

Creative Support Limited

Creative Support - Elkin Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Creative Support's care provision at Elkin Court on the 16 and 17 March 2016, following an inspection in March 2015 where the care provision was rated as inadequate. The inspection was unannounced which meant the provider did not know we were coming and it was to see if improvements had been made within the service since the last inspection.

Elkin Court is a block of flats built over three floors. There are 40 flats within the building. The communal areas consist of two lounges, a restaurant, a charity shop and a salon. Elkin Court is a domiciliary extra care scheme for older people. People living at Elkin Court are tenants of Housing 21, the housing provider. An Extra Care scheme is a type of supported housing for older people that helps them to live independently for as long as possible and to access services that are responsive to their needs. Creative Support are commissioned by Trafford Borough Council to provide personal care to 22 people living there as well as support to all tenants in the building after 5pm including pendant support. This is support to people who wear an alarm as a pendant round their neck for their own safety. In case of an emergency they can press the pendant and the alarm will sound, alerting staff who will deal with the situation.

The building itself is a community building; therefore during the day, the general public can access the restaurant, the salon and the charity shop as well as the communal lounges. The general public cannot access the service users' flats or the communal lounges in the service user-only section of the building as there is a fob system in place to control access. The general public only have access during the day, the doors are locked in the evening and a fob is needed to gain access.

There was a registered manager in post. 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.

We spoke with three people who were supported by Creative Support. All told us they felt safe and were satisfied with the service being provided by Creative Support. People made positive comments about the staff and the care they received and they had regular care workers providing all or some of their care.

The service had appropriate arrangements in place to manage medicines safely to ensure people were protected from the risks associated with medicines.

The service had completed regular care plan reviews with people using the service. Individual risk assessments were completed for people so that identifiable risks were managed and these were regularly reviewed to ensure they were reflecting people's changing needs.

Feedback received from other professionals with current or previous involvement with the provider was mixed. Although complimentary about the service, Healthcare professionals expressed concern about the

needs of the tenants and the service "taking on [people] way beyond the ability/training of the carers provided to look after them properly." However they went on to say some staff "Are extraordinary."

Staff were able to describe how they respected people's privacy and treated people with dignity and respect. Some staff told us however that they were aware that people could not always be supported in a timely manner because they did not always have the time. Some staff said more staff were needed especially at night.

Staff training records were in date and arrangements had been made to ensure all staff received regular supervisions which meant performance was formally monitored and areas for improvement may have been identified.

The provider had a current complaints process in place. The provider had an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by people or persons acting on their behalf.

The provider had ensured there were effective systems in place to monitor and improve the quality of the service provided. This meant they were meeting the requirements to protect people from the risk of unsafe care by effectively assessing and monitoring the service being provided.

During the inspection we checked to see how the service protected vulnerable people against abuse and if staff knew what to do if they suspected abuse. There was an up to date safeguarding vulnerable adult's policy in place. Risks to people were assessed and risk management plans were in place. We found the staff we spoke with had a good understanding of the principles of safeguarding.

The service worked to the principles of the Mental Capacity Act 2005, which meant that care staff supported people to make their own choices about their care. Before any care and support was provided, they obtained consent from the person who used the service where appropriate. We were able to verify this by speaking with people who used the service, checking people's files, our observations and speaking to staff.

The provider had recruitment processes in place which included the completion of pre-employment checks prior to a new member of staff working at the service. This helped to ensure that staff members employed to support people were deemed suitable and fit to do so.

We saw evidence of a comprehensive induction pack, with appropriate training provided for roles and responsibilities, along with competency testing. Staff also signed to confirm they had read policies and procedures and that they were aware of the provider's requirements in respect of data protection and confidentiality.

All care staff were given a manual which included policies and procedures. These were discussed with the staff member as part of the induction process. Staff received supervision and appraisal from the care management team. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

People were supported with a range of services which enabled them to continue to live in their own homes safely. People who used the service and their relatives told us they had been involved in the assessment and planning of the care and support provided and that the service responded to changes in people's needs.

The care records contained good information about the support people required and were written in a way

that recognised people's needs. This meant that the person was put at the centre of what was being described. The records we saw were complete and up to date.

All the care staff who dealt with people's medicines had received medicine management training, been assessed as competent and were clear about their role in managing medicines safely.

We found from looking at people's care records that the service liaised with health and social care professionals involved in people's care if their health or support needs changed. The service worked alongside other professionals and agencies in order to meet people's care requirements where required.

