Creative Support Limited

Creative Support - Balshaw Respite 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

Creative Support - Balshaw Respite Service is located in a residential area of Chorley. It is a care home for people who have a learning or physical disability.

The purpose of the service is to provide respite care on a short term basis for up to five people. Patterns of people's stays can vary. Some people will choose to use the service for a few days on a regular basis where as other people may decide to take less but longer stays.

There are some amenities and public transport links close by. The city of Preston, the market town of Chorley, Bamber Bridge village centre and Leyland are within easy reach. Limited on road parking is permitted.

The last inspection of this location was conducted on 14 May 2014, when all five outcome areas assessed at that time were being met. This inspection was conducted on 30 September 2016. We gave the home short notice of our visit. This was to make sure someone would be at the home on the day of our inspection.
A registered manager was not in post at the time of our inspection, but a temporary manager was managing the day to day operation of the home. We were told that steps were being taken to appoint a suitable permanent manager. 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 of the Health and Social Care Act and associated regulations about how the service is run.

The care planning system was, in general person centred providing clear guidance for staff about people's needs and how these needs were to be best met. The plans of care had been reviewed periodically. However, we noted some occasional gaps in the signing and dating of records and although the care plan for one person showed regular family involvement it had not been agreed in writing by the individual's appointee or representative of the home. We have made a recommendation about this.

Risks to the health, safety and wellbeing of people who used the service had been appropriately assessed and managed effectively. Where risks were identified these were addressed through robust care planning. However, we noted an occasional gap in dating, signing and recording of information. We have made a recommendation about this.

Fire procedures were easily available, so that people were aware of action they needed to take in the event of a fire and records we saw provided good information about how people needed to be assisted from the building, should the need arise.

A range of internal checks were regularly conducted and environmental risk assessments were in place, showing that actions taken to protect people from harm had been recorded. However, some of the fire doors did not fit well into the door frames, which created a fire hazard. We were told this issue was being

addressed by the company. We have made a recommendation about this.

Records showed that equipment and systems within the home had been serviced in accordance with the manufacturer's recommendations. This helped to protect people from harm. Evidence was available to demonstrate that good infection control protocols were being followed in day-to-day practice.

Records showed that Mental Capacity Assessments had been conducted, in order to determine capacity levels. However, it was not always clear how outcomes had been achieved. We have made a recommendation about this.

The rights of people who were not able to consent to their care was consistently protected as the service worked in accordance with the Mental Capacity Act and associated legislation. People's privacy and dignity was consistently respected.

The service had reported any safeguarding concerns to the relevant authorities. However, there was an isolated incident where staff had noticed a bruise of unknown origin on a person's arm. This had not been referred under safeguarding procedures because the individual was bumping into furniture very regularly. We have made a recommendation about this.

Suitable arrangements were in place to ensure that sufficient staff were deployed, who had the necessary skills and knowledge to meet people's needs safely. Recruitment practices adopted by the agency were robust. Appropriate background checks had been conducted, which meant that the safety and well-being of those who used the service was adequately protected.

There were effective systems in place for monitoring the safety and quality of the service. Audits viewed had identified any areas which were in need of improvement and action was taken to address these shortfalls.

Complaints were managed well and people we spoke with were aware of how to raise concerns, should they need to do so. Systems were in place to ensure that any complaints received were responded to in a timely manner and a thorough investigation was conducted.

Procedures for managing people's medicines were found to be satisfactory. This helped to protect people who used the service from the unsafe management of medications. The service worked well with a range of community professionals. This helped to ensure that people's health care needs were being appropriately met.

People we spoke with were highly complementary about the staff team. They felt that they were treated in a kind, caring and respectful manner. People expressed their satisfaction about the home and the activities, which they were supported to enjoy.

Regular meetings were held for those who used the service. This enabled people to discuss topics of interest in an open forum and people's views were also gained through processes, such as satisfaction surveys.

We did not find any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

This service was safe.

There were sufficient numbers of staff on duty and recruitment practices adopted by the home helped to ensure that only suitable staff were appointed to work with this vulnerable client group.

