Creative Support Limited

Creative Support - Middlesbrough, Stockton & Redcar Services

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

Overall summary

This inspection took place on 7 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in.

Creative Support Middlesbrough and Stockton Services has its registered office at Innovation Court, Stockton-on-Tees. The service delivers support and/or personal care in eleven supported living services in the Middlesbrough and Stockton areas. Each of the supported living services provides support to people who live their own houses or flats, with their own tenancy agreements. The people using these services receive

Summary of findings

individual or shared support hours depending on their assessed needs and the service they are receiving. Some of the supported living services provide support on a twenty-four hour basis. 15 people were using the service at the time of the inspection.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Creative Support are planning on separating Middlesbrough and Stockton services and had appointed a manager for each one. The managers were in the process of becoming registered with CQC.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual. Potential risks to people had been identified and plans put into place to enable them to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. At the time of inspection they were trying to recruit new members of staff. Current staff were covering for the shortfall of staff over each service, which enabled staffing levels to be sufficient, whilst waiting for new staff members to start.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate. **We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required'' and take action to update their practice accordingly.**

Although staff received regular training which provided them with the knowledge and skills to meet people's needs in a person centred manner, Mental Capacity Act and Deprivation of Liberty Safeguarding training had not taken place. They were well supported by the manager and senior management team in respect of supervision and informal support. Specialist training was provided to staff and the people who used the service's families, that was specific to the person they were providing care for. This provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005. Although staff had not received official training in MCA and DoLS they provided good explanations of their understanding. Mental capacity was assessed by either the social worker or healthcare professionals and this information was shared with the registered provider who used them to develop care plans for people. Where people lacked capacity, decisions were taken in their best interests. Care plans included instructions on how they should be supported and included their needs, likes and dislikes

People could access suitable amounts of nutritious food that they enjoyed and which met their individual preferences and dietary needs. Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being. Staff worked closely with other professionals to ensure people's needs were fully met.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. The privacy and dignity of people was promoted by staff and they treated people with respect.

People received care that was responsive to their needs and centred on them as individuals. People's needs were assessed and care plans gave very clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

People were supported to access activities of their choice.

The service had an effective complaints procedure in place. There were appropriate systems in place for responding to complaints.

The director and manager regularly checked the quality of the service provided to make sure people were happy with the service they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about the principles and reporting requirements of safeguarding people from abuse.

Risks were assessed and managed effectively.

Staffing levels were meeting people's needs. Staff were recruited following safe and robust procedures.

People's medicines were managed safely. We made a recommendation about 'as required' medicines.

Good

Is the service effective?
The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge needed to perform their roles. MCA and DoLS training was needed and this had been arranged.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their

nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Good

Is the service caring?
This service was caring.

Staff knew people well and had developed positive and meaningful relationships with them.

People and their families were treated with kindness and compassion.

Staff treated people with respect and dignity.

Good

Is the service responsive?
This service was responsive

People's needs were assessed before they began using the service and care was planned in response to their needs.

People and/or their relatives contributed to the planning of their care.

People were supported to access activities of their choice.

Good

Is the service well-led?
This service was not always well-led.

Good

Summary of findings

The service did not have a registered manager in place they were going appointed and going through the registration process.

There was a positive and open culture at the service. There was open communication within the staff team and staff said they felt comfortable discussing any concerns with the manager.

There were quality control systems and audits in place to help develop the service and drive improvements.

Creative Support - Middlesbrough, Stockton & Redcar Services

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 7 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in. The inspection was undertaken by one adult social care inspector, a pharmacy inspector and one expert by experience who spoke on the telephone to people in their homes, their relatives and staff supporting them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people using the service. Out of the 15 people using the service at the time of our inspection only two people were able to talk with us about the care and support they received. This was due to not being able to communicate. We visited one of the supported living services to look at records and speak to staff. We spoke with two external healthcare professionals, a director of Creative support, two managers who were going through the registration process and three relatives. Creative Support also sent a questionnaire to all staff who provided personal care and we received eight completed questionnaires.

We reviewed care records relating to the three people using the service, four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

Relatives of people who used the service said that people were safe and the carers were kind and respectful. Relatives we spoke with said, “There are people there all the time and there is an alarm in his room so he can get help quickly.” Another relative said, “They [the staff] make sure my relative is safe.”