People who used the service told us that they were listened to by the service. People told us the service was well managed and they felt they could approach the registered manager and team leader with any concern and they would be listened to. Care staff told us they enjoyed working for the service, they received good training and they felt supported.

Robust systems were in place to monitor the quality of the service provided to help ensure people received safe and effective care and support. The registered manager and senior care staff had effective audit and quality assurance processes and procedures in place. Any actions required to improve the overall standard and quality of care were raised at the regular staff meetings and in formal supervisions. We also saw a number of audits in place such as spot checks, training, and supervisions with care staff to verify their competence in providing safe and good quality care.

There was an up to date accident/incident policy and procedure in place. Records of accidents and incidents were recorded appropriately within people's care files. However we saw monitoring and analysis of incidents and accidents needed improving as we were unable to see the results of actions taken and the learning that had taken place following an accident or incident. We discussed with the registered manager and service development manager to ensure that all lessons learnt through analysis is identified and incorporated into daily practice. There was an up to date 'business continuity plan' in place which covered areas such as loss of access to the office, loss of utility supplies, loss of staff, office damage, loss of telephone/IT systems and adverse weather the action to be taken in each event.

There were detailed systems in place to record what care had been provided during each visit. Care plans contained a daily communication sheet which was completed by staff after each period of support. The registered manager showed us the daily booklet which recorded all care, incidents, accidents and other aspects of care in a twenty four hour period and was signed and dated by staff.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued.

We saw the service had links with the local community through additional services provided in the building for example, the charity shop as well as external links including a local primary school which performed a Christmas service for the tenants.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.

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

Records of accidents and incidents were recorded appropriately within people's care files. However monitoring and analysis of incidents and accidents needed improving to ensure best practice.

The provider had procedures in place to safeguard people who used the service. Staff knew how to recognise and respond to signs of abuse.

People's medicines were managed safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

The service needed to review if there were sufficient staff with the right knowledge, skills, training and experience to support people with complex needs.

Systems were in place to provide staff support, including staff meetings, supervisions and annual appraisals.

Staff sought people's consent before providing all aspects of care and support.

People were supported to access a range of health care professionals to ensure that their general health was maintained.

Is the service caring?

Good 

The service was caring.

People told us that their dignity and privacy were respected when staff supported them and that staff helped them to maintain and develop their independence.

The registered manager and staff were committed to providing a very caring and compassionate service.

We observed positive interactions between staff and people using the service.

Is the service responsive?

Good ●

The service was responsive.

People had a plan of care in place and any required changes to people's support were made promptly.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started to use the service.

People told us they felt able to raise concerns and had confidence in the provider and the registered manager to address their concerns appropriately.

Is the service well-led?

Good ●

The service was well-led.

The overall feedback from people who used the service, staff and other professionals was positive and the service had improved significantly.

Systems and processes were in place to monitor the service and drive forward improvements. People's views had been sought as part of assuring 'excellence'.

There was a registered manager in post who was supported by a senior management team. Staff told us that the managers were approachable and that they could easily raise any concerns with them.

Creative Support - Elkin Court

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 was 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 16 and 17 March 2016 following an inspection in March 2015 where the care provision was rated as inadequate. The provider sent us an action plan stating how there were going to improve the service. This was an unannounced inspection which meant that staff and the provider did not know we would be visiting to see if the service had improved.

The inspection was conducted by one adult social care inspector. We spoke with four people and their relatives who received a service from Creative Support. We spoke with ten staff including the registered manager, service director, student social worker and senior staff as well as agency staff. We spoke with four health care professionals who had visited people living at Elkin Court.

The Creative Support service at Elkin Court provides personal care services to people in their own homes. At the time of our inspection 22 people were receiving a personal care service from Creative Support as well as support to all tenants in the building after 5pm including pendant support. This is support to people who wear an alarm as a pendant round their neck for their own safety. In case of an emergency they can press the pendant and the alarm will sound, alerting staff.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from Trafford local authority.

We reviewed a range of records including care records, medication administration records, and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "Oh, yes, (staff are) more friends than helpers." Another person told us, "(I) Haven't seen any agency staff recently; generally the one (care worker) who comes is regular." A social care professional told us that they had "no concerns" about the safety of the people who used the service. We saw the results of a 'You said, we did' event held in November 2015 for people who used the service, where tenants stated they felt safe.

