Creative Support Limited

Creative Support - Manchester Extra Care 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

Summary of findings

Overall summary

The inspection took place on 20 September 2016. The inspection was announced as Creative Support provides domiciliary care to people in their own homes and we notified the provider on 16 September 2016 that we would be commencing inspection on 20 September 2016.

Creative Support – Manchester Extra Care Services are a domiciliary care service that provides personal care and support to people who live in their own flat or bungalow. The service is provided from two premises, Hibiscus Court and Shore Green. Both premises provided accommodation for people from the local community. Shore Green is specifically designed to provide care to people living with dementia or memory problems

The service had a registered 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place with the registered manager and the locality manager. We spoke with members of the staff team including team leaders and care staff who told us that the registered manager was always available and approachable. We spoke with people who used the service and their relatives on the day of the inspection. We spoke to more people and relatives following the inspection.

We saw that peoples prescribed medicines were recorded when administered. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medicines and we found that the medicines administering, recording and auditing process was safe.

From looking at people's support plans we saw they were person centred. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans made good use of personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the support workers and the registered manager.

People who use the service received person centred support and their individual needs and were respected and valued.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP and social worker.

Our conversations with people who use the service and their relatives during the inspection showed us that people who used the service were supported in their own homes by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe. People who used the service chose their own staff and together with their families were a major part of the recruitment process.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence including; accessing local facilities and the wider community.

We saw compliments and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. Staff knew how to access to advocacy services and safeguarding contact details if they needed it.

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. Any applications must be made to the Court of Protection. At the time of this inspection one application had been made to the Court of Protection and several others had gone through the process. We found that staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) but did not always have training to support this.

We found that staff were trained but quality assurance processes did failed to identify that training records were not kept up to date. Training was monitored through supervision and appraisal but we found it was not clear which staff were targeted for specific additional training in-line with the training policy.

At the last inspection on 8 September 2014 the service was compliant and there were no actions or requirements.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff understood and followed procedures to keep people safe.

Medicines were stored, administered, recorded and disposed of safely.

Risk assessments were in place and health and safety checks were completed to ensure people's safety.

Infection control procedures were in place.

Is the service effective?

Good

The service was effective.

Staff had received training, however we found that staff training requirements were not always clearly documented.

Staff had training around the Mental Capacity Act 2005 (MCA) and we found staff we spoke to understood about the MCA. Appropriate actions had been taken where people were deemed to lack capacity around certain decisions.

Staff had regular supervision and performance reviews. Staff felt these were meaningful processes; however, they did not effectively document discussions around additional training requirements.

People were supported appropriately with meals and meal preparation.

The service provided an environment that met people's needs.

Is the service caring?

Good

The service was caring.

People who used the services and relative told us staff were caring.

We found that staff knew people well, spoke about them and interacted with them in a very caring way.

People's dignity and privacy was respected.

People were supported to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People, relatives and staff told us care was person centred. '

Assessments and support plans were detailed and were reviewed regularly.

A range of activities were offered in the premises and people were supported to be part of their local communities.

There was a procedure for complaints. People know how to complain and complaints were responded to.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were in place, however, did not identify that training records were not up to date.

People who used the service, relatives, staff and community professionals spoke highly of the management and told us the service was well-led.

Staff told us there was a positive culture in the service and that they were given opportunity to express their views.

The service had close links with the housing providers, social care staff, health and community professionals.

Documents were organised and completed to a good standard.

Creative Support - Manchester Extra Care 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 20 September 2016 and was announced. We notified the provider on 16 September 2016 that we would be commencing inspection on 20 September 2016.

The inspection team consisted of two inspectors. The inspection involved talking with people using the service, their relatives, interviewing staff, observation and reviews of records. We visited two premises where the regulated service was being delivered, Shore Green and Hibiscus Court. At the time of our inspection there were 25 people who used the registered services. We spoke with the registered manager, the locality manager, two team leaders, three support workers and a housing manager employed by the housing provider. Following the inspection we spoke to another member of staff via telephone call.

We spoke with six people who used the services and observed staff supporting others. We spoke with a relative who was visiting on the day of the inspection. Following the inspection we spoke with another person who used the service and a further three relatives.