There were sufficient numbers of staff to keep people safe. People told us staff were available and accessible to them when they needed them. From our own observations people received their care and support at the times that had been agreed with them. We looked at staffing levels across the

registered provider’s separate supported living schemes. Staff did not move between schemes, unless there was an emergency, which helped to ensure continuity and consistency in the support people received. Staffing levels had been planned based on the number of people using the service and their needs. The director told us staffing levels were adjusted according to the needs of people and we saw that the number of staff supporting people was appropriately increased when required.

The registered provider had robust arrangements in place when recruiting new staff to work at the service. Where possible the director ensured people using the service were able to participate in interviews of prospective employees. People who used the service were also asked ‘what kind of person would you like to support you? ‘The director stated that they tried to match interests as best as they can. For example one person who used the service was very active and loved walking, biking, trampolening and roller coasters, therefore the person supporting them needed to enjoy these things as well. We also saw records to show that people had asked for staff who were patient, interactive and outgoing. Records showed the service had carried out appropriate employment checks of prospective staff regarding their suitability to work. These included obtaining and verifying evidence of their identity, right to work in the UK, relevant training,

references from former employers and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. We were told that Creative Support renewed DBS checks every three years. This meant procedures were in place to ensure staff were suitable to work with people using the service.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff we spoke with said, “Safeguarding is protecting vulnerable people from harm and abuse.” Another staff member said, “Safeguarding was discussed in our meeting in October.” And another said, “It is the protection of our tenants to keep them safe from any form of abuse or neglect.” This meant that staff had the knowledge to protect people from abuse.

We looked at three files of people receiving care and each contained an individualised risk and management plans, completed with them and where appropriate their relatives. Care plans identified the risk and the actions required of staff to minimise the risk. Staff had received training in Creative Intervention Training in Response to Untoward Situations (CITRUS). This training is to prevent, minimise and manage behaviours that challenge and is used to keep people who use the service and others safe. The risk assessments seen covered areas such as environment, moving and handling, falls and self neglect. We saw that risk assessments had been updated as needed to ensure they were relevant to the individual.

We looked at a sample of medicines records, including records of medicines received, administered, and disposed of, medicines care plans, medicines audits and storage and supplies of medicines held at the service and visited two people in their home. We found medicines were being managed safely. Medicines procedures were available, and we saw that staff were aware of these procedures, and were following them. Appropriate arrangements were in place to obtain medicines, as we found that all prescribed medicines were available, and records showed that these were being given regularly and as prescribed. We checked a sample of medicines held against medication records, and we did not find any discrepancies. Medicines were stored securely. However medicines were stored near to the cooker and there was no system in place to ensure medicines were being stored at the correct temperatures.

Good

Is the service safe?

The level of support that people needed with medicine administration was accurately documented in their care plan and was regularly reviewed. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way. Detailed supporting information on how people preferred to be given their medicines was available with their medicine administration record charts. When people had allergies, this was clearly recorded on their medicines records.

We looked at the records of one person who was prescribed a medicine to be given 'when necessary' or 'as required' for agitation or anxiety. There was a protocol in place providing details as to when the medicine should be administered. However we found this was not up to date. This was reviewed during our visit. **We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required'' and take action to update their practice accordingly.**

We asked how the home was monitoring how medicines were managed. The manager told us that a daily system of medicine checks was in place. We found these checks helped to identify any issues quickly in order to learn and prevent the errors happening again.

The manager explained that each service had an emergency plan that was updated annually. This took into account areas such as floods, epidemics, electrical failures etc. All staff were involved in developing and reviewing this. These plans were not only kept at the service but also securely stored at the registered office in case they were needed by senior management. Each person who used the service also had an individual Personal Emergency Evacuation Plan (PEEP) that identified the person centred and individualised support they would require in the event of an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who had the right skills and knowledge to care for them. Staff were knowledgeable about people's individual needs and preferences and how to meet these. Staff had been trained to meet people's care and support needs. Records showed all staff had received training in core areas such as moving and handling, health and safety, food hygiene, safeguarding and first aid. Refresher training had been booked to help staff to keep their skills up to date. Although staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) they had not received training in this. This had also been highlighted in a training audit which took place in July 2015. We discussed this with a director of Creative Support who immediately booked this in to take place in January 2016.