At the last inspection in 2015 there were several issues raised regarding agency staff where people who used the service felt they were not treated with consideration and respect by agency staff, agency staff had not been properly trained to enable them to deliver care to an appropriate standard and agency staff competency had not been checked prior to them supporting people on their own. At this inspection we followed this up to see whether things had improved? The registered manager told us the "The use of agency staff has been drastically reduced." However they told us they still used agency staff mainly for four of the waking night shifts. They said, "We book the same agency staff." Most of the people we spoke with at this inspection told us the agency staff wore a uniform which meant they were easily recognisable as staff which made them feel safe. On the second day of inspection we saw an agency worker had started a shift that morning. They were in uniform and confirmed they had been introduced to all the tenants. They told us that they were regular agency staff and they had received an induction and they knew the tenants and the support they needed. The agency worker told us that the tenants were safe, "Definitely, I would speak to the [Manager] if I saw something, at the same time, take it up with the person." Staff we spoke with confirmed there were "Less agency workers" which showed us there had been more permanent staff recruited.

One healthcare professional told us that they visited the service at least weekly and "Staff recognise me and I recognise them." This showed us there was consistency in staffing at the service.

However a social care professional told us that the staff did not always have the time to support the tenants at the time they wanted it. This was confirmed by staff at the staff meeting we attended on the first day of inspection. Staff comments regarding the staffing issues at the service included: "We give as much as we can" and "(We) do our best to please everyone." The registered manager and service director explained the staffing numbers were adjusted to meet people's needs however there were still some permanent vacancies that the provider was actively recruiting to fill, in the meantime, the provider used regular agency staff to fill the vacancies. The registered manager and team leader told us it was difficult to recruit in the area however the provider had recently recruited several staff that had all completed their induction. We were also told that the team leader was deployed to assist care staff if necessary. The team leader confirmed that "Staff will come and call me (if needed)." There were some concerns raised by staff and external professionals regarding staffing levels at night and the care workers' ability to meet everyone's needs in a timely manner especially if a tenant needed personal care. The registered manager told us they monitored people's needs and the use of staff during the night. "We will go back to the commissioners if the needs become higher" to request a review of the care package.

One person who received support from Creative Support raised concerns with us at the last inspection

regarding the competency of staff to administer medication. They told us they needed support to take their medicine. One of the medicines they received was a controlled drug. Controlled drugs are a particular type of drug which must be managed carefully. This means particular care must be given when administering these drugs due to the risk of harm if they are taken incorrectly. We spoke with this person at this inspection and they told us "Medicines are fine." "(There is a) Lovely girl who does the medicines right." Controlled drugs must be kept locked away at all times. We also checked the controlled drugs records and found no errors.

We looked at how the service supported people who required assistance with their medicines. Staff told us they had received medicines training and this provided them with the skills and knowledge to support people with their medicines. One care worker told us, "We are assessed; and have to have three in-house observations before giving medicines." The service had a policy and procedure for the safe handling of medication. People's risk assessments and care plans included information about the support they required with medication and that it was in accordance with the service's medication policy.

Each person's medicines administration record (MAR) was available within their care file and contained the level of support, dosage and timings specified by the prescriber. Medication was held in the tenants' flat, in original containers. Some people were prompted to take their medication, whilst other people needed support with administration of their medication.

We saw from medication records there had been several errors regarding medication, either a medication error or missed medication which had been investigated. We read the local authority's report on a themed medication visit undertaken in December 2015 which had rated the medication policy, procedure, administration and disposal as good and recommended a covert medication policy was in place. The registered manager and the team leader were actively addressing any issues by ensuring staff were re trained in medications and competency was assessed through spot checks.

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff said they would not hesitate to report any issue of concern if necessary and were confident in management dealing with it. We talked with staff about other information available to them; they confirmed that policies and procedures were in the office and easily accessible. The provider had a policy on safeguarding; protection of vulnerable adults as well as a policy on whistle blowing.

There was a staff recruitment process in place which included carrying out all relevant checks to ensure people's suitability before they began work. We saw that new staff had completed an application with a detailed employment record and references had been sought in accordance with the provider's recruitment policy. Staff told us they had had a formal interview and did not start work until all checks had been completed.

Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and to see if they have been placed on a list of people who are barred from working with vulnerable adults. We looked at five care worker recruitment files and saw that recruitment practices were safe and that appropriate checks had been completed prior to staff working unsupervised for the service.

