they enjoyed. One relative told us, "They do activities with her every day."

The registered manager told us assessments were completed before people were accepted in to the service, including an assessment by the relevant local authority to determine the level of support each person required. We were told care was taken to introduce people slowly to other tenants with whom they might live in supported living schemes and to try and match people's interests as much as possible. All the people who used the service told us they got on well with the other people with whom they lived. One person commented, "We are three different characters and have to act accordingly. We respect each other's choices and generally get on ok."

Care records we reviewed contained information regarding people's diverse needs, including their religious and cultural needs. In one of the properties we visited we saw that staff had been proactive in gathering information about a festival relevant to the religion of a person who used the service. They had also supported the person to celebrate the festival with friends. In addition staff told us how they had encouraged this person to use technology to communicate regularly with family members and friends. They told us this had made a positive impact on the person's quality of life.

Support plans we reviewed included information about the level of support people needed to meet their needs; this included personal care, physical health, finances and maintaining contact with family and friends. However, we noted one person's support plan had not been updated or reviewed since they moved into the service six months previously. When we asked this person about the care they received they told us they had no concerns and that staff always provided the support they needed. We discussed this with the registered manager who told us they would support the staff member acting as team leader in the property, pending recruitment to the post, to review the support plan as soon as possible.

We saw that some support plans included pictures to help people understand and contribute to what was included in them. Care records included the level of support people wanted from staff and information about how staff should communicate with them. One person who used the service told us, "I have a key worker and we go through my support plan together."

Relatives we spoke with told us they were regularly involved in reviewing the care and support their family members received. One relative told us, "The manager keeps us up to date with what is happening. This has improved over the past year. Other relatives commented, "We have been through the support plan at review meetings; we have had two this year" and "We had a review meeting this week to discuss the care plan. We were able to make different suggestions."

We saw that people were supported to take part in a range of activities including swimming, horse riding and attendance at courses held in local community centres. Staff also supported people to attend a local centre owned by the provider; this centre provided a number of sensory rooms and other facilities for people to use to help develop their communication and choice making skills. People who had visited this facility told us they thoroughly enjoyed the experience. One person who used the service also told us how staff supported them to attend the local partnership board organised by the local authority. This enabled them to feel valued and to have a say in the way wider services were organised and run.

We reviewed the arrangements to encourage people to share their experience and comment on the support they received. We saw there was a complaints policy in place and that people who used the service had access to an 'easy read' version of this policy. All the people we spoke with who used the service told us they would feel able to raise any concerns they might have with support workers or the team leader responsible for their house. One person told us that if they raised issues with staff, "They listen and write things down." Another person commented, "I can talk to any of the staff but I wouldn't change anything about living here."

Relatives also told us they would feel confident to discuss any concerns with staff or with the registered manager and considered they would be listened to. One relative told us, "The manager keeps me updated. They come to visit me at home to let me know what is happening. I have attended review meetings and am very happy with everything they are doing." In contrast, one relative told us they did not always feel their opinions were taken seriously. We discussed this with both the registered manager and team leader responsible for the house in which the relative's family member lived. They told us they were committed to listening and acting upon the views of relatives and people who used the service and had thought previous issues raised had been resolved. They told us they would arrange a meeting with the relative concerned as a matter of urgency to discuss their concerns.

We saw that complaints and compliments about the service were recorded. Where concerns had been raised we saw that action had been taken to investigate and provide feedback to the complainant. The registered manager told us that all complaints were recorded centrally in the organisation and monitored in order to determine any themes and trends; this helped to continuously improve the quality of the service provided. We noted one family member had submitted a compliment regarding one of the team leaders in the service. This stated, "[Name of team leader] had been an excellent leader at the house. She is committed, enthusiastic and hands on. This has made a very positive contribution to [my relative's] overall situation. She now has a structure, a routine and regular activities which she needs to feel secure."

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC). They were supported in the day to day running of the service by several team leaders, each of whom had responsibility for particular houses in the service.

We saw that the vision for the service was on display in the registered office in a visual format; this meant it was easy for people to read and understand. The vision stated that it was the belief of the provider that personalised services should enhance and develop a person's whole life. Through our discussions and observations during the inspection we found the service had put this vision into practice.

The registered manager told us that the key achievements of the service since the last inspection had been the recruitment and retention of staff. They advised us they now had a much more stable staff team who clearly understood and displayed the values of the organisation. They told us these values included creating meaningful and worthwhile opportunities for people who used the service in order to increase their independence.

They told us a key challenge for the service was the reduction in commissioned hours for some people they supported. However they told us they would regularly challenge the commissioning decisions made by local authorities, involving advocacy services where necessary. This was to try and ensure people received the level of funding required in order to ensure staff were able to meet their needs in a safe and appropriate manner.

All the staff we spoke with told us they enjoyed working in the service and found the managers to be approachable and always available for advice or support. Comments staff made to us included, "I get regular supervision from [the registered manager]. They are approachable and provide excellent support", "[The registered manager] has been a fantastic guide and role model. They have helped me to flourish and progress in my role" and "All the staff are really helpful and supportive."

Records we reviewed showed that regular staff meetings took place in each of the houses. Staff told us they were able to use these meetings to discuss any concerns they might have and to make suggestions as to how things could be improved."

The provider distributed an annual satisfaction questionnaire to both people who used the service and their family members. We saw that the majority of responses to the most recent surveys were very positive. One relative had commented, "If I have had a problem it has always been dealt with in a professional way." Another relative had written, "I find Creative Support keep in close contact and [my family member] is happy. I am content with the way [my relative] is looked after and how things are changing for the better." We saw that there was a continuous improvement log in place to record actions taken as a result of the feedback received.

We saw that there was a process in place to involve people who used the service in contributing to how it

was run. We were told that one person was on the board and another person was involved in quality monitoring visits. The provider also had a regional consultation process in place to gather the views of people who used the service. We saw that in the most recent report produced following this consultation 90% of people stated they were happy with the report they received; this was an increase from 76% in the previous year. People who used the service had also reported that they felt staff listened to them, responded well to any concerns raised and were caring and respectful.

The provider had produced a 'You said, we did' document in January 2016. This informed people who used the service about the action taken following their feedback about the consistency of staff teams. This action involved reducing the amount of agency staff used by increasing the number of bank staff. Improved benefits had also been made available to existing staff in order to improve staff retention. The registered manager told us there were also support mechanisms in place, including an employee assistance programme to help ensure the well-being of staff employed to work in the service.

Records we reviewed showed the team leaders in each of the houses completed a monthly audit. These audits included checks to ensure that all care records were up to date, staff supervision and tenant meetings had taken place and health and safety checks had been undertaken in the properties. Team leaders were also required to complete a monthly finance check. When completed these audits and checks were submitted to the registered manager for their review.

We saw that the registered manager also conducted regular audits for each of the houses. Each audit involved the collection of evidence against each of the five key questions included in CQC inspections. The registered manager then awarded a rating to each of the questions based on the information they reviewed. Separate audits were also undertaken by the provider's quality team on an ad-hoc basis. The outcome of these audits helped the registered manager to identify areas for service improvement. A 'Quality Matters' newsletter was also produced by the provider on a quarterly basis. This helped staff understand the importance of quality monitoring and any plans for service improvement.

We saw that the registered manager had developed logs to record any safeguarding referrals and incidents/accidents which had occurred in the service. These were summarised monthly and submitted to head office. The registered manager told us this process helped them to identify any themes and trends and to take appropriate action to avoid further occurrences.