

Creative Support Limited

Creative Support - South Manchester Womens Project

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

We inspected Creative Support - South Manchester Women's Project (The Women's Project) on 19 and 20 September 2017 and this inspection was announced. We gave the provider 24 hours' notice because the location provided supported living services and we needed to be sure that someone would be in to assist us with our inspection.

South Manchester Women's Project provides care and support to women with enduring mental health needs. The service is provided across two properties in South Manchester, Amherst Road and Longley Lane. Both premises are close to local amenities and public transport. At the time of this inspection, the service was supporting 14 people in total. Only six people were receiving support in relation to the regulated activity of personal care.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) in May 2016. There was a manager in post who had been registered with CQC since May 2016. A registered manager is a person who has registered with 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.

People told us they felt safe and comfortable in their homes. Recruitment processes in place helped to ensure staff of suitable character were employed. This meant people were protected from the risk of harm in this regard. We have made a recommendation that the service consider an alternative location for personal emergency evacuation plans to help ensure the relevant personnel are able to readily access them in the event of an emergency.

People's support plans contained relevant and detailed risk assessments which guided staff to support them in a safe way.

Staff had a good knowledge of what safeguarding meant and could describe the types of abuse. They also knew what action to take if they suspected abuse was taking place. This meant staff knew how to respond to potential risks which could affect people's safety and wellbeing.

There were suitable systems in place to record incidents and accidents. These were actioned in a timely manner and lessons learnt shared within the service. This meant people's safety was considered and improvements made to help prevent future recurrence.

People told us there was sufficient staff to help them with care needs and leisure activities where needed. During our inspection we saw that staffing levels were adequate to the support needs of people. This meant that people were not put at risk due to inadequate staffing levels.

People were supported to take their medicines safely. Support plans contained detailed and person-centred

information about people's medicines and in some cases information about how the service supported people to administer their own medicines.

There were appropriate health and safety checks in place to ensure a safe environment for the people living there and the staff supporting them. These checks included gas, electrical systems and fire safety equipment.

People told us the staff at the Women's Project supported them effectively. Staff were able to do this because they received an ample induction and mandatory training to ensure they were competent to carry out their roles. Training areas included food hygiene, safeguarding, manual handling, mental health and diabetes. We saw from training records that additional training in specialist areas such as hoarding disorder could be accessed depending on the need. Hoarding disorder is a pattern of behaviour that is characterized by excessive collection and an inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress or impairment. In addition to classroom and e-learning training, the registered manager cascaded any learning they received through training they attended. In addition to classroom and e-learning training, the registered manager cascaded any learning they received through training they attended.

Staff had regular supervision with their line manager which gave them the opportunity to discuss their performance and raise concerns they had about their roles.

We concluded staff received relevant knowledge and support to help ensure they carried out their roles effectively.

People told us staff always sought their consent before offering assistance. The registered manager and staff we spoke with had a good understanding and knowledge of the Mental Capacity Act (MCA) and we saw there was an up-to-date policy in place to guide practice. There was sufficient evidence in people's care plans to show consent to care had been sought appropriately. We concluded that the service had suitable systems in place to help ensure consent was obtained appropriately and that the service was working within the principles of the MCA.

People were supported to plan and prepare their own meals. This demonstrated the service's commitment to encouraging healthy nutrition and supporting people's independence and choice. From care records, we saw that people were supported to access health care professionals such as GPs and to attend medical appointments. This meant the service had systems in place to ensure people's healthcare needs were met as and when required.

People told us staff were kind and caring. We observed staff supporting people in a compassionate and respectful manner. We saw that staff and management knew the people they supported well and could describe to us people's preferences, interests and aspirations.

People said and their care plans confirmed they had been involved in making decisions about the support they received. This meant that people and their relatives, where appropriate, were included in making decisions about the support provided.