During the inspection we reviewed; four people's support plans, four daily records, three staff recruitment files, staff training records, medicine administration records, accident and incident reports, safety certificates, internal communications, quality surveys and records relating to the management of the service such as audits, policies, rotas and minutes of team meetings.

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 used this information when planning our inspection. We also checked the information that we held about Manchester Extra Care Services. For example we looked at safeguarding notifications and complaints. Questionnaires had been returned but due to the low number of responses it was difficult to make a judgement from these. We also contacted professionals involved in supporting people who used the service, including commissioners and a social worker.

We contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe being supported by Creative Support. One person told us, "This place seems to be a safe place, I feel more secure in here. If you feel sick in the night the night staff will come and see to you. If you need the hospital they will phone for you and they will come and check you out." One relative told us, "It's safe, yes. Frequently there are people coming in so they would know [person] is safe. People come around all the time." and another told us, "[Person] is somewhere they feel happy, safe, knows the people around them and has remained in the community."

Staff members we spoke with were aware of who to contact to make referrals to or to obtain advice from if they had concerns regarding people's safety. Staff had attended safeguarding training. Staff said they felt confident in whistleblowing (telling someone) if they had any worries. Two staff members told us about how they disclosed an incident in the past. They reported their concerns and these were investigated through the local authority safeguarding procedure. We asked another staff member how they ensured people were safe and they told us, "I would follow procedures and follow the care plan, these are reviewed and can change". One staff member told us if they had concerns about someone's safety they would, "Make the person safe, reassure them, report it to the manager and take it further if needed". We found the provider had ensured staff were consistent in their knowledge of safeguarding procedures, for example safeguarding was discussed within supervisions and team meetings. Staff received an annual supervision themed around safeguarding practices.

People who used the service and most relatives told us they felt there were enough staff. One relative commented that they felt that the service was sometimes understaffed. We discussed this with staff who told us, "Yes, there are enough staff. It depends what is happening, some days we could use more. Generally we have enough" and other staff member told us they thought there were enough staff on duty all the time. The service was fully staffed and had only occasionally used agency staff to cover holidays and sickness. The service used regular bank staff who had worked for the registered provider for a number of years. Some people did not have regular care or needed short-term increases in their care. The registered manager told us that the service was structured so that there was additional staff available when people needed more care and support.

We saw from the rota that there was sufficient staffing to meet people's needs during the day and overnight. The service had waking night staff who could respond to people during the night. We observed during the inspection that staff were able to respond to people's needs in a timely manner and that people were not placed at risk due to understaffing.

We looked at three staff files and saw the registered provider operated a safe and effective recruitment system. Only one new member of staff had been recruited in the past 12 months and they had since left the service. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions

and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Where staff had transferred from other companies, under Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) Arrangements, Creative Support demonstrated that efforts had been made to get recruitment information from the previous company.

The registered manager told us no recent staff disciplinary investigations had taken place at the service.

People who used the service and relatives told us people were given medicines at the correct times. One relative told us staff, "Ensure [person] takes their medication, evening and morning, which they do." We saw the storage, administration and disposal of medicines was in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and people's preferences regarding how they liked to take their medicines. We watched staff administer medicines, staff carefully explained what there were doing and asked the person's permission to give them their medicines. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly.

The registered manager told us that no one in the service was prescribed controlled medicines. Each person was assessed to see if they can manage their own medicines or if they need staff assistance, we saw these assessments within people's care files. Some people kept their medicines in their own flats and some were kept in the office. We were told this was agreed with people on an individual basis. This demonstrated people were not put at risk through the unsafe management of medicines.

Lessons learnt had been recorded where there had been medicines errors. Staff had their competence to administer medicines assessed annually. These assessments consisted of three observations of medicines being given. Staff confirmed they received these, one staff member told us "Yes, I had my medication training and competency earlier in the year".

In relation to infection control we saw that communal areas of the buildings, such as bathrooms, were clean and tidy. The registered manager told us that most of these facilities were not regularly used as people had their own bathrooms in their flats. We saw that personal protective equipment (PPE) such as gloves and aprons, were available for staff to use. We observed one staff member wearing gloves when carrying out a care task.