Medications were being well managed and risks to people's health, safety and well-being were appropriately addressed to ensure that those who stayed at the home were protected from harm. However, we did note that not all fire doors fitted properly into their door frames.

Safeguarding referrals had, in general been made to the relevant authorities and emergency plans had been generated, so that people were kept safe. Staff members were aware of the procedures to follow should they have concerns about the welfare of those who stayed at the home. Accident and incident records were maintained appropriately and these were monitored through the auditing systems of the home.

Is the service effective?

Good

This service was effective.

Records showed that staff received a good induction programme when they started to work at the home. This was followed by a wide range of training, regular supervision and annual appraisals.

We noted that the principals of the Mental Capacity Act were being followed and that legal authorisations were obtained in order to deprive someone of their liberty, in order to keep them safe. People who used the service had given their consent to the care and support received, but if they lacked the capacity to do so then someone who had the authority to give consent did so on their behalf.

The premises were well maintained and suitably adapted for those who stayed at the home.

People received a well balanced nutritious diet and they were able to chose what they wanted to eat. Staff members supported people to eat, where required in a caring and unrushed manner.

Is the service caring?

Good

This service was caring.

Staff were seen to be kind, caring and respectful of people's needs.

Those who stayed at the home were supported to be involved in the day to day activities of the home and were enabled to access advocacy services, should they require this.

Records were retained in a confidential manner and people's privacy and dignity was consistently respected. Those who stayed at the home were supported to maintain their independence, as far as possible and staff members communicated well with those in their care.

Is the service responsive?

Good

The plans of care were based on assessments of people's needs and we found them to be up to date, person centred and well written documents, providing the staff team with clear guidance about people's needs and how these needs were to be best met.

Those who stayed at the home were supported to undertake activities of their choice, in accordance with their interests and preferences. Staff supported people to maintain their individuality and to participate in activities specific to them.

Complaints were being well-managed and clear systems were in place for the recording of complaints, so that these could be appropriately monitored and any themes identified at an early stage.

Is the service well-led?

Good

The home had developed some good systems for assessing and monitoring the quality of service provided. These included detailed audits and surveys for service users and their relatives. Feedback was also obtained from community professionals, who had involvement with the care and treatment of those who stayed at the home.

A wide range of policies and procedures were in place, which provided the staff team with relevant guidance and current legislation in a variety of areas.

Meetings were also held for the staff team, so that important information could be appropriately disseminated and so that those who worked at the home could discuss any relevant topics in an open forum.

Creative Support - Balshaw Respite 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 unannounced inspection was carried out on 30 September 2016 by two adult social care inspectors from the Care Quality Commission.

At the time of our inspection there were three people who were staying at Creative support - Balshaw Respite Service. These people were not able to provide us with their views about the service they received. However, we were able to contact some relatives by telephone in order to establish what life was like at the home. We received positive comments from those we spoke with.

We spoke with two members of staff, the temporary manager of the home, the locality manager and the unit business manager. We toured the premises, viewing private accommodation and communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of three people who used the service. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We also looked at the personnel records of four staff members. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to our inspection we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents and safeguarding incidents. We also looked at the information we had received from other sources, such as the local authority and relatives of people who used the service.

Good

Is the service safe?

Our findings

A parent of one of the young adults told us, "They [the staff] know she is very vulnerable and so they never leave her alone."

We looked at the care files of three people who used the service. We found that a holistic approach to people's care had been carefully assessed and planned, with identified risks to their health, safety and welfare being managed effectively. These risk assessments were person centred and covered areas, such as safe bathing/showering, personal care, moving and handling, and medications. We found that any identified risks were addressed through robust care planning.

It was clear the home worked well with community professionals and we saw that hospital passports were in place and health action plans had been developed. These documents were designed to help external professionals, such as ambulance crews and hospital staff, who were unfamiliar with those who used the service to obtain any relevant medical information, so that necessary treatment could be provided.