Maintaining independence was encouraged at the Women's Project and was one of the key aims of the service. Examples of this including supporting people to prepare their own meals and plan daily activities. This helped to ensure people maintained a good quality of life and wellbeing. The Women's Project provided a responsive and person centred approach to care. This helped to ensure

support provided adequately met people's specific needs. Transitional planning meetings and initial assessments were carried out to make sure the service met the person's needs. People were involved in both of these processes. Each person had a member of staff who was their key worker and people had a monthly session with their key worker to help ensure they were getting the most out of the support provided.

Support plans were detailed and person-centred, containing personal histories, likes and dislikes and other notable information about the person. These records were reviewed regularly. This meant support staff had clear, current and specific guidance on how best to support that person.

There was a good system of recording and monitoring complaints. We saw that complaints were well managed and that people were encouraged to raise concerns and complaints formally or informally.

People were encouraged to engage in the activities that they enjoyed. These included meals out and trips to the theatre or for afternoon tea with each other. People we spoke with said they were able to maintain good links with their relatives and that the service supported them in doing so. This meant people's wellbeing was supported as a result of engaging in meaningful activities and maintaining relationships.

We observed an open and friendly culture at the Women's Project in which people had the opportunity to provide feedback about the service in an informal way. Everyone we spoke with said they could talk to the staff or registered manager if they needed to. Tenants meetings were held at Amherst Road and we saw people participated actively at these meetings.

People were happy with the service provided and got on well with other tenants. The registered manager was well liked and respected. Staff spoke highly of the registered manager and told us they were a good manager and supportive.

People's achievements in their personal and community life were celebrated across the organisation in a monthly awards scheme called Achieve Q. This meant the provider helped to improve people's wellbeing by recognising and valuing their individual achievements.

There were good systems in place to continuously monitor the quality of service provided in areas such as medication, accidents and incidents and care records. Corporate audit processes in place helped to ensure the provider had oversight on any areas in which performance was failing. We saw examples such as with audits of medication errors and safeguarding incidents that the service had learnt lessons and made appropriate improvements. This meant people benefitted from an improved service.

The provider held the silver award in the Investors in People accreditation. This demonstrated their understanding in the benefits of investing in their workforce as this potentially had a positive impact on how people using their service were supported.

There were good staff support systems in place such as monthly team meetings and operational policies and procedures. This helped to ensure there were appropriate resources available for staff to do their job effectively and thus create better outcomes for people support.

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 at the service and that staff helped to keep them safe.

Staff understood their responsibilities in keeping people safe and protecting them from harm. Risk assessments were person centred, detailed and provided clear direction for staff to manage identified risks and meet people's individual needs.

Recruitment processes were robust and staffing levels were sufficient to support people safely.

Is the service effective?

Good ●

The service was effective.

People told us staff had the relevant skills to do their jobs well. Staff received a good induction and mandatory training and had access to on-going learning opportunities.

Managers and staff were aware of and understood the principles of the mental capacity act. There was an up to date policy in place to guide staff.

People were encouraged to maintain healthy nutrition and hydration, and supported to access health care professionals as required.

Is the service caring?

Good ●

The service was caring.

People told us that staff and the managers were kind and caring towards them.

Staff and managers knew the people they supported well and were able to talk about people's preferences and interests.

People were involved in developing the support they received. They were encouraged to be independent and supported to

make their own decisions.

Is the service responsive?

Good ●

The service was responsive.

Support plans contained person-centred information that was up-to-date and detailed; this helped staff to understand individuals' needs and to deliver safe and responsive support.

We saw that people had choice in deciding what activities they wanted to participate in and they were supported to attend these.

People knew how to raise a concern or make a complaint and there was an effective system in place to manage concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager was well respected by people and staff members.

There was a good system in place for ensuring quality of the service provided was monitored and that the appropriate improvements made when concerns were identified.

Staff were supported in a variety of ways such as monthly team meetings and operational policies and procedures. They felt supported by the registered manager and the provider.

Creative Support - South Manchester Womens Project

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 checked 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.

The inspection took place on 19 and 20 September 2017 and was announced. The provider was given 24 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in to assist us with our inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed the information in the PIR, along with other information that we held about the service such as notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority commissioning and safeguarding teams for information they held about the service. We also contacted Manchester Healthwatch. Healthwatch is an organisation responsible for ensuring the voice of users of health and social care services are heard by those commissioning, delivering and regulating services. Their feedback on the service can be found within this report.