People had care plans which included assessments of risk and how to mitigate them. People told us they had been involved in creating their plan of support. Prior to any service being delivered to people the registered manager undertook a full assessment of the person's needs together with an assessment of any

risks posed by the support they required or the environment. A social care professional told us "(The) files (people's care plans) are good; anything that happens, staff (are) told to put it straight in a file."

Records of accidents and incidents were recorded appropriately within people's care files. However we saw monitoring and analysis of incidents and accidents needed improving as we were unable to see the results of actions taken and the learning that had taken place following an accident or incident. We discussed with the registered manager and service development manager that accident and incident management, reporting and recording was reviewed to ensure that all lessons learnt through analysis is identified and incorporated into daily practice.

Staff informed us and we saw that they had access to protective clothing and hand sanitisers, for example, gloves and aprons when providing personal care and meal preparation.

Is the service effective?

Our findings

People who used the service were positive about the care and support they received from Creative Support. One relative said, "[Staff's name] helps [person's name] get dressed." Another person told us "Certain girls are absolutely brilliant." People told us staff knew how they wanted to be supported and were happy with having the same care staff as this meant they had consistency in the support they received. People told us that they saw the same staff regularly and staff had got to know all their individual needs. This meant staff had good background knowledge of what was usual for people and could report any changes to the registered manager that caused them concern.

We heard mixed views as to whether people were supported by staff who had received the appropriate training for their role. The provider had their own training department at Head Office and used the new care certificate which is a nationally recognised framework for good practice in the induction of staff new to the care industry. Staff confirmed they had received a comprehensive induction before starting work with the service which took place over four days, followed by shadowing experienced care workers before beginning to support people. We saw records which showed the induction and mandatory training covered subjects such as medicine administration, safeguarding, Mental Capacity Act and health and safety. The registered manager told us, "If they (staff) need added assistance then the [team leader] sits with them or additional support is given."

However, one external healthcare professional told us, "Many of the [people] have needs above and beyond the abilities of some of the carers, that is, more complex physical and mental needs demanding a higher level of staff training – many of them actually require nursing level care." They gave us an example regarding catheter care. Another healthcare professional told us some of the people living at the service had severe mental and/or physical conditions and the staff were not qualified or trained to the standards that are required to care for some of the people. However they went on to say some staff "are extraordinary." We discussed people's needs and the complexity with the registered manager who told us that the care packages were allocated by the local authority, "(We) have to go over (hours of support) for four to six weeks and evidence (the tenant's need) has increased or complexity of need before the Council will review (the care package)." We saw that Creative Support was registered with the Care Quality Commission as a domiciliary care agency and not a nursing service. We also noted that people's needs can change over time so the support people required was monitored and reviewed regularly by the registered manager to identify any changes. The registered manager told us they would refer to the appropriate team for assessment of any nursing needs.

We saw a training matrix for new starters, ongoing training and service specific training which showed staff training was up to date. Supervision meetings were held every four to six weeks and staff had an appraisal. Staff support also included regular staff meetings. We saw an agenda for a meeting which was structured and covered a number of areas including medication, safeguarding, Mental Capacity Act and communications.

Staff comments about the provider's training opportunities included, "Get a lot of training, constantly going

to Manchester for it" and "Meds training – assessed, have to have three in-house observations before giving meds." Staff also received specific training to support people with more complex needs. For example, diabetes awareness, care and support planning for older people and dementia. The registered manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support and staff we spoke with confirmed this. However given some of the concerns raised by healthcare professionals we looked at the training matrix and did not see any examples of specialist training to support the level of complex needs some people who live at Elkin Court had. For example, a health care professional told us that a GP had been called out to a 'presumed' blocked catheter, which was actually full and above the level of the bladder so could not drain. The professional told us "The call out would not have happened if the staff had a higher level of training." The professional was complimentary about the staff and told us the staff, "Have got better."

The registered manager explained to us how each member of staff carried out moving and handling training and were always shown, and made sure they were confident in, the moving and handling aspects of the care they provided to people who used the service. Care staff told us they were "not allowed to do moving and handling till we have done the training."

The Qualifications and Credit framework Diploma in Care were on-going for staff as part of their formal learning and development. Staff told us they were "Working towards level 3."

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). 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.