We saw the registered provider and the housing provider had clearly agreed responsibilities and carried out regular health and safety checks. In one building posters were displayed by the housing provider explaining who people should report maintenance issues to and there was a housing manager onsite who oversaw the safe running of the building. The housing providers were responsible for a number of health and safety checks for the premises such as, legionella testing, gas safety, water temperature checks and also for the cleaning of the communal areas of the buildings. Staff supported people with domestic cleaning in their flats where this was required.

We reviewed risk assessments and we found they identified specific risks individuals faced in day to day life and instructed staff how to reduce these risks. Each person using the service had a personal evacuation plan (PEEPS) this showed what level of support the person would need if they needed to evacuate the building in the event of a fire. We saw that the fire risk assessment had been checked by a fire officer. Fire alarms were tested on a weekly basis. This showed that procedures were in place to reduce risks in the event of a fire.

The premises consisted of several flats or bungalows with their own front doors, as well as an external door to the building. Staff were always present in the buildings and visitors were asked to sign in and out. Shore Green was designed so that tenants could access the communal gardens without leaving the security of the building. This meant that people's security and safety in the building was being considered.

We saw incidents and accidents were acted on and documented. Analysis had taken place to identify any trends and patterns.

Good

Is the service effective?

Our findings

People who used the service told us they thought staff had the right skills and training. One person told us, "I think they know what to do." One relative told us, "I believe they [staff] have the right skills." Staff told us "I have training in dementia. Training shows you a better way to do things or can change the way you do things." Another staff member told us, "Training is quite good. I do health and safety and food hygiene annually. Staff are asked to look at the training manual for other training like diabetes." and "I have dementia training, we all do." One staff member, however, told us "Some training needs updating, it should be scheduled in."

We saw a list of all staff training, called a matrix that demonstrated not all staff had received relevant training to meet the needs of the people who used the service. We discussed this with the registered manager, on 20 September 2016, who explained some training had been completed or booked but the matrix was not up to date. We gave the registered manager an opportunity to update the training matrix following the inspection. The updated training matrix still showed that some training was not completed but following the inspection the provider clarified that this training (MCA, health and safety, professional boundaries, personal care, drug and alcohol abuse and epilepsy awareness) was not required for all staff or was covered as part of staff induction training or through policies and procedures and we were satisfied with this explanation.

Staff told us they had regular supervision, dedicated time with a senior member of staff to discuss their workload, training and development needs. "Yes, I have them regularly; every four to six weeks." and "I look forward to supervision." Supervision records were signed by the staff involved to show that this was a true reflection of the discussions that had taken place. Themed supervisions took place around safeguarding and dignity. Staff also received an annual performance review which included discussions around their wellbeing, training and development. Although discussions took place the records of these discussions were not explicit in areas of skill, knowledge and experience required. We also could not tell if discussions and taken place about whether further refresher training was required following induction.

We saw regular medicines audits were undertaken and that staff had been trained to safely administer medicines, with the exception of one person who needed to attend refresher training but had been assessed regularly to ensure their on-going competence to administer medicines. We brought this to the attention of the registered manager who gave us reassurance that this would be arranged immediately.

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. We checked whether the service was working within

the principles of the MCA.

Staff we spoke with understood about the MCA. People had been asked for their consent around having their photograph taken for their care records, their personal information being shared with other agencies, receiving care and support with medicines. It was acknowledge that some people may have fluctuating capacity to make decisions. One person had some memory issues and the care file stated 'It is essential that staff seek consent on every occasion that support is offered'.

We saw an assessment on file around 'restrictive practices' for the use of a bed sensor. This stated 'We believe this is the least restrictive option.' This showed that consideration had been given to the person's needs and how these could be met in the least restrictive way. This person had capacity to agree to the use of the bed sensor.

We found there was a very consistent staff team and that staff knew the people who used the services well. Most staff we spoke with had worked for the registered provider for a number of years. The registered manager confirmed there had been a low turnover of staff. Staff told us they had received an induction to the service and we saw records to support this. One staff member told us that when new staff joined they received, "An induction in the scheme with the housing team, in the service and five days at head office."

People's hydration and nutritional needs were met and when we spoke with people who used the service they told us that staff supported them to prepare meals. We observed staff helping people to make choices about what to eat. We observed a staff member explain what was in someone's fridge and ask them what they would like to eat. When they decided what they would like staff supported them to make it. We also observed staff sitting with people while they ate in the communal lounge. We saw that food diaries had been kept for people when there were concerns about weight loss.

