Creative Support Limited

Creative Support - Halifax Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place between the 26 and 31 May 2016 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office in order to ensure a manager was present and to seek consent in advance from people who used the service in order to visit their homes.

At the last inspection in June 2013 we found the provider was compliant with the regulations we looked at.

Creative Support (Halifax) provides support for people with learning disabilities, some of whom have complex needs. The service provides supported living services for people living across 10 supported living properties within West Yorkshire.

A registered manager was in place. 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.

People and relatives said skilled staff provided excellent care which met people's individual needs. This was confirmed by health professionals who told us they had evidence people had achieved very positive outcomes whilst using the service particularly around increased confidence and independence.

The service empowered people to take control of their care and support and make decisions about how the service was run. Creative methods were used inform people about their rights, and how to fully participate in the decision making process.

People were supported to plan and achieve goals and objectives relating to their independence, employment and social life. These were robustly evaluated by the service to check the service was working effectively for people. Goals and achievements were celebrated by the service to further improve people's confidence and self-belief.

People told us they felt safe in the service. People and staff both had an awareness about safeguarding and had been given information on how to identify and report any allegations of abuse. Risk assessments were in place which were understood by staff and some people who used the service to help keep people safe.

Medicines were safely managed and people received their medicines as prescribed.

Staffing levels were in line with contracted hours and during observations of care and support we saw staff were highly visible. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

Staff received a range of training on induction and through regular refresher training to ensure they had the correct skills and knowledge to care for people. This was mostly up-to-date.

People were supported to source and prepare food as part of a healthy lifestyle. Where people had more complex needs, appropriate care plans were developed to assist people to eat and drink enough.

People's healthcare needs were assessed by the service and appropriate plans of care put in place. The service worked with a range of health professionals to help ensure these needs were met. People's health was monitored and the service supported people to attend any appointments.

People and relatives told us staff treated them with kindness and compassion. This was confirmed in the interactions we observed. We found care was delivered in a pleasant and caring manner.

Staff had worked with people to understand their past lives and experiences to help provide personalised care and support.

Care records were highly person centred and staff had an excellent understanding of how to meet people's individual care and support needs.

A system was in place to log, investigate and respond to complaints. A low number of complaints had been received and people we spoke with were very satisfied with the service.

People, relatives and staff spoke positively about the way the service was run. They said staff worked well together, morale was good and managers provided positive support.

People were actively involved in the running of the service through various mechanisms. Their views were used to make positive changes to the service.

A range of audits and checks were undertaken by senior care workers and managers to provide help ensure the service worked to a consistency high standard. It was evident these systems had been used to drive significant improvement to the service over the last year or so.

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 whilst using the service. Keeping safe was well promoted with both staff and people who used the service. Risks to people's health and safety were well managed and people were empowered to take positive risks.

Medicines were safely managed and people received their medicines as prescribed. People were supported to self-administer medicines where appropriate.

Staffing levels were in line with contracted hours. Safe recruitment procedures were in place which helped ensure staff were of suitable character to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy and balanced diet. People were fully involved in the selection of meals. Where people had specific culinary needs these were met by the service.

The service was working within the legal framework of the Mental Capacity Act and supported people to make decisions using appropriate communication techniques.

People's healthcare needs were assessed and appropriate care was planned and delivered in conjunction with a team of health professionals.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were treated well. The service recognised the importance of treating people well and this was regularly monitored through spot checks and supervision.

Staff knew people well and their individual likes, dislikes and preferences. Care plans demonstrated staff had sought to understand people well to enable person centred care planning.

Appropriate end of life care was in place to ensure people received a comfortable and dignified death.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People, relatives and health professionals spoke very positively about the responsiveness of the service and gave examples of how the service had helped people achieve very positive outcomes. People were helped to celebrate these outcomes and positive achievements.

The service utilised creative methods which empowered people to take control of the care and support they received.

People had access to a wide range of activities to help ensure their social needs were met.