Staff we spoke to said, "We have regular training and updates, the training and guidance is good." Another staff member said, "I have had support with training needs, I am very interested in learning disability training and Creative Support have been sourcing this for me. They also said I could look for a course myself and they would support me with this." And another staff member said, "I have just done Essential Safeguarding and Safety Awareness (ESSA) training."

The director we spoke with said, "We have a new client with autism and complex needs including challenging behaviour and we have done training specific to this person. We have also included the person's family in this training, where they are learning new ways of supporting a person with autism."

The manager said, "There has been an improvement in staff training and more bespoke training particularly around autism and positive behaviour support, which has revitalised the teams knowledge and enthusiasm as well as improving confidence. The team have been able ot put this fresh knowledge into practice with positive outcomes as they understand autism and challenging behaviour better."

New staff completed a six week induction then a six month probation. During the probation they completed monthly performance reviews with the manager and had three observations of practice. At the end of the probation staff completed a questionnaire to evidence what they had learnt or where there were still gaps in learning. Staff we spoke with said, "The induction included a lot of training on various topics such as health and safety."

We looked at staff supervision and appraisal. We saw that regular supervisions or appraisals had taken place. Staff we spoke with said, "Yes I have regular supervision often monthly." Another staff member said, "We discuss tenants in our personal supervision we have an input of ideas and observations which we can discuss openly and we make an action plan."

Creative support was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. Staff had not received training in Mental capacity and DoLS. However staff that we spoke with were able to explain sufficiently what MCA and DoLS were. The manager said that arrangements had been made for staff to receive training on MCA and DoLS in January 2016.

People or their relatives had signed the care plans to show consent. For example consent to receive care. We saw evidence in care files to show that staff checked with the people who used the service regularly to make sure they were still happy with the support being provided on a regular basis.

Good

Is the service effective?

We saw evidence to show that people were supported tto seek additional support or assistance from other healthcare professionals particularly when they felt unwell. People's records showed outcomes from all healthcare visits and appointments were clearly documented and any changes or additional support people may need as a result were shared promptly with all staff.

We saw evidence to show that healthy eating was promoted. Each person who used the service had a eating plan which included food they like and food they don't like. It also included how to present the food for example cut up very small. One person's religion required them to eat halal food. Staff support this and prepared cultural food.

We were told that the premises for each person was adapted to their needs. One relative we spoke with said, "He has a lovely room and his own wet room."

Good

Is the service caring?

Our findings

Two relatives told us that staff are very compassionate. One relative said, "They are kindness itself. It's not an easy job but they never lose their tempers and I know it can be very demanding at times looking after her." From our observations staff were seen to be kind and caring.

Records of meetings with people and their individual keyworkers showed staff enabled people to state their views about the different options of support available to them. Support plans were updated and kept current. We saw that people could use Picture Exchange Communication System (PECS) boards to help communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these.

The service supported people to express their views and be actively involved in making decisions about their daily care and support. If a person struggled to make choices staff were trained to support them by offering different options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people. For example, information included the pitch and tone of voice needed, positive ways to motivate, and to use a now and next principle with visual support such as walk then drink. Communication plans also stated how to present choices. One communication care plan stated, "Do not ask me to make a decision during Deal or No Deal." Another care plan said, "The best time to ask me to make a decision is after I have eaten." This meant that people were supported to communicate how they wished to be cared for.

The service ensured people were afforded privacy, dignity and treated with respect. Staff we spoke with said, "I always make sure doors are closed." Another staff member said, "I make sure I always knock before entering a person's room." And "I ask for permission and explain what I am doing."

Staff explained how they support people who used the service to live as independently as possible. Staff we spoke with said, "I encourage [people who used the service] to do as much as possible and I make it fun." Another staff member said, "I give encouragement and support. " The director we spoke with said, "We empower the people who use our service to be as independent as possible so that they do not become dependent on support staff. The people who use our service have gained in confidence over the past year and this can be evidenced by their increased motivation to do things and their increased curiosity." And, "Our staff are trained on non discriminatory practice and the principles of human rights." The manager we spoke with said, " [A person who used the service] went on public transport for the very first time this year which is a huge achievement." Another person recently went shopping to pick out new furnishings for their own room. Staff used the person's body language and communication cues to help determine whether they liked items to purchase or not.