Shore Green was a service designed to provide services for people with dementia. The building was designed and decorated for this purposes. We spoke to the building manager who told us about some of the building features such as: clear cupboards so people can see what is inside and shelves outside each flat with personal items so tenants can recognise their room. A colour scheme was used to help people orientate themselves and distinguish between walls and had rails. Corridors were enhanced by the use of natural light and curved walls. Both premises visited during the inspection had homely furnishings in the communal lounges and facilities for guests to stay when visiting.

Good

Is the service caring?

Our findings

People who used the service told us staff were caring, one person told us, "Caring, yes they are" and another told us, "Yes, I do think they are caring they're great, superb." One relative told us "I know [person] is being cared for, it's excellent" and another said "They're really good, I'm very happy with all the staff there."

Staff told us "When you are involved with tenants you care for them, like family. You know there needs better. I know the place very well." Another staff member told us, "We care about people. I attended a funeral today for someone who had passed away in the service. The family spoke highly of the service." Staff also told us they had good relationships with other staff and that they found staff to be caring to one another.

A social worker we spoke to told us they, "Always found the care very good" and a commissioner told us, "Yes, the service provided at both schemes is caring at its core. In particular, with regards to the specialist dementia scheme. Creative Support staff demonstrate an excellent approach towards maintaining dignity and respect."

We observed staff interacting with people in a caring way. We saw one person who used the service becoming anxious, staff quickly approached the person and defused the situation. The person became calmer as staff continued to talk to them. We saw that explanations were given to people before care tasks were undertaken.

At the time of our inspection a relative was visiting and was staying in the guest bedroom of the service. They told us, "I've been made very welcome."

We saw that people's equality and diversity was considered. People who used the service and staff cultures were considered. We were told that events had been organised to raise awareness of each other's cultures and to share traditional meals as a social event.

The registered manager told us that no one using the services currently had an advocate but staff would contact the local authority to arrange one if needed. We spoke with a staff member who told us they would speak to their manager if an advocate was needed. We spoke with a social worker who told us, "People have friends and family so have not needed advocates". They confirmed that staff would contact the local authority to request an advocate.

Relatives told us that staff respected people's privacy and dignity. One relative told us, "They do knock on people's door, they are quite respectful" and another told us, "[Person's] has always been a private person, their dignity and privacy is observed". We saw that staff rang people's door bells and waited for a response before entering their flats. We saw that people had been asked their permission for personal information to be shared when necessary. This meant that staff were maintaining people's privacy and dignity and understood about confidentiality.

People who used the service and their relatives told us they thought the service supported them to be as independent as possible. One person told us "I'm fairly self-sufficient. Staff only support me once a week." A relative told us, "Everyone lives independently." The registered manager told us that one of the tenants had never lived alone before moving into their flat. The service had worked with them to build their confidence and the person now went shopping and had their own bank card.

We spoke to a person who used the service who was deaf and had limited speech. We communicated with them by writing messages in a notepad. They told us staff were "nice". We observed how staff communicated using mimes and gestures as well as written notes. The person said they were happy and laughed with staff about football, which was their particular interest. There was a multicultural staff team which had helped overcome some potential language and communication barriers with people who used the service. This meant that the service respected people preferred methods of commutation.

Most staff had received end of life training, we saw that people's wishes around end of life care had been discussed.

Good

Is the service responsive?

Our findings

People told us they received the support they needed in way that suited them. Staff told us the service was, "Very person centred. Some places are task orientated but we are very tenant orientated" and "It's just a small thing but one [person] likes sandwiches cut into triangles." The registered manager told us, staff "Go over and beyond for people." They gave some examples of this as being, "If we think they need a meal out or to go to the beauty shop we do that" and also, "We take people to medical appointments, register people at the doctors. It's not in their care package." A social worker told us staff were, "Very flexible with time, not regimented or scheduled."