People and relatives told us the service was excellent at meeting people's needs.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff all said the service was well run and that morale was good. We observed a pleasant atmosphere in the homes we visited with staff and people getting on well.

A structure of audits and checks were undertaken by various grades of staff to help assess, monitor and improve the service. People's feedback was also regularly sought to help make positive changes to the service.

Creative Support - Halifax Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to 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 between the 26 and 31 May 2016 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visited the office in order to ensure a manager was present and to seek consent in advance from people who used the service in order to visit their homes. The inspection team consisted of one adult social care inspector, a specialist advisor in the Mental Health Act (MHA) and the Mental Capacity Act (MCA) and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the 26 May 2016 we visited the provider's branch office to review documentation and records relating to the management of the service. On the 26 May 2016 we also visited four supported living properties where we spoke to people who used the service and staff. Between 26 May and 31 May 2016 we made phone calls to people and their relatives to ask them about the quality of the service.

In total we spoke with 15 people who used the service, eleven relatives, 8 support workers, the registered manager, the office manager and the service director. We observed some aspects of care and support in the homes we visited.

We looked at nine people's care records, medication records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting relevant local authorities. In addition we sought feedback about the quality of the service from four health professionals who regularly liaised with the

service.

We asked the provider to complete 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. This was completed and returned to us in a prompt manner.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and that their care and support workers were kind and respectful. A relative told us, "My relative is very safe with them. She can't speak or walk and the staff do a really good job." Another relative told us, "We had a few issues at first but it was really another service user who was causing the problems. They were not physically abusive to my relative but they were saying nasty things that were upsetting and my relative is not very confident. We spoke with the staff and they have been great. They are aware of all of this and they have dealt with it and keep us informed." People told us they were supported to remain safe in their daily lives, for example in cooking or going out into the community. One person told us, 'I'm doing my ironing just now but [support worker] made sure I turned it off safely before I spoke to you."

Safeguarding incidents were well managed by the service. Where incidents had occurred, appropriate referrals had been made to the local authority and Commission. We saw there had been 26 safeguarding incidents in 2014 reduced to 23 in 2015. Following each incident, prompt action was taken to keep people safe, and where appropriate measures put in place to prevent a re-occurrence. We saw prompt disciplinary processes had been instigated where poor practice had been identified to help keep people safe. A health and social care professional told us, "[Registered manager] is very forthcoming with raising safeguarding incidents and is also very objective when carrying out any enquiries that are needed to be made, he works well with partners for multi-agency work."

We spoke to staff about their understanding of safeguarding and they demonstrated they were aware of their responsibilities and the procedures in place. Staff received training in safeguarding and supervisions on the subject to reaffirm knowledge. Flow charts depicting the correct procedure were in place within the office areas of people's homes for staff to refer to. Staff told us they regularly raised awareness of safeguarding matters with the people they were supporting. We asked one person if they knew about safeguarding, their answers demonstrated they not only knew about safeguarding but knew how to act if they witnessed abuse. Another person we spoke with told us they were aware of abuse scandals which had hit the national press and demonstrated a good knowledge of how to report any concerns. Safeguarding was discussed with people at tenant meetings and at the 2015 Annual General Meeting people had been supported to act out scenarios to their peers to help raise awareness about safety and safeguarding. This demonstrated the service had empowering people to learn about safeguarding matters to help keep them safe.

People and relatives told us that staff helped them safely manage their money and possessions. Checks were in place to ensure finances were appropriately managed and reduce the risk of financial abuse. One person told us, "The care staff are all good. All my things are safe. I've never had anything go missing." A relative told us, 'My relative has no real sense of money but the staff are very good. If my relative goes out with £20, she thinks she must spend it all but they coax her not to unless it's something she really wants."

Detailed and person centred risk assessments were in place which assessed risks to each person and provided staff with clear information on how to safely support them. Risk assessments demonstrated the

service got the balance right between controlling risks and supporting people to take positive risks to maintain their independence. For example one person was supported to go out into the community on their own but was asked to give staff a call when they reached their destination to help staff ensure they had arrived safely.