The procedure to follow in the event of a fire was prominently displayed within the home, which included the location of all fire call points. Guidelines from the Health and Safety Executive were also displayed, which outlined the responsibilities of the employer and the employees, in order to maintain peoples' health and safety whilst using the service.

Each person who used the service had a PEEP in place. A PEEP is a Personal Emergency Evacuation Plan. It is a bespoke plan for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time, in the event of any emergency, such as fire or flood. This assists emergency services to help people to vacate the premises in the best possible way. Those we saw included a rating of the risk level for each individual during evacuation and control measures which had been implemented. A fire drill was conducted periodically and the fire alarm system was tested each week.

The risk assessment process covered areas, such as social events and barbeque garden parties. The framework included, activities to be considered; the potential hazards; who may be harmed and how; the level of risk; preventative measures in place; additional measures to be taken, procedures to follow and appropriate response to problems if they arise.

Records showed that a wide range of internal checks were completed regularly in order to protect people from harm and safety information for staff was readily available. However, we noted during our tour of the building that a number of bedroom doors did not fit properly into the door frames and that intumescent strips were missing. This created gaps around some of the fire doors, which could have been a potential fire hazard. We were told by the managers that the bedroom doors were 'Two way' doors, which meant they opened in either direction, in order to make moving around easier for those with mobility aids. We discussed this with the management team and were told that the health and safety representative was aware of this issue and was currently looking at alternative resources. We recommend this issue is resolved as soon as practicable.

Specialised equipment was provided for those who needed varying levels of support with mobility. A well-equipped sensory room was available for those wishing to have some relaxing time and two bedrooms were suitably equipped with large en-suite wet rooms and ceiling tracking hoists. Records showed that hoists, other equipment and systems within the home had been serviced in accordance with the manufacturers' recommendations. This helped to promote safety, comfort and dignity.

During the course of our inspection we toured the premises and found the environment to be warm, well maintained, clean and hygienic throughout. There were no unpleasant smells and it was clear that a friendly environment was created for those staying at the home. A detailed infection control policy was in place at the home and we observed an ample amount of protective clothing for staff, which we saw being used during specific interventions with those who were staying at the home. This helped to promote good infection control practices.

There was good information for staff about prescribed medications, including indications for treatment, suggested doses, contra-indications and possible side-effects. This was considered to be good practice. Protocols had been clearly developed for the administration of 'as and when required' prescriptions, such as analgesics. The information provided outlined when these should be administered and how staff would recognise people needed such prescribed medications.

We noted that there were sufficient numbers of staff on duty to provide the care and support which people needed. During the course of our inspection we looked at the personnel files of four staff members. We found that robust recruitment practices had been adopted by the home. References had been obtained and Disclosure and Barring Services [DBS] checks had been conducted before people started to work at the home. DBS checks allow managers to establish if any prospective employees have a criminal record or if they have received any cautions, to enable employers to make a decision about appointing them. One member of staff we spoke with told us, "It took a long time from my interview to actually starting work because of all the paper work and checks that needed to be done. I took my DBS into the office and they got references. I shadowed experienced staff for two to three weeks at first and I was observed by senior staff to make sure I was doing things right."

The service had reported any safeguarding concerns to the relevant authorities. However, there was an isolated incident where staff had noticed a bruise of unknown origin on a person's arm. This had not been referred under safeguarding procedures because the individual was bumping into furniture very regularly. We recommend that in the event of bruising appearing of unknown cause, then the safeguarding team be contacted for advice, as to whether the incident should be reported under safeguarding procedures. Staff members were aware of the procedures to follow should they have concerns about the welfare of those who stayed at the home. Accident and incident records were maintained appropriately and these were monitored through the auditing systems of the home.

Good

Is the service effective?

Our findings

The parent of one young adult who used the service told us, "[Name removed] goes there twice a week. She goes in happy and she comes out happy. They [the staff] always do something with her that she likes. They write in her diary to tell us what she has done and how she has slept. The staff are very good with her. Her clothes are always washed." Another parent commented, "[Name removed] is difficult with her eating and so when she is booked in they make sure someone is on duty each day, who can persuade her to eat."

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 make 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 Mental Capacity Act.