The registered manager, team leader and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. We checked whether the service was working within the principles of the MCA and we spoke with staff to ascertain their understanding of the Act. Staff told us that they always, in the first instance, assumed that people had the capacity to make informed decisions about their care. Some staff had received training on the MCA; we saw the rest of staff were booked on forthcoming courses. Staff members told us about the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. Processes were in place to monitor people's mental capacity with input from staff and their knowledge of the person. For example, reminding people to eat and drink and when to take their medicines. We saw assessment paperwork entitled 'holistic approach to support' which documented the areas of support required, the persons capacity to consent, a restrictive practice screening tool including the level of staff supervision and support needed and a record of restrictive practice, for example, door sensor in place including an assessment of risk and reason for restrictive practice.

People who used the service were asked to consent to care and support. We saw and staff told us they asked for people's consent before assisting them. We saw emphasis was placed on providing individual assistance and maintaining and promoting people's independence. This showed us that there were processes and procedures in place as well as skilled staff to help determine when people needed support with their decision- making.

Staff told us they offered dietary support when needed and would report to the registered manager and/or family if they had concerns about a person's loss of appetite.

We discussed with people who used the service how their health care needs were met. They explained that if they needed assistance then the staff would help them. Some people were able to undertake this independently.

Is the service caring?

Our findings

We asked people who used the service if they thought the service was caring. People said they were very caring and their comments included, "Definitely good girls." One person told us they "I have written to the local paper praising the staff." Another person who uses the service told us the staff were "brill and very friendly." We saw the results of a 'You said, we did' event held in November 2015 for people who used the service, where people agreed staff were caring. One person had commented that the registered manager had "spent a lot of time with me when needed" and another person commented "All the staff give you extra time when it is needed." People were pleased with the improved consistency of the staff team and they valued the care and support offered to them.

During our inspection we observed staff using people's preferred name and supporting them in a polite and courteous manner. Staff chatted freely with people and there was plenty of good humour and positive interaction. We saw staff supporting people in the restaurant. We saw through our observations, and what people told us that the staff were caring and compassionate.

People said staff worked in a way that upheld their dignity and kept them in control of their care and support. Speaking with staff highlighted the emphasis they put on treating people with dignity and respect. They described how they ensured people's privacy by, for example, closing doors before providing care. We saw the results of a 'You said, we did' event held in November 2015 for people who used the service where people agreed support was provided in a dignified and respectful way.

People and, where appropriate, their relatives were fully involved in planning and writing their choices and preferences in their care plans. They were clear about the support required and the timescales for this support. These were reviewed regularly and updated when necessary. We saw people or their relatives had signed their care plans. One relative told us how they were "continually doing [persons name] care package. They (the staff) have worked with me to redo the care package."

Everyone spoken with said they had frequent contact with the registered manager, team leader and senior staff of the agency. One person who used the service confirmed they knew the registered manager and team leader. We spoke with an agency worker who told us that they saw the registered manager regularly and a social care professional told us that they had seen all the people using the service knew the registered manager. We saw the results of a 'You said, we did' event held in November 2015 for people who used the service where people agreed they were familiar with the management structure at Elkin Court. One person commented "Yes, wasn't originally aware but am now."

The registered manager told us that most people had a spouse, friend or relative for advocacy arrangements, although they had signposted people to advocacy when necessary. Advocacy is for people who cannot always speak up for themselves and an advocate would provide a voice for them. We found the registered manager and staff understood the importance of respecting and promoting the rights of people receiving support.

Is the service responsive?

Our findings

People told us the care was responsive to their needs. One person told us they enjoyed the staff visits. A student social worker who was on placement at the service told us "I go round speaking to the service users, keeps them happy." The registered manager told us the work the student had done "has been added value" and they would try to continue it.

Tenants at Elkin Court are referred to Housing 21, the housing provider for a tenancy in the building and where appropriate, the registered manager or team leader will conduct a joint assessment with Housing 21 if personal care needs are identified at the referral stage. The registered manager explained they visited each person for a care assessment before the service began to assess and plan the care package with the person who was going to be using the service, and their relatives when appropriate.

We looked at people's care plans which were based on assessed need and instructions to staff on how to provide care and support in accordance with individual need. This provided a more rounded picture of people's care and support and how they wanted this given. Along with people's plan of care, risk assessments and daily records were in place. We saw that the care plans were up to date and reviewed on a regular basis. We found that there was good information available about the support required and that it was written in a way that recognised people's individual needs.