We saw one person had a history of self-harm. The person's care plan identified the risks to the individual including the circumstances and locations which presented the greatest risk. The plan identified recognised relapse indicators and how staff should act to mitigate the risks. We spoke with the person who knew of these risks and how staff would react to protect them from harm. This demonstrated they had been fully involved in their plan giving them an appreciation of how to remain safe. We saw people has clearly defined person specific Personal Emergency Evacuation Plans (PEEP) in place. We saw evidence of how these had been used to good effect when one home had to be evacuated during flooding at Christmas 2015. We saw how the service had reacted to ensure people with vulnerabilities associated with Autistic Spectrum Disorders (ASD) had been supported safely during the evacuation.

Staff were alert to risks around nutrition, epilepsy, falls and the possibility of non-compliance with medicines where people self-medicated. We saw the staff had sought advice appropriately when a risk had been identified which was subsequently incorporated into individual's plan of care. Relatives told us that staff acted promptly in the event of an emergency for example following seizures.

People and relatives told us they were supported appropriately with medication. For example one relative told us, 'The staff are very good. My relative has recently had to start taking medication and they contacted us and we had a meeting so that everybody was clear what my relative needed and how often."

Staff had received training in the safe administration of medicines. When we visited people's homes, we looked at the administration, storage and management of medicines. We found people had been assessed with regard to their capacity to self-medicate. We observed the administration of medicines and the current medicine administration records (MAR). We saw medicines were administered competently by staff who had a good understanding of their responsibilities. They also demonstrated a good knowledge of the actions of the medicines they were administering.

Medicines were securely stored in locked cabinets in people's rooms. When people had been prescribed medicines on an as required basis (PRN), for example for pain relief or anxiety, there were protocols in place for staff to follow. When people were prescribed PRN medicines for anxiety or untoward behaviour the protocol incorporated a specific de-escalation plan to be enacted before PRN medicines could be administered. We looked at prescription sheets and care records to ascertain the frequency of use of, as necessary (PRN), antipsychotic medication to control untoward behaviour. Following discussion with staff and the scrutiny of the MAR sheets we were assured that non-pharmacological interventions were the preferred method of addressing behaviours that challenge.

Care plans contained detailed information for staff on how a person liked to take their medicine, why a medicine was being taken and any side effects. Information about the medicines people prescribed was available in easy read format to enable people to be better informed about the medicines they were taking.

Some people were diagnosed with a severe mental disorder, were at risk of self-harm, may tend to neglect themselves or had a history of having being detained under the Mental Health Act 1983. As such these people's care was coordinated under a Care Programme Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw changes to medicines were notified in writing to people who signed their care plans to acknowledge

their understanding of the need for changes to medication.

Where things did go wrong, medicine errors were reported to the registered manager for investigation. We saw that thorough investigations were carried out to help ensure people were kept safe and the organisation learnt from incident. Medicines were audited by both the seniors at each property and also management. We saw a recent audit had rated medicines as "good".

Overall, people and their relatives told us there were sufficient quantities of staff deployed. Staffing levels were based on people's contracted hours of support. We saw evidence provided hours were in line with contracted hours. Bank staff were utilised to cover regular staff absences. A small amount of agency staff were utilised to ensure staffing levels were covered. The service has been making efforts to reduce the amount of agency staff to enhance safety and consistency. During visits to people's homes, staff were visible to provide prompt care and support intervention where required. Staff received training to help key people safe, for example manual handling and epilepsy. In the small number of instances where training had elapsed, a plan was in place to address this.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form and detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. People who used the service also were involved in interview panels to ensure they had a role in selecting the people who were caring for them. Staff files were audited to ensure they had the required evidence that people were recruited safely.

Good

Is the service effective?