The assessments and support plans that we looked at were very detailed and person centred. 'Person-centred' is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plans gave details of the person's likes and dislikes, daily routines and planned activities. These support plans gave an insight into the individual's personality, preferences and choices. We saw that cultural and religious needs were documented. Support plans were reviewed on a regular basis.
Staff told us they were keyworkers for people, which meant they worked closely with named people who used the service. Staff told us there were involved in developing "life histories" with these people and their families.

People were encouraged and supported to take part in meaningful activities and to be active within their local community. One person told us they went to a day centre but on other days people came into the building to do activities, they said, "A few people come on Wednesdays to do some games and on Fridays they come and do videos". Some people told us they knew activities were available but did not want to take part. During the visit we observed staff supporting six people to take part in a craft activity. They were making Christmas decorations to sell to raise money to fund more activities. One relative told us, "[Person] is involved as much as [person] can and goes into the lounge, to have meals". Another relative told us that their family member had been very isolated prior moving in but now talked to staff and came into the communal lounge. They expressed that this was a very positive improvement for their family member.

Activities were displayed in communal areas such as regular visits from an African-Caribbean church group. Staff told us, "Outside agencies come in, there is a sing-song on a Saturday, we have dementia groups. We also have a movie night" and, "We celebrated the queen's day, we try events for Birthdays but they are not well attended, we'll keep trying." Another staff member told us, "We are working with the housing provider around activities; we also have chippy lunch on Fridays, breakfast club on Wednesday and usually a Sunday roast dinner. We have parties, reminiscence, and dominos" and "We supported someone who now lives in the community. We supported them to attend art classes at a local community centre and do gardening at a local park." The housing manager told us that at one of the premises they facilitated housing related support activities such as daily living and budgeting skills.

A social worker told us they felt the service was responsive to people's needs. They told us that they had been involved with the care for a person who had been living in a bungalow on their own but was moving to

a flat in the main building. They told us, "[Person] moved due to safety concerns, such as mobilising outside in the winter, and also concerns about social isolation and the family wanted the move and the service facilitated this." They also told us the service had contacted the local authority for a referral for a bed sensor and said, "Assistive technology is going in on Monday." This showed us the service had taken timely action where they had recognised a change in someone's needs.

People told us there were supported to make choices about the care they received. One person told us "I get a choice, if I want a shower or bowl wash" and "I chose my shopping. I write a list of what I want." We saw that people are asked about their preference of gender of carer.

People and their relatives knew how to complain. One person told us, "I would phone the manager, they would talk to me and help me if they could." One relative told us, "There were some hiccups when the service was new. We had a meeting and it was resolved straight away. It was a misunderstanding." People we spoke with confirmed they did not have any concerns and had not needed to make any complaints. We saw records of a historic complaint and we saw staff had taken actions to resolve the issues. Compliments were also recorded, for example a GP had commented on the 'Compassionate care' given. This meant there was a clear process for comments, compliments, complaints and these were responded to.

All the flats were fitted with a bath originally and communal facilities of a wet room and assisted bath were available for people who wanted to use these. The registered manager explained that where people were not able to manage the baths in their flats anymore referrals had been made to the local authority's to assess the appropriateness of these. Many of the baths had been replaced with showers as these were easier and safer for people to use. One person's flat was fitted with a flashing light because they could not hear the doorbell. Staff told us they always knock on another flat door because the person in that flat does not like the sound of the doorbell. This showed us staff were considering people's individual needs and preferences.

Staff told us that where residents were able they could be involved in recruitment of new staff. They gave an example of one person who had helped to interviewed for new staff at the head office.

In one of the premises there were a variety of pets including fish and small caged birds. Tenants were also being encouraged to care for chickens that lived in the communal garden. The housing manager explained these had been purchased as form of therapy for the tenants.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought that service was well-led. One person told us, "The manager is there to speak to if I have a problem." A relative told us "The manager is very good; they speak to me when I go in." and "Just the other week they asked if everything was ok." One relative told us that communication with management had been poor in the past but this seemed to have improved recently.

We saw that the management regularly made checks on the service including spot checks. We found that these checks had not identified that the training matrix was not up to date on the day of the inspection and that some mandatory training was out of date. We found that the training matrix did not make clear which staff were targeted for specific additional training in-line with the training policy. We found that supervisions and appraisals were used to monitor training needs but relied on staff raising issues in relation to their own training needs.