During our site visit, we spoke with four people using the service and staff; these included four support

workers (including a bank staff member), the registered manager, a unit business manager and a service director. Since people were cared for in a supported living setting, we were able to observe the way they were supported in their homes. We also looked at records relating to the service, including two care records, three staff recruitment files, medication administration records (MAR), policies and procedures and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe. We observed that people living both properties of the Women's Project appeared settled and comfortable in their surroundings. One person told us, "I enjoy living here. It's a nice house and I think it's very safe."

We asked if anyone supported had a personal emergency evacuation plan (PEEP) in place. A PEEP details the needs of an individual that would guide staff and emergency services should that person have to be safely evacuated from the premises in the event of an emergency such as a fire. The registered manager told us there were PEEPs in place for people living at Longley Lane; these were kept in a grab file in a cabinet in people's rooms. We questioned the usefulness of how this document was stored as currently it would not be easily accessible. We made a recommendation that the registered manager and the provider consider an alternative location for PEEPs which would help ensure relevant personnel were able to readily access them in the event of an emergency.

We reviewed three staff files which confirmed the recruitment and selection procedures in place met current regulatory requirements. Each file contained an application form or curriculum vitae which included explanations for any gaps in employment history, written references, photographic identification and disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people who use care and support services. We concluded there were robust recruitment processes in place which helped to ensure staff of suitable character were employed.

Risk assessments contained person-centred and detailed information to help staff support people safely. In two care plans we looked at, we saw that appropriate and relevant risk assessments for each person were in place. For example, diet and nutrition, behaviours that challenge and environmental risks. We noted that these records were person centred, detailed and up to date and reflected that people had been involved in the process. This meant people were protected from anticipated risks because there were measures in place to help ensure staff knew how to support people safely and effectively.

People told us they would speak with a member of staff if they had concerns about their safety. Staff we spoke with were knowledgeable on the principles of safeguarding. They were able to describe the different types of abuse and knew how to record and report suspected abuse. The provider had ensured there was an up to date safeguarding policy in place and the registered manager also had current information from the local authority about safeguarding. We saw there was an effective system in place for reporting and recording safeguarding concerns including medication errors. This meant people were protected from harm because staff had sufficient knowledge and used the systems such as policies and procedures and reporting mechanisms to monitor the safety of the people they supported.

The service maintained a log which recorded accidents or incidents that took place at the service or when people were out in the community. These included incidents such as falls. We noted these were recorded and actioned appropriately. Where required, there was follow up actions, such as further investigations or

falls clinic referral, were recorded. People's support plans and risk assessments were updated if necessary. We saw that lessons learnt from incidents were shared across the organisation. We concluded there were effective systems in place to ensure people were protected from risk of harm.

People we spoke with at both properties said there was always sufficient staff on shift to support people as and when required. This included with daily tasks and leisure activities. This included the use of bank staff where appropriate. Bank staff provide cover for planned or unplanned shortfalls in permanent staffing. The registered manager told us bank staff had a service specific induction before working unsupervised. Training records and our conversation with bank staff on shift during our inspection confirmed this. This meant these staff were familiar with the people living at the Women's Project and their needs. During our inspection, we observed there was sufficient numbers of staff deployed to help ensure people were supported safely.

People told us staff supported them to take their medicines safely and that medicines were stored safely. People's care records contained detailed, person-centred information about their medicines. Records included a current list of the persons prescribed medicines as well as how the person preferred to take, for example orally and, where appropriate, where people were being supported to self-administer their medicines.

From the PIR completed in February 2017, the registered manager reported that 16 medicines errors had occurred in the last 12 months. At inspection, we checked how these had been rectified. We noted the registered manager did an analysis of medicine administration errors and identified the key causes to be poor communication and complacency. They also met with staff involved and observed their practice when administering medicines. We saw the implementation of improvement strategies such as a medicines communication book had been set up to communicate any changes or instructions. We were satisfied that the registered manager had taken necessary steps to help ensure medicine errors we reduced. We checked the audits since February 2017 and these had reduced significantly. We saw that medicine administration and recording including a specimen signature list was satisfactory and staff training in this area was up to date.