Our findings

People and relatives told us staff had the correct skills and knowledge to care for them. They told us that staff provided effective care and support. People and relatives told us care was generally delivered by familiar faces. For example one person told us, "There are some new ones from time to time but others have been there a long time and my relative really likes all of them."

Staff told us they felt well supported by the service and the management team. They said they received a range of training which was suitable to their role. New staff were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. In addition staff received regular training updates in subjects such as safeguarding, manual handling, mental capacity training and medicines. This was a mixture of e-learning and face to face training. In addition briefings were disseminated by the registered manager for example on safeguarding and medicine management to address identified gaps in staff knowledge.

Staff also received specialist training dependant on the needs of the people they were supporting. For example some staff had received epilepsy and autism training. We saw training was largely up-to-date with a plan in place to address training which had expired. The registered manager kept an up-to-date matrix of training compliance throughout the service to enable action to be taken to address any discrepancies.

Staff received periodic supervision and appraisal. Each staff member had a target of 8 supervisions a year which was monitored by the registered manager. We saw most staff were on target, there were a small number of supervisions which were overdue. The registered manager had recently introduced a new system of staff supervisions, which focusing on a series of themed supervisions rather than generic ones. For example recent themes included safeguarding and dignity and respect.

People and relatives told us people were supported appropriately to maintain a healthy diet. For example one relative told us, "They make sure that my relative eats three meals a day and that it is decent food. They would just eat sweets and snack things all the time but the staff encourage them to eat properly." People told us they liked the food provided and that it was tasty and warm. People were supported to have the food and drink of their choice. Staff supported them to go shopping for ingredients and discussed with them their choices and the meals they would like to purchase.

People were encouraged to choose nutritious food and to maintain a healthy weight. We saw one example where a person had judged for themselves they were overweight. We saw they had discussed their goals with staff which included losing weight. With the support of staff they had been attending a slimming club and partially achieved their goal. They told us they felt "great" at losing the weight and thanked the staff for their help.

Where people had more complex needs, staff had arranged specialist support to minimise the risk of poor nutrition and dehydration. Staff followed detailed and personalised plans to ensure people were safe when

eating and drinking. Where people had swallowing problems, staff had referred them to the appropriate professionals for guidance and support. We observed some people had their food cut up to reduce risk of choking. Information on people's likes and dislikes and any specialist needs was present within people's care files to help staff provide appropriate support.

Staff had an understanding of the key requirements of the Mental Capacity Act (MCA) 2005 and there was a focus on ensuring people's rights were respected. Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language or sounds to seek consent. For example we saw staff used non-verbal communication techniques to seek consent for us to see one person's care plan and look in their room. The person delighted in showing us their room and through communication with their support worker, they conveyed to us their happiness at living at the location. We saw all aspects of care planning regarding choice and how the person wished to be supported was signed by the individual. Where necessary we observed easy-read and pictorial formats were used to gain consent to care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in supported living services are called the Deprivation of Liberty Safeguards (DoLS). However, unlike care homes authorisation for DoLS has to be sought through the Court of Protection rather than directly with the supervisory body. Discussion with the manager showed ten people may be being deprived of their liberties and authorisations had been submitted. The service was awaiting the outcome. Our observations of care, discussions with people being supported and review of records of care delivery concluded the requests for DoLS were justified. For example, one person with ASD required constant supervision both in their home and in the community. A healthcare professional had established they were lacking in capacity to make their own decisions. The person would be prevented from leaving their home without an escort as ASD had manifested itself by the person having difficulties judging depth and space. We saw other instances where decisions were made in people's best interests demonstrating the service was acting within the legal framework of the Mental Capacity Act (MCA). For example around the provision of bed rails.

Some people were found to be at risk of self-neglect with little understanding of the need for personal hygiene. We observed where it had been decided it was in a person's best interests for staff to support them with their personal care, staff were given detailed guidance on how to support people to make choices. For example, by suggesting the person washes if they had chosen not to take a shower.