A healthcare professional, however, commented to us that the service is not safe for some patients because of the complex health needs of the people living there. They expressed concern about the needs of the tenants and the service "taking on [people] way beyond the ability/training of the carers provided to look after them properly." Another healthcare professional stated "Many of them (people using the service) actually require nursing level care."

We saw people's care plans were updated as anything changed. There was a keyworker system in place. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning the person's care and liaising with family members.

The registered manager told us the staff could sometimes spend more time supporting a person than the allocated time, "It's ok as we are based on site. That's the flexibility of the service." The team leader told us that the "Staff are flexible; for example, a shower, if the person doesn't want it in the morning, they go back later on."

People's care plans were reviewed on a six monthly basis or more often where needs changed. Each of the records we saw had an up to date review in place. The review included if the person was happy with the service, were their needs being met, any changes required and did staff need further training.

Each person had a daily communication record which provided an overview of the care and support given by the staff. We found the records were well documented, gave good and clear information, detailed the tasks undertaken and noted the wellbeing of the person they were supporting.

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to care documents and were given time to read them and to ask questions about people's care plans. They felt this was an important part of getting to know what mattered to people. Discussions with staff, our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices and decisions about their support needs. The registered manager or team leader held a handover meeting with care staff each day. This was to ensure that every person's care needs were up-to-date and being met. This included any changes to people's prescribed medications.

People's care plans and risk assessments were up to date. The person who was using the service, and their relatives where appropriate, were involved in the completion of these documents. Care and support plans were signed to show they had been involved. There were details of people's daily routines in place and risk assessments had been undertaken regarding moving and handling; the environment; and physical health. These identified hazards that a person who uses the service may face and provided guidance for staff on how to support the person to manage the risk of harm.

We saw that the views of people who used the service were sought regularly and people told us they felt able to go to the office at any time with any matter and were confident it would be dealt with. The provider had a complaints procedure and information about how to make a complaint was provided to tenants when they started using the service. The registered manager told us if a complaint was received it would be investigated and lessons learnt shared with the staff.

Some people knew there was a complaints procedure. A person who used the service told us they had complained and the registered manager had dealt with the complaint. They told us they were happy with the way the complaint had been dealt with. We saw the complaints policy and form were visible and accessible on a book case in the communal area. Having access to the complaints policy helped ensure that people could be confident their concerns or grievances would be listened to and acted upon. All the people we spoke with were equally at ease with contacting the registered manager about any concerns.

The registered manager said they and the care management team welcomed feedback and preferred people spoke with them regarding any concerns so that these could be dealt with quickly. They also both worked in a way to pre-empt concerns by maintaining regular contact with people and by staff keeping them up to date with any changes or concerns.

The registered manager carried out checks on people's care records to ensure any actions required were acted upon promptly. We saw that regular reviews were held with people so they could share their opinions and views about the service. We saw feedback was continuously requested by the staff. This gave people as much opportunity as possible to be listened to and their wishes acted upon. Staff told us the importance of listening to people as they felt this helped to improve their practice and provide a better service.

On the ground floor at Elkin Court there was a shop, a restaurant and two communal lounge areas. The registered manager told us tenants enjoyed taking part in the activities which were arranged. They told us these activities were arranged by the social committee, which was made up of tenants living at Elkin Court, not Creative Support. The registered manager explained that there had been a social event where several people stayed up late and as a result they missed their medication. When it was investigated, the root cause was identified and the outcome was that Creative Support has introduced extra staff on shift when an event is finishing late. There was also a weekly quiz and bingo organised by the committee which people enjoyed. At the time of our inspection there was bingo taking place in the lounge area. We observed people enjoying the experience and family members were encouraged to join in.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. We saw feedback from an event that Creative Support had funded in November 2015 called "You said, we did" for tenants who received direct support from the service. The overall response was that people were happy with the service.

Is the service well-led?

Our findings

At the last inspection in March 2015, we found there was no registered manager in post however since then the provider had made improvements and a registered manager and team leader were appointed in May 2015. Staff told us that the service was well-led and that the management were approachable and supportive. Staff told us and we saw that the registered manager led by example and was visible within the service. One person who used the service told us it was better than last year and a relative also said "Got better – yes." The service director told us there was now "a lot of management in place." Staff told us "Has improved since last time you (Care Quality Commission) came." One care worker said "[Team leader] is so supportive. [you]Can talk to her about anything."

A healthcare professional told us the service had improved, however they told us the service still needed to improve as they were "Trying to juggle an interesting mix of tenants. Staff lovely but not got the skills." They told us "Communication has got much better. Staff are much better than before."