Records showed that mental capacity assessments had been completed for each person whose file we looked at. These were decision specific and indicated in which areas people lacked the capacity to make certain judgements. However, it is recommended that records clearly show how outcomes have been achieved.

Some of the people who used the service may not have had the mental capacity to make important decisions in their own best interests and may have needed to have their liberty restricted for their own safety. In these circumstances, legal processes had been followed to ensure that people's rights were upheld. Records showed that all the permanent staff at the home had received training in the Mental Capacity Act and associated guidance.

We saw that Deprivation of Liberty Safeguard (DoLS) authorisations had been requested, which included covert administration of medications, supported by written approval from the person's GP. Covert medications mean that medicines are disguised in food or drinks, to ensure they are taken, because they are necessary to maintain health.

We saw that people's care files included consent to receive various aspects of care and support, such as medication administration, finance management, gender preference for assistance and the taking of photographs. In addition, people's care plans contained a good level of information about how they communicated and expressed their choices through 1:1 support and best interest decision meetings, as was needed. This helped carers to ensure that people were given the opportunity and supported to make decisions. People we spoke with felt their views and opinions were valued and that they were able to make decisions about the way their loved one's care was provided.

The care plan for one person who was staying at the home at the time of our inspection showed they required periods of 1:1 support from care workers, particularly at meal times and during the provision of personal care. This individual needed a specialised diet due to risk of choking. Daily routines were recorded, which provided a resume of daily events and we saw a detailed, well written risk assessment had been developed, which outline preventative measures that had been implemented, in order to reduce the potential risk of choking. This provided clear guidance for staff about this person's safety and how their nutritional needs were to be best met within a risk management framework.

We found that induction programmes for new staff members were in accordance with the nationally recognised care certificate. One member of staff told us that she completed a two day induction programme in Manchester when she was first employed. She said this covered areas, such as health and safety, safeguarding vulnerable adults, fire awareness and the Mental Capacity Act.

The staff training matrix showed that the staff team received a wide range of learning modules, such as moving and handling, medication administration, safeguarding vulnerable adults, health and safety, food hygiene, infection control, emergency first aid, learning disability and mental health. A member of staff told us that when she first started working at the home she was able to ask senior staff if she was not sure about anything. "They were very helpful" she told us. Another member of staff told us that a lot of training was provided for staff and he gave some good examples of learning modules he had completed.

Records showed that employees received regular supervision sessions and annual appraisals. This enabled staff to discuss their work performance and training needs with their managers and also allowed them to highlight any areas of concern or difficulties experienced, so that any issues could be addressed promptly. Some of these staff sessions incorporated a range of direct observations by managers in relation to areas, such as the provision of personal care, medication management, dignity and safeguarding people.

The premises were well maintained and suitably adapted for those who stayed at the home.

People received a well- balanced nutritious diet and they were able to choose what they wanted to eat. Staff members supported people to eat, where required in a caring and unrushed manner. We observed one person choose their lunch and then change their mind when the meal was given to them. An alternative meal of their choice was given to them. Due to the nature of the service food was ordered that reflected the preferences of the people using the service at the time as the majority of stays were planned. This included food for people with specific needs such as diabetes or with food intolerances such as dairy products. We saw that there was also a good stock of food in place within the fridge and freezer.

Good

Is the service caring?

Our findings

The parent of one of the young people who was staying at the home told us, "[Name removed] loves it. The staff are fantastic. He has been there since January and he is really settled. The staff love him to bits. They are very kind."

There were three people staying at the home at the time of our inspection. However, they were not able to tell us their views about the quality of service they received, but we noted that they appeared comfortable and relaxed in their surroundings with their privacy and dignity being respected.

Staff were seen to approach people in a kind and respectful manner. They helped people to be fully involved in daily activities and supported them to maintain a good quality of life. It was evident from our observations that staff knew people well and were knowledgeable regarding people's needs and preferences. Good guidance was provided for the staff team, in relation to people's care and support and how to promote people's independence.