People's healthcare needs were assessed and appropriate plans of care put in place for staff to follow. We saw risk assessments with regard to people's mental well-being were constructed with inputs from relevant health care professionals. For example, one person had a history of self-injuring. The care plan demonstrated how in these circumstances the family, community psychiatric nurses and psychiatrists had to be involved to help modify the person's thoughts.

In one location we saw some people were diagnosed with a severe mental disorder, were at risk of self-harm, may tend to neglect themselves or had a history of having being detained under the Mental Health Act

1983. As such people's care was coordinated under a Care Programme Approach (CPA). This approach ensured a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw CPA meetings took place at the home with all relevant health and social care professional in attendance. We saw the outcomes of CPA meetings were translated into effective care planning and delivery.

Each person had a health action plan in place. A health action plan is a personal plan about what people with learning disabilities need to do to stay healthy. It lists any help that they might need in order to stay healthy and makes it clear about what support they might need. People were supported to have annual health checks and attend regular appointments.

Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support should they be admitted to hospital. A policy was in place for staff involvement at hospital. We saw this was being followed. For example when one person had been in hospital, staff had providing the contracted hours of support which aided hospital staff and reduced distress for the person. We identified another example of this, with a relative telling us, "They provided support for her while she was in hospital as well because the nurses wouldn't have been able to cope with her."

Relatives said staff provided effective care to meet people's healthcare needs. A relative told us 'My relative broke her ankle while she was visiting home. We didn't realise at first because she has a very high pain threshold and it didn't seem as though she'd really hurt herself at first. She was in hospital because she had to have an operation on her ankle and Creative Support were marvellous."

Good

Is the service caring?

Our findings

People told us the staff were very thoughtful, caring and considerate. They said the care and support they received was provided in a respectful and polite way. One person told us, "I like living here, we are just one big happy family." A second person told us, "The staff are great and without them I would not have been able to cope. I am now coping well and look forward to having my own place soon." A third person told us, "Staff are okay, friendly, no concerns about them. Get on well." A fourth person told us, "I get on really well with staff, especially my key worker." A relative told us, "The carers themselves are superb." Some of the comments received reflected a service which had previously had issues but had significantly improved. For example one relative told us, "We did have some problems at first but I think there have been a lot of changes at Creative Support and the staff now are just the best. In fact we've recently filled in a questionnaire and said how kind and caring they are." Another relative told us, "Originally I don't think the staff were being supervised. They were just pleasing themselves. It's taken a long time to sort out but we've got there now and I am now satisfied that they really care about my relative."

Satisfaction surveys we reviewed confirmed that people and relatives were happy with the attitude and caring nature of staff, for example a recent relatives survey showed that the service scored 4.45 out of 5 for "caring." The service had signed up to the Social Care Institute for Excellence "Dignity Challenge." As part of this promotional material was on display at each house. Observations of staff practice around dignity had been undertaken to support this. Attitude of staff was also considered during the recruitment of staff and monitored through the supervision process to ensure staff worked and adhered to the same standards and values.

During observations of care and support we saw staff treated people well. There was a good positive atmosphere within the homes we visited with staff sharing jokes with people as well as promptly comforting any anxieties they had.

People told us they were introduced to new care workers before care and support was delivered. For example one person told us that following previous complaints they were always introduced to new staff or any agency workers. The number of agency staff used had significantly reduced in 2016 and was monitored by the registered manager with a view to keep as low as possible as they recognised the importance of ensuring care was delivered by familiar faces. Staff we spoke with demonstrated a clear understanding of the people they were caring for which helped ensure they provided person centred care.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support was provided in the least intrusive way and they were always treated with courtesy and respect. Our observations showed staff respected people's privacy and dignity. We saw staff knocked on people's doors before entering and staff asked people's permission for us to look around the various locations we visited. We saw people were offered support and encouragement to maintain their personal appearance so as to ensure their self-esteem and sense of pride in their appearance. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. We spoke to one person about how they liked to dress and their choice of hair-style. They told us how

they had recently lost weight and how staff had encouraged them to think about their clothing choices. The person was clearly delighted by their achievements and praised staff for the help they had been given.