The provider, registered manager and team leader worked closely together to ensure the service was run effectively. The registered manager told us about the open culture they tried to foster within the organisation and this was confirmed by the feedback we received from people who used the service and staff. We saw the results of a 'You said, we did' event held in November 2015 for people who used the service, where people were asked for suggestions for improvements to the service. Comments included "Ok with everything" and "None."

Care staff were supported by an effective management structure. There were clear lines of accountability and the roles and responsibilities of all staff (including office staff) were clearly defined. Staff told us the registered manager and team leader were approachable and they had confidence that they would listen to any issues that they had and they would be addressed. They told us that they were asked for their opinions and were able to put forward suggestions. Staff told us that morale was good and they were well supported by the registered manager and the team leader. A social care professional told us the "New staff have brought a positive attitude into the place."

We saw a summary of a management and leadership survey which had taken place October 2015 and November 2015 where staff had been asked about morale, the current management team, suggestions to improve the leadership and ideas to have a positive impact on the lives of the tenants. The survey responses showed that the staff felt morale had improved and provided suggestions as to how to improve it even further. Comments included "Communication is good, handovers are good" and "Good at the moment and staff are happier because there are new staff."

Comments about improving the service for tenants included "Social events that don't cost money such as board games," and "Do more things like afternoon tea – to get [people] out of their flats." We discussed the results with the registered manager who told us they were addressing the points raised in the survey.

The provider, registered manager and team leader had systems to monitor the quality of the service and

promote continuous improvement. We saw evidence of weekly and monthly audits which included tenant feedback, family/carer and advocate feedback, health and safety, quality check and the monthly manager's checklist. We saw evidence of a detailed internal quality audit by the provider which had taken place in September 2015 covering all aspects of the service. The service was re-audited in February 2016 and significant improvements had been made. An action plan had been drawn up as part of the audit with clear timescales and who was responsible for the action. This showed us the provider was proactively addressing and continually improving the service. The service director acknowledged there had "been a lot to do to turn it round" from the last inspection.

We saw several policies and procedures which were provided and available for staff. These were updated in accordance with 'best practice' and current legislation. Staff told us policies were discussed at staff induction and through their on-going learning. New policies were kept in an accessible file in the office until staff had read and signed them before they were filed away.

Care plans were audited and spot checks were undertaken to make sure people were happy with the care provision and also to monitor staff performance. We saw a schedule of reviews planned, when they were due and the named facilitator of the review process.

There were support systems for staff in place. We saw evidence of staff meetings taking place every month with regular items on the agenda including safeguarding, whistleblowing, health and safety, policies and service users. Staff meeting minutes were printed and put on a board in the office for staff to read and sign. The team leader told us that they monitored that the minutes had been read and understood by staff. We also saw staff were acknowledged for their hard work and recognised for their achievements. The registered manager told us, tenants and staff could nominate staff for employee of the month. We saw evidence that staff had been nominated for the award.

We discussed with staff the ethos of the service and what they thought about it. One member of staff told us "[The] Staff team – we all get on, morale before wasn't good" and " [The][Team leader] is always grateful, [and] says thank you." Another care worker said "There should be more places like this."

Feedback received from other professionals with current or previous involvement with the provider was mixed. One healthcare professional told us "There has been a lot of management change which caused a lot of problems." The problems included high turnover of staff "which is consistent now" and the service "thought of themselves as domiciliary care and didn't realise how complex some [people] are and/or didn't see themselves as an extra care scheme." The professional explained that this had improved over the last few months due to their improved communication with the service. They told us that the service was being "proactive, which is brilliant as it wasn't happening [before?]" They told us "They have got better." A healthcare professional told us "[the] New team have worked hard to resolve the issues. Like their proactive approach."

We saw that the registered manager and staff had supported a Christmas dinner for tenants and a Christmas service. We saw pictures of the event published in the bi – monthly newsletter which included details of future events and news on staff. The newsletter was distributed to people who used the service, family members and was available in the communal area as a means of giving up to date news and reporting events.

We saw the service had links with the local community through additional services provided in the building, for example, the charity shop as well as external links including a local primary school which performed a Christmas service for the tenants.

There was an up to date 'business continuity plan' in place which covered areas such as loss of access to the office, loss of utility supplies, loss of staff, office damage, loss of telephone/IT systems and adverse weather the action to be taken in each event. The registered manager was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.