We saw from tenants' meetings that people were encouraged and supported to maintain good hygiene in their home. This helped to build people's independence and self-reliance. We saw that both properties were clean and well maintained. The registered manager told us and maintenance records we looked demonstrated the landlord was responsible for maintaining the building and external environment of the properties. This included checks of gas, fire safety equipment, electrical systems and portable appliance testing. We were satisfied the service took necessary steps to help ensure maintenance of a safe environment for the people living there and the staff supporting them.

Is the service effective?

Our findings

People told us staff did a good job and support them according to their individual needs. Their comments included: "They (staff) do fine by me" and "The staff are lovely." Staff told us they enjoyed their work and that they felt valued by people using the service as well as by their colleagues and managers.

Staff told us they received sufficient training to allow them to meet people's needs effectively. They told us they could also request additional training in any areas of need they identified or had a particular interest in. Training records confirmed that staff had completed training in a range of topics relevant to providing support to people living at both properties. This included safeguarding, manual handling, food hygiene, first aid, mental health, MCA and DoLS, diabetes and hoarding. We saw that training was delivered in classroom sessions and via e-learning depending on the subject. We saw the registered manager was in the process of arranging refresher training for staff working at Longley Lane. In addition to these formal sessions, staff also told us the registered manager cascaded any learning from training they had attended at staff meetings and that they were always looking to book staff on additional courses. Training records also confirmed that new members of staff completed the care certificate. The care certificate is a set of minimum standards that should be covered as part of the induction of any staff new to care. Staff we spoke with said they were given the opportunity to shadow experienced staff during their induction and had felt confident to work without support at the end of their induction period.

Staff told us they received regular supervision where they had the opportunity to receive feedback about their performance as well as to discuss any concerns. The registered manager told us staff would receive supervision four times per year. We looked at an overview of supervisions, which showed most staff had received between one and two supervisions since the start of 2017. Records of supervisions showed topics of discussion in supervisions included training and feedback on observations of staff practice. This meant staff received relevant knowledge and support to help ensure they carried out their roles effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of people supported in a community setting, applications to deprive people of their liberty must be made to the Court of Protection (CoP). At the time of this inspection, no one receiving services was subject to CoP restrictions. However, the registered manager was familiar with the process and demonstrated knowledge in knowing what to do should this eventuality occur.

People told us staff always sought their consent and consulted them on all aspect of their support. We saw people's care documents evidenced they had been consented to the care they received. We were satisfied

the service had suitable systems, including up to date policy and procedures, in place to help ensure consent was obtained appropriately and that the service was working within the principles of the MCA.

People gave us examples of when they were unwell that staff supported them to get the medication attention they needed. People's care records confirmed they were supported to access the relevant healthcare professionals, and attend medical appointments as required. We concluded the service was proactive in facilitating people's healthcare needs as and when they needed those interventions.

Where required, people were supported with the nutrition and hydration needs. One senior staff member told us, "We support [person] to do a shopping list and encourage (them) to choose nutritious foods – although [person] has the choice to make their own decisions".

Is the service caring?

Our findings

People we spoke with said staff were "lovely and very caring" and "kind" and that staff supported them according to their needs.

During our inspection, we saw people were able to chat easily and engage in good-natured banter with the staff and other people at the service. We observed good relationships amongst people at each household. One person told us, "I have a good relationship with the ladies in the house."

Staff we spoke with knew the people they supported well and understood how to support them in a caring and safe way. Both staff, the registered manager and the unit business manager we spoke with were able to talk about individuals with confidence, giving examples of people's personal histories, their preferences and interests. We were able to substantiate information they told us through our review of people's care records and in our conversations with people. This meant staff and managers knew the people well and were able to support them according to their individual needs.

People told us they were actively involved in making decisions about the support they received. Where appropriate, we noted that family members had also been involved. The support plans we looked at confirmed this fact.