We saw the foundations to care plans was built on a detailed record of people's lives and past experiences. Staff we spoke with had a good understanding of people as individuals and along with the history had a good understanding how people functioned and reacted to situations. For example, one person had expressed liking for a particular town but experienced emotional difficulties whilst there. The person's history showed the reasons behind this, and had allowed staff to appreciate the conflict in the person's thinking.

Care plans and goals focused on promoting people's independence. For example people were encouraged to assist with sourcing and preparing food. Goals monitored through care plan review focused on increasing independence for example around going out into the community by themselves. One person described to us their need to be able to go into the community alone instead of always being with staff. They told us staff had helped them to go to a nearby shop and buy items without staff having to help them understand the value of money. They clearly were delighted in the progress they had made with the person telling us "I'm [years old] and it's about me being treated like an adult." Another person told us staff gave them the right balance and independence and support telling us, "I have a flat to myself and I can do a lot of things. I do my own cleaning and cooking. I put recipes on my computer. Staff help me with filling forms in because I can't manage that and if I'm going anywhere different then they come with me."

People's views were listened to and acted on. People had various mechanisms to air their views, for example on an informal basis with staff supporting them, through tenant meetings, or regular care plan reviews and monthly key worker meetings. Daily records of care provided evidence people had been asked for their views on these had been acted on. People had been informed of their rights to access Advocacy Services. Local advocacy services had attended and promoted their service at the last two annual general meetings.

People were supported at the end of their life to have a private, comfortable, dignified and pain-free death. We saw the care plans for one person who was receiving end of life care. The care co-ordinator had ensured the advice from all healthcare professionals who could make a contribution to maintaining a good quality of life was being incorporated into care plans. This included advice and direction from palliative care nurses, learning disability nurses and hospital clinicians.

A number of people had a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) form in place. These had been completed appropriately. Staff knew which people were subject to a DNACPR to ensure they would know what to do in the event of cardiac arrest.

Outstanding ☆

Is the service responsive?

Our findings

We found some outstanding practice in terms of how the service empowered people to take control of decisions relating to all aspects of their care and support. The service was particularly responsive at meeting people's individual needs and helping them achieve and celebrate goals relating to their health, independence and social lives.

Staff used innovative ways to empower, listen and value people. The service had set up the "Creative Together Committee" which consisted solely of people who used the service. Each year the service supported people to hold elections where people who used the service voted to appoint future committee members, including a chair, treasurer and promotions officer. The committee members had developed a constitution setting out the aims and objectives and role of the committee. We spoke with the chair of the committee who was clearly proud of their role and told us it had improved their confidence, self-belief and skill set. We saw the committee met regularly and allowed people to take control of their care and support. For example it had recently helped people take a greater role in the recruitment of the staff that supported them and enabled them to discuss how capacity and decision making was handled by the service in order to empower them to make positive changes to service delivery.

An annual general meeting (AGM) was also held by the Committee. All people who used the service were invited and this was used as a platform to further involve and empower people. For example the 2015 AGM had focused on safety and people who used the service had acted out safety scenarios such as bogus callers and other safeguarding scenarios to raise awareness over safety. The 2016 AGM had focused on choice and decision making. This had included speakers providing advice on the process of using their vote in the upcoming local elections and informing them of their options for advocacy services. In addition, people who used the service had acted out 'Placement scenario's' between a social worker and a service user. This consisted of one poor example where the social worker had not involved the person in the decision making process and a good example where the social worker had empowered the person to be fully involved in their care and support. This was a creative and thought provoking approach to promoting the issue of people's human rights and decision making. People we spoke with had a good understanding of their rights, we saw information on the human rights act was provided to them in an easy read format, and these issues were discussed at tenant meetings. Other information was presented in easy read format to aid understanding. This included key policies and procedures, care plans and meeting minutes.