Staff we spoke with knew the people they cared for really well. We asked staff what is important in terms of interacting with the people who used the service and what they value. One staff member said, "They value honesty and consistency." Another staff member said, "They value the staff spending time with them and building a relationship with them, this gives a sense of security and feeling emotionally supported."

Staff supported people who used the service with their coping and tolerance skills using TEACCH. TEACCH is a programme to help prepare people with autism to live more effectively and is designed to make the most of an individual's strengths within a very structured environment. For example one person needed everything in a certain place, if for a reason this was not possible at that time, diversion or relaxing techniques would be used.

We asked management how they support people's human rights. A director we spoke with said, "Participation is a key way that we ensure that the people who used the service's human rights are being supported. Understanding all of their person centred needs allows us to promote this. We encourage participation in everything we do so that the service is delivered according to the needs and preferences of the people who use the service."

People and their relatives were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required.

The service continually reflected on their practice and sought to make improvements for the people they supported. There were monthly joint meetings between the team and people who used the service, these were recorded and demonstrated that the team were consistently monitoring and reflecting on the service.

Good

Is the service responsive?

Our findings

The relatives of people who used the service said, “They [the staff] are very good.” Another relative said, “The staff are supporting, they are very supportive to me also and will come and fetch me to see him.”

We looked at three people’s care records. Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. Care plans were reviewed monthly and updated as and when needed. Staff we spoke with said, “Care plans are updated when a person’s needs change but we always review them six monthly.” Records demonstrated that people and/or their relatives routinely discussed their support plans. Each person or a family representative had signed their support plans to indicate they were aware and gave consent to their support. Relatives we spoke with said, “I have been involved all the time with his care plan and have been able to tell them things that he likes and dislikes.”

Care records contained comprehensive information about people’s health and social care needs. Plans were person centred, which meant they were individualised and relevant to the person. We found them to be very detailed stating what kind of person they would like to support them, what their own personality characteristics were, what was working or not working in their life and adaptions needed. One care plan documented how the person would shout, wave their arms about and stamp their feet. The plan documented ‘what was happening, why I am doing this, what this could mean and what staff would need to do.’ For example, if the person started to show these behaviours it could be that they can smell food being prepared in the communal kitchen and did not want to wait to eat. Another person’s care plan detailed how the person liked to interact. For example they would flutter their eyelashes against staff eyelashes. Another care plan also said what staff must do. For example keep the environment tidy, not to sit in their chair and to keep to the handover routine which could be the next shift coming in the back door obtain the handover then go in the greet the people who used the service. The National Autistic Society states, “Routine is very important as the world can seem a very unpredictable and confusing place to people with autism, who often prefer to have a fixed daily routine so that they know what is going to happen every day.” The care plans also contained information on the person’s background, personal history, interests and their goals and aspirations. This meant that people received care and support that responded to their needs and preferences.

We saw people’s daily notes and found these were very detailed documenting what had happened throughout the day or night and what actions had been taken when risks occurred. This also matched what was documented in the persons care plan.

People’s care and support was planned in a proactive way with the person in mind. For example one person who used the service loved being outside and doing very active sports or going to theme parks. If any of this had been arranged for example a visit to a theme park, staff used short social stories. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. They would provide gradual exposure with photos of the venue and what they would expect. Staff were also aware that this person could not cope with queuing and therefore arranged to prevent this in advance with the venue. Another care plan stated that the person could not identify when they were feeling anxious. Anxiety signs were documented and staff were to tell them when they were showing signs so they could then start idenifying with their own feelings. Another person who used the service practiced a particular faith and staff supported them to buy traditional clothes and had bought them a faith calender.

The director of the service said. “We have introduced a ‘power with’ rather than a ‘power over’ approach. This has challenged staff perception and understanding of positive risk taking. For example staff had raised concerns about supporting one person into the community. This person was presenting with behaviours of concern which was leading to incidents whilst out. Part of the bespoke training that took place for the service was to consider the reasons why this was happening and what strategies could be put in place. The team were supported to focus on the antecedent [antecedent is an event that occurs immediately prior to the behaviour] environment not focus on the behaviour. Strategies were considered to promote community outings and to use sensory distraction to reduce and avoid stresses. This proved successful and a review of activities were also considered. This person now goes out every day to a destination of their choice.”