Everyone we spoke with said staff treated them kindly and were caring. We observed how staff engaged with people and found them both caring and respectful. People said staff listened to them and if they had any problems they would help them sort these out.

We observed that people living at Amherst Road were quite independent and required less prompting to maintain their independence. Staff who supported people living at Longley Lane gave us examples of how they encouraged people to do as much as they could for themselves. This involved personal care tasks and cooking. Staff supported them to maintain their independence if required. We saw this information was documented in people's care records. One staff member said, "I encourage people to do as much as they can for themselves." In this way they said they helped people to maintain their independence and also build confidence.

We saw the service made some considerations for a person's wishes at the end of their life in a document called "When I die". We noted information contained within two people's records was either outdated or not completed. We raised this with the registered manager who said this aspect of the care provision was under review but they also acknowledged end of life was a subject which people were not always comfortable with discussing. We will check at our next inspection to see what improvements have been made in this area.

Is the service responsive?

Our findings

From service records, we saw that the Women's Project was responsive and tailored its provision around the needs of the person. The registered manager explained that prior to coming to the Women's Project they met with the person and carried out a transitional planning meeting and an initial assessment. They added that the person was involved in both processes and always had a choice in deciding if the Women's Project was suitable to their needs.

The registered manager and staff told us there was a key worker system; this meant that each person had a member of staff who was responsible for talking with them about their care needs and wishes including social needs, finances, dietary preferences and medication, and transitioning to their own homes ('Moving on'). These discussions took place monthly and staff were able to feedback any issues to the staff team at staff team meetings. We noted the key-working format was formulaic and not person-centred. We were about to raise this issue with the registered manager who pre-empted us and said they would be reviewing the process and accompanying document to make it more person-centred and reflective of the person's needs and progress.

We looked at the support plans for two people using the service and found these were detailed and person-centred. Support plans we noted recorded what was important to the person, detailed personal histories, their likes and dislikes and other notable information. For example, one person's support plan stated they sometimes liked to wear their coat and hat even when they were indoors. During our inspection we saw that was the case. This meant staff had information on what was important to people and worked effectively to support them.

People's support plans also evidenced that the service worked closely with the mental health professionals involved in people's care. These included as community psychiatric nurses, psychiatrists and social worker to provide a joined-up support. This demonstrated the service's commitment to ensuring the person's needs were met in a responsive way and any change was considered in their own support documents.

Support plans were reviewed every six to 12 months and covered a range of aspects specific to each person's care and support needs such as mental health, physical health, money management, daily living skills, aspirations and relationships. We saw that people had the opportunity to review how they felt about the support they currently received and in what areas they wished to progress.

This meant that people were involved in the planning and reviewing of their support needs and that staff had sufficient and up to date information to provide person centred care.

We looked at how the service dealt with complaints raised. Since the service registered we saw three complaints had been made in November 2016, December 2016 and January 2017 at the service on Amherst Road. Complaints records showed these complaints had been actioned appropriately and according to the provider's complaints policy and procedure. During our inspection in September 2017, we witnessed a person raise a verbal complaint with the registered manager and saw that the registered manager dealt

promptly with the situation. The person told us they were satisfied with how the registered manager had addressed their concern.

No complaints had been raised at Longley Lane. People told us however they had no concerns but would raise any issues they had with the staff. We concluded there were effective systems in place for reporting and responding to people's complaints and concerns.

Some people were quite independent when it came to arranging their own activities. We noted this was the case for most of the people living at Amherst Road. At Longley Lane we saw that staff consulted people on what activities they preferred and devised a schedule of activities. These included afternoon tea, theatre, picnics and a weekly favourite, a meal at one of the local pubs. People we spoke with confirmed this was the case. Everyone we spoke with was very positive about the support they received from the service to engage in activities that interested them. Staff also encouraged people to try new ones. For example, from one person's support records we saw they were initially a bit anxious about going out but that now they regularly visited a local café. For another person, we saw they were enjoyed art and they attended an art class each week. We noted some of their work was displayed across the service. People we spoke with told us maintaining good links with their relatives was important to them and we noted that the Women's Project supported them to do this. This meant the service provided ample opportunities for people to take part in meaningful activities and to maintain good links with family members if people wanted to.