There was a strong focus within the service on involving people in every aspect of their care and support. For example tenant meetings focused on involving people in topics such as safeguarding and care planning. People we spoke with understood some of these key topics such as safeguarding and "person centred planning reviews" demonstrating this engagement had been effective. People and relatives told us they were fully involved in care reviews and understood their plans of care. People who used the service had also been supported to create YouTube videos, for example the promotional officer for the Creative Together Committee had created a promotional video about the service telling people about the service and the care and support provided. This video was being used by Creative Support in its recruitment drive.

People were supported to achieve goals around daily living and independence, health, activities and aspirations. Goals were set by people during review meetings and then regularly monitored and reviewed. Where people had achieved goals these were celebrated by the service. Each year, a glossy booklet "A celebration of achievements in Calderdale" was produced and an award ceremony held. The annual booklet provided an evaluation summary of people's goals and how they had achieved them presented in a way which celebrated these people's achievements. For example one person had celebrated being on a cruise for the first time and another person who had a keen interest in cooking had made cakes and cooked Christmas dinner that year. "Outcome analysis" was also undertaken by the registered manager to comprehensively review people's health and support outcomes. This allowed robust monitoring of whether people at each home were achieving their health and support goals. Our review of documentation showed a very high success rate in helping people achieve goals. This was confirmed by people and their relatives.

We received excellent feedback from people and relatives about the responsiveness of the service. People and relatives said staff were highly skilled and excellent at meeting people's individual needs and in detecting and responding to changes in people's condition. One relative told us, "My relative has epilepsy and recently had a very bad seizure during the night. The night staff were brilliant. They reacted very quickly and got an ambulance to get my relative to hospital. I can't fault the care they give." Another relative told us, "[Our relative] has been diagnosed with cancer and it was the staff who noticed it and they organised everything. They got her to the doctor and now she is being treated at the hospital but they keep me in touch and let me know what is happening."

Health professionals spoke very positively about the responsiveness of the service. One health professional told us how the service had used all the community resources they could to help the transition of one person from residential care to their own home and they had settled in really well and had achieved very positive outcomes around independence and self-belief. Another health professional told us, "Such a good experience at Creative Support. The care is so person centred, level of activities is so high, people don't just sit in front of the TV, they go out as much as they want and when they are in there is lots of fun stuff such as quizzes going on. They are great at using pictorial representations to aid understanding. The two service users I was involved in, I have seen massive changes, they are really settled and have achieved really positive outcomes." They went on to state that they were particularly impressed about outcomes achieved around activities, confidence and independence. Another health professional told us, "The support plans they have created have been reviewed and updated appropriately and the support has been person centred."

Care plans included a strong focus on involving people in all decisions regarding their care and support. For example detailed information was present on "best time to ask me about a decision" and the exact details of the support needed to allow the person to express their decision. These were very detailed and person centred. We saw one particularly good example of staff understanding the needs of an individual and support them to make decisions. The person with a profound learning disability could only communicate using sounds and hand gestures which we could not interpret. The care worker and the person conducted a long conversation where it was clear both parties had a complete understanding of each other, where they asked them to make a number of day to day decisions.

People's needs were assessed and clear and person centred plans of care put in place. These plans were very detailed for example communication plans contained a high level of detail for example "If he does this we think it means", setting out how to respond to a range of scenarios. Staff we spoke with had an excellent understanding of people's needs and how to interpret people's needs who did not communicate verbally. We saw care plans recorded how people acted when they were distressed or in pain. Care plans gave guidance to staff on how to manage people's distress with the recordings of events helping to build a better picture for future planning. For example, we saw one person with autism had been out shopping with

support staff. The person had difficulty crossing roads and was very distressed each time they made an attempt to cross. We saw staff had given encouragement and eventually the person crossed the road. Staff gave praise which resulted in the rest of the journey being uneventful. We saw the recorded actions of staff correlated with the written guidance in the care plan.