Staff we talked with spoke well regarding issues such as providing personal care and equality and diversity. One member of staff told us, "When I carry out personal care I make sure that the person's dignity is respected. I always ask for their consent and explain what I am doing." All the staff we spoke with were able to explain how they respected people's dignity and individuality. Within staff supervision and appraisals their 'essential behaviours' were reviewed and discussed which included staff attitude and values.

We saw evidence within people's care plans that they were inolved, if able to be, in the creations and development of their care. This included people's preferences in areas such as the food they liked, if they wanted a male or female career when receiving personal care and how they wanted their room, for example if they wanted the door open at night or the light left on. As people usually stayed for short periods it was difficult for people to personalise the room they stayed in however people could bring personal items with them if they wished.

We were told that one person who previously used the service had utilised an independent advocate to help them make decisions in their best interests. This demonstrated that people's best interests were considered and that they were supported to access services relevant to their needs.

At the front of each care file we saw a dignity and safeguarding pathway record to be in place, which provided good guidance for the staff team and which covered areas such as allergies, eating, drinking and nutrition, personal hygiene and care, abuse, whistle-blowing, end of life care, communication, privacy, social inclusion, diversity and equality and pain control.

Good

Is the service responsive?

Our findings

The parent of one of the young people adults told us, "They [the staff] took him to Blackpool for the weekend. They stayed in a hotel. He loved it. There is always something for him to do. If I wasn't happy about something I would tell the social worker."

The care planning system was based on Essential Lifestyles Planning, a model of person centred care planning, which provided clear guidance for staff about people's needs and how these needs were to be best met. This included the transition of people, as this service provided periods of respite care only and therefore it was important to recognise the need for smooth transitions into the home and back into the community. The plans of care had been reviewed periodically. However, we noted an occasional gap in dating, signing and recording of information. We recommend that care is taken to ensure all records are completed in their entirety.

Evidence was available to show that the service worked effectively with external Professionals, such as community health care workers and social workers.

A missing persons profile was in place for each individual, which helped to identify each person who used the service if they went missing from the home. Records we saw included detailed sections entitled, 'What I would like people to know about me', 'Who are important people in my life', 'What is important to me and what I enjoy doing', 'How best to support me', 'What works well for me' and 'What doesn't work well for me' and 'How best to keep me safe'. The information contained within each part of the records was well written and person centred, containing details of individual likes and dislikes. This provided staff with a clear picture of those in their care and furnished them with comprehensive guidance about the needs of people and how these needs should be best met.

In viewing a selection of people's care plans we saw evidence that regular reviews were carried out, during which people using the service and their main carers, where appropriate, were invited to express their views and make decisions about the care being provided. Although the care plan for one person showed regular family involvement it had not been agreed in writing by the individual's appointee or representative of the home. We recommend that relevant people sign to demonstrate that they have been involved in the planning of their own care or that of their loved ones. If people are unable to sign the documents, then it is advisable an entry be made on their behalf to indicate that they have had the opportunity to participate in the care planning process.

This individual needed full support with all daily activities of living and they did not have any awareness of potential risks to themselves or others. They were also assessed as being at risk of falls and therefore bed rails were used to prevent falling from bed. They were able to walk, but with assistance from staff. Detailed risk assessments were in place to cover this area of need and staff spoken with were fully aware of how to promote this individual's safety. This person's care file was very well written and person centred. However, we noted that on one document the name of another person had been entered. We discussed this with the managers of the home, who assured us this would be dealt with immediately.

The home had a large domestic type kitchen and dining room, which helped to promote a feeling of family dining. At the time of our inspection we observed a member of staff playing table top games with one person who lived at the home, who appeared to be thoroughly enjoying this activity. It was evident that two people attended day centres and on the day of our inspection one person was attending the hospital for a course of medical treatment. Each person had an individualised weekly activity programme, which was updated regularly, as people's needs changed. The programmes we saw outlined a variety of activities, such as art competitions, as well as involvement in community events. This information was supported by photographs of activities and outings on display in the home.

A large paper sunflower had been made, which was displayed and which recorded the personal achievements and successes of people on each petal, which demonstrated those who used the service were recognised as individuals who were able to attain their goals and aspirations.