Good

Is the service responsive?

We asked the director what the transisiton into the service was like. The director explained that for one person the transition was over a couple of months. Staff went to meet the person at their residential school, they worked shifts at the school such as early mornings and night. They went on outings with the person and visited with their family. The person who was joining the service was very active and loved trampolining so staff attended rebound therapy training before the person joined the service. Rebound therapy is an exercise therapy which uses trampolines to provide opportunities for movement, therapeutic exercise and recreation for people across the whole spectrum of special needs. Staff also attended classroom lessons with the person. There were two bungalows vacant at the time and the person and their parents, chose with bungalow they would like. The persons parents were supported to liaise with the housing provider regarding decorating etc and staff and parents worked together to support the person to choose which furniture and colour schemes they would like. Before the person moved into their new home, they came and visited first for tea, then gradually longer with an overnight stays. This also allowed the person to develop relationships with staff. The autism specialist nurse and behaviour specialist nurse was also involved in the transistion. The director said, "X [person's name] is meeting all their outcomes and has acutally achieved more such as attending a dental appointment for the first time and also had a neurology appointement and tests. This is a significant outcome. X now has their own care and has a varied activity plan."

People who used the service were encouraged and supported to engage with activities and events outside of the home. The service has its own holiday home in the Lake District which can be used anytime by people who use the service. Some people who used the service did not like to be away overnight so arrangements would be made for that person to spend the day there.

Relatives we spoke with said, "She really likes to go out and they do their best to make sure that she gets out as much as possible. They are very supportive and flexible as well depending on what she wants to do." And another said, "He has been taken out to see the animals which he loves and has been to Beamish museum. He gets taken out for lunch quite a lot as well."

The service had a policy and procedure in place for dealing with complaints. We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns. One relative we spoke with did have some concerns which we passed onto the director. The director was aware of them and explained how they had and were addressing it.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had appointed managers who were in the process of being registered with the Care Quality Commission. Creative Support are planning on separating Middlesbrough and Stockton services.

Two relatives we spoke with were happy and confident with the service.

Staff we spoke with said they were supported by the manager. One staff member said, "Yes my supervisor is always available to talk to, I have no concerns." Another staff member said, "We have a team led by good management, the service has a happy environment."

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these values and were committed to them. The service ensured there was an open and transparent culture in which people,

their relatives and staff could share their views, experiences and ideas about how the service could be improved. One staff member said, "They [the management] are very open to ideas listen when we have observed something."

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. The staff team discussed issues about the running of the service, topics such as safeguarding and communicated well with each other. Staff said they have regular meetings and feel supported.

Surveys took place involving staff, people who used the service and their relatives. People could complete a picture led feedback form if this helped them. The director said, "The people who use our services have complex needs which affects their understanding and social communication so we have developed a positive and negative indicator of wellbeing. 57% of communication is explicit in body language therefore we focus largely on this." Relatives were asked to complete surveys to give their feedback about the service. We saw that most of the comments in the completed surveys were very positive. A survey for staff was taking place at the time of inspection called "Knowing we are getting it right campaign."

The service had robust quality assurance processes in place, including monthly audits for health and safety, maintenance of the service, medicines management and monitoring of complaints. These processes acted both as an audit system and to drive continuous improvement. Documentation relating to the management of the service was clear and regularly updated. For example, peoples' care and support records and care planning, were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and people's individual needs met. They also checked staff understanding of what was in the care plan or how they would deal with a certain scenario. For example explain what you would do if a person went missing. This meant that the service sought people's views and used them to maintain and improve standards.

An external healthcare professional said, "Creative support are generally a very good provider and score highly on our review tools."

The service understood and complied with their legal obligations from CQC or other external organisations and these were carried out consistently.

We asked what the plans were for developing the service and the director said, "We recently had an away day where all registered managers and service managers discussed their service areas regarding performance, priorities and the wider environment. We found this was a great way to share knowledge and learn from each other. We completed an analysis of our services. Areas that we are considering to develop further are to train more PBS practitioners and we are developing a new autism person centred plan that can be accessible via IPads and also using autism apps to aid communication and sequential planning.