How a space feels, looks, smells and functions are of extreme importance to a person with autism. We looked at care planning and records of daily living during and immediately after one of the locations had to be evacuated during the flood of Christmas 2015. These demonstrated the service had been very responsive in ensuring distress was kept to a minimum. As the people moved into their current home we saw specific care plans had been immediately created to allow people to quickly assimilate and regain the structures and timetables they needed to make sense of their world. People with autism need rooms in buildings with clear functions and sensory qualities which define its use. Staff told us they labelled the doors to each room and all the doors and drawers in the kitchen to help reduce anxieties. We asked people if they remembered the flood. Their description of events and the smooth transfer into the current accommodation demonstrated this had been done with the minimum of stress and anxiety. One person told us, "They said "[Name of staff] looked after us and stopped me worrying."

Daily records were completed and provided a good account of how people's needs had been met. For example, they showed the assistance people had been given with their personal care, whether they had eaten and drank well, whether they had been visited by health care professionals, what their mood was like and if they had taken part in any social activities. Where relevant annotations in daily records were timed.

Regular "My reviews meetings" took place. Every relative we spoke with could tell us about routine reviews and discussion about their relative's preferences including food choices. One relative told us, "They have been really thorough. We feel as though we are still very much part of the team even though we can no longer look after our relative at home." People we spoke with had a good understanding of the review process, for example one person was able to tell us in detail about their "person centred plan" and how they had a discussion with staff to amend and adapt it.

People were supported to undertake a range of varied activities, employment and social opportunities. Care plans were in place for community involvement and activities demonstrating these were important to the service. We saw effective arrangements were in place to support people to maintain friendships and family connections. For example, one person had a risk assessment which identified the potential for social isolation as a result of their mental illness. The care plan identified the need for staff to encourage the person to participate in events with others on site and to go into the community to organised events. We saw another person had set a personal goal of having a milestone birthday party. They wished to have some family members attend and asked staff to facilitate this. Care plans recorded the family members had attended. We asked the person if they had enjoyed their birthday and their answer demonstrated the happiness they had experienced, mentioning all their relatives by name.

Staff and people told us the range of activities was limitless and based on people's interests, goals and preferences. We saw people had recently been involved in ballroom dancing, baking and horse riding. One person told us, "I can go out on my own on the bus but if I need any help somebody will come with me. I do lots of different things." A relative told us, "My relative has really got a great life now. The go to adult learning and out to the bingo on Tuesday nights. They always go out for lunch on Fridays. It's made sure that she can have an independent life." Another person told us how staff had helped them plan and go on holiday with another person and that they had "really enjoyed it."

People and relatives told us they were satisfied with the service. Material on how to complain was available

to people in an easy read format. A small number of complaints had been received, we saw these had been logged and investigated appropriately and analysed on a quarterly basis to look for any themes or trends. A significant number of compliments had also been received by the service; these were logged so the service knew in which areas it exceeded expectations.

Good

Is the service well-led?

Our findings

A registered manager was in place. The provider had submitted required statutory notifications to the Commission. This included any serious injuries and notifications of abuse. This meant we could monitor events that occurred within the service.

People and relatives spoke positively about the way the service was run. They all said that the management team were effective and a number of them spoke about significant improvement to the service over the last few years with earlier problems now being resolved. One person told us, "Managers are all alright but there is one at Highfield who is just brilliant." People and relatives told us communication was very good, for example one relative told us, "We see the staff every week when we pick up my relative and I know they would tell us anything we need to know."

Staff we spoke with all said they felt well supported in their role and that the management team and registered manager in particular was supportive of them. They told us they felt able to raise any concerns with the registered manager and these would be taken seriously and promptly investigated. A network of staff meetings took place to offer support to staff and address any quality issues. Staff engagement events and an annual staff survey was also undertaken. We reviewed the results of the most recent staff survey which were overall positive and showed staff felt supported by the organisation.

During observations of care and support we observed some very good examples of care and support