Staff spoke highly of the management team. One staff member told us "Anything we bring to them they will look into it", "Anything I've raised they've been on point with" and "They come back and relay to us what procedures they've put in and ask us what we feel about it." Another staff member told us team leaders were "Very approachable" and when there had been any issues they had "Dealt with it fantastically and supported me all the way through."

A commissioner from the local authority told us, "I have never had any issues with the management within Creative Support. Their approach to working with us has always been open and flexible and we have worked well together for a number of years. I would say that both extra care contracts run by Creative Support work well."

Health and safety checks were completed to monitor standards for example around infection control and food hygiene. A number of audits were completed including medicine and finance audits. These showed that actions were being taken to remedy any errors identified. Senior managers conducted site visits and a report was produced from these. These did not highlight any major issues in the service.

Staff told us there was a positive and supportive culture in the service. One staff member told us, "The best thing is, it's a good atmosphere. If staff weren't good you wouldn't come back. They're supportive like a family" and another told us, "It's a very happy place, it's so small. We have settled staff. It's a pleasure to work here." Staff understood the staffing structure and lines of accountability.

We spent time talking to the locality manager, registered manager and team leaders, we found that all of these staff knew the people who used the services well. We saw they had a good rapport with the people and staff when we observed them. We asked the registered manager what they felt the achievements of the service were. They told us "There is a low turnover of people using the service, people choose to stay here" and also gave examples of two people the service had supported to become more confident and independent. They told us the services were "Homely" and that they helped people to remain in and be a

part of their local communities. They told us about the mix of cultures of the people who used the service and the staff team and told us that staff made efforts to learn about people's cultures and to share learning about these.

The Provider Information Return stated, 'Within the organisational quality good practice structure we carry out Social Care Governance meetings corporately' and that the registered manager attended a, 'Registered Manager's Peer Support Group'. This showed there was corporate oversight of quality and that the registered manager was supported within the wider organisation.

We saw there were processes in place to gather staff feedback. Management and leadership feedback had been collected earlier in 2016. Staff had given positive responses about the management. A 'You said, we did' event demonstrated that staff feedback was listened to. Staff were asked questions such as, 'What processes are in place within Creative Support to enable you to raise any concerns you may have in a constructive way?' Feedback was mainly positive any issues raised by staff in May had been addressed in June. We saw that staff regularly attended team meeting and minutes were kept of these. These meetings were used to address key subjects and to share learning, for example, the registered manager told us, "When people attend training we expect them to come back and share their knowledge with the team at team meetings."

The service had an evidence file based around the Care Quality Commission's (CQC) Key Lines of Enquiry (KLOE) called, "Let's get CQC ready". Staff had been given the opportunity to give examples of "How to meet the standards" and to put their views forward about how to improve services. This showed the management had considered CQC's regulatory requirements and how to meet them.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service had a recently updated handbook which detailed key features of the service such as; on-call arrangements, housing contacts, information about care planning and risk assessment, service principles, confidentiality, equal opportunities, antidiscrimination, visitors policy and complaints procedure. The registered provider had a number of policies and procedures that were available in easy-read formats. The service had a business continuity plan, which gave staff guidance about what actions to take if something happened to disrupt the running of the service, e.g. no electricity. This meant that current information about the running of the service was readily available and easy to access.

The registered provider had close links with housing providers, who had an on-site presence. In one premises monthly tenant's meetings were organised by the housing association. Feedback from these was shared with the service. The registered manager told us the service, "Links with the local medical practice, district nurses, active care managers and social workers. Active care manager's co-ordinate all the care services together. A psychiatrist has also been involved and community psychiatric nurses." The registered manager was part of a panel, including the housing provider and social care staff, which met regularly to discuss new referrals to the service and the on-going needs of existing tenants. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

The complaints were monitored and clearly recorded by the registered manager. We saw the most recent monitoring of complaints and we could see how that complaint had been responded to and the outcomes were recorded appropriately. Staff, relatives and the registered manager were knowledgeable of the complaints procedure.

We found the registered provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

The records we saw were organised and completed to a good standard, this made it easy to access relevant information about people who used the service and the running of the service. During the inspection we asked for a variety of documents to be made accessible to us, including policy documentation and care records. These were promptly provided.