A regular Creative Support newsletter was circulated, so that people were kept up to date with any generic service changes, celebrations or specific areas of interest. This was very colourful and eye catching and it included funny jokes, competitions, events, recipes and much more.

The organisations' complaints policy stated, 'We are committed to ensuring that all staff, service users, visitors, volunteers and third parties are able to raise complaints and concerns,' A detailed complaints procedure was displayed within the home, which was produced in easy read format, in order to allow everyone easy access to the guidance provided about how to make a complaint. Staff members had signed this to indicate they had read and understood the contents. A system was in place for the recording and subsequent management of complaints. This helped the management team to audit complaints and to identify any recurrent themes, so that these could be properly investigated. A recent complaint received by the home showed a clear resume of the concerns raised and a comprehensive response to the complainant was retained on record following a full investigation.

Good

Is the service well-led?

Our findings

The parent of one of the young adults told us, "They [the staff] try to accommodate us well and if we need to change our dates for some reason they try their best to help us." And another commented, "Everything runs smoothly. The staff and management are approachable. I have no concerns at all. [Name removed] is in safe hands whilst she is in the home. I would speak with the staff if I had any concerns, but I would go higher if I needed to."

At the time of our inspection to Creative Support – Balshaw Respite Service there was a temporary manager in post. The locality manager and unit business manager attended the home during our inspection. We were told that an advert had been placed for a permanent manager, as this post had been vacant for a period of five months.

A Statement of Purpose was in place, which had been updated earlier this year and which told people of the aims and objectives of the home, as well as the services and facilities available to people. This information helped people to make a decision about going to stay at Balshaw Respite Service.

We noted the duty of candour policy to be clearly displayed within the home, which showed open and transparent reporting of any significant incidents.

A wide range of policies and procedures were available at the home, which were also in easy read format, so that everyone had the same opportunity to access relevant information. These included areas, such as infection control, fire safety, safeguarding vulnerable adults, complaints, break away techniques, confidentiality, dignity in care, health and safety. The Mental Capacity Act and Deprivation of Liberty Safeguards, equal opportunities, person centred care planning and moving and handling.

We saw that surveys had periodically been conducted for those who used the service, their main carers and community professionals. This helped to gather people's views about the quality of service provided, so that any shortfalls could be identified and rectified as soon as possible. The overall results of surveys had been produced in pie chart formats for easy reference. The results we saw covered a wide range of areas and mainly provided positive feedback, often with an outcome of 100% for specific areas. Comments recorded on the surveys included, 'Having viewed and met the staff I knew it was perfect for my young adult'; 'The staff are friendly and helpful.'; 'They [the staff] helped me to gain independence and confidence'; 'Short breaks have been a lifeline'; 'Weekend stays start at 2pm, which makes it hard to enjoy a full weekend' and 'The breaks don't seem to be tailored to different needs and client groups.'

Feedback received from community professionals included, 'The individuals I work with who use the service thoroughly enjoy their stay' and 'The staff that I have met have been great with the individuals who use the service.'

We saw minutes of team meetings, which had been held regularly. This enabled relevant information to be passed to the staff team and allowed those who worked at the home to discuss any topics of interest. Action

plans were developed following staff meetings, so that any issues raised could be appropriately addressed. Accidents and incidents had been recorded appropriately and a regular audit of these was evident.

A three year business plan had been developed, which highlighted a projected forecast of business activity, so that improvement for the service was continuous. The company had been accredited with two external quality awards, which involved an independent professional organisation periodically auditing the business.

An in-depth audit had been recently completed, which was in line with the Care Quality Commission's Key Lines Of Enquiry [KLOE]. This comprehensive audit was supported by a very detailed action plan, which was being worked through at the time of our inspection. This robust assessing and monitoring of service provision helped to ensure that standards were maintained and improvements continued to be made.

One member of staff we spoke with told us that the management team were very supportive. He said, "I have no problems with them at all. I love working for Creative Support at Balshaw. I look forward to my shifts."