We asked people if they had the opportunity to provide feedback on the service and support they received. Everyone we spoke with said they could talk with staff or the registered manager as needed. During our inspection we witnessed that this did occur. We saw tenants meetings were held at Amherst Road. From the minutes of monthly meetings, we noted people participated actively in these. We saw discussion topics included security and health and safety issues, kitchen hygiene, activities and improvements for the service. We concluded people were able to contribute to helping the service improve their delivery of care and support.

Is the service well-led?

Our findings

People spoke highly of the registered manager and staff at the Women's Project and had no concerns about the support they received. They said, "I'm happy living at the house", "It's lovely here. I've been here a long time" and "I enjoy the company of the other ladies."

During our visit to the service's two properties we found the atmosphere comfortable and it was evident people were well adjusted and relaxed in their environment.

The manager in post had been registered with the Care Quality Commission since May 2016. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A commissioning manager for mental health services at Manchester local authority told us they used this service to deliver care and support and raised no concerns with us about the service provision.

Staff also spoke highly of the registered manager. Comments they told us included: "(They are) very flexible especially with moving shifts and (they are) fair", "(They manage) the service well" and "(They are) very supportive and I could ask (them) anything." One senior staff member told us the registered manager "helped me transition from bank to support worker and also in my promotion to this job (senior support worker)."

The registered manager told us the organisation celebrated people's achievements in a monthly awards scheme called Achieve Q – Silver and Gold. People were recognised and nominated by their peers and staff for demonstrating one or more of the following qualities: 'aspirational', 'effective', 'inclusive', 'compassionate', 'value based', 'hardworking' and 'empowering'. Winners were decided by service users. This meant the provider helped to improve people's wellbeing by recognising and valuing achievements they had made.

There were robust systems in place to monitor and assess the quality of the services. We saw various audits were carried out to help ensure people's safety and welfare were maintained. Examples of these audits included medication, health and safety (including incidents and safeguarding), people's care records and their finances. We saw additional oversight was facilitated through corporate audit processes. This involved the quality team monitoring performance in areas such as safeguarding, accidents and incidents, and training. Quality officers undertook audits of areas in which poor performance was identified. For example, we saw a senior management review of safeguarding incidents which identified training for staff on reporting incidents. This demonstrated how the organisation as a whole had learnt and improved on their practice. We spoke with a service director who confirmed these processes. We saw various assessment tools such as a corporate service checklist and manager's self-assessment tool which had been introduced in July 2017 to help support registered manager to improve the outcomes for the people they supported. Areas assessed included service user assessment and support planning and reviews; staff deployment; and health and safety. This meant the registered manager and the provider had good oversight of the quality of the

service and was able to make improvements when needed.

We noted the provider held the Investors in People (IIP) silver award. This is an internationally recognised accreditation which celebrates best practice in people management standard. The registered manager told us this accreditation demonstrated the organisation's commitment to providing bespoke support through investing in staff's progression within the organisation. This meant the provider understood the importance of leading, supporting and managing staff well in order to maintain the organisation's success and continued improvement in providing care and support services.

Staff we spoke with told us there were good support systems in place at the organisation; these included policies and procedures, regular staff meetings and staff handovers. A handover is the process through which staff coming on shift are updated on what has taken place prior to them starting work. The registered manager showed us how staff accessed electronically the provider's policies and procedures and other operational documents such as training materials. Staff we spoke with confirmed what the registered manager had told us. This would help to ensure all staff were aware of their responsibilities and be able to provide safe and effective care and support.

The registered manager told us they were well supported by the larger organisation, Creative Support. They told us about and we saw minutes of the registered managers' conference held in September 2017. This forum, scheduled to meet twice a year, was intended to provide peer support to registered managers and give them the opportunity to discuss aspects of their work and share good practice. At this meeting we saw discussions included quality audits, prevention, and learning from previous inspections and implementing improvements across services. Key discussion points were shared with members of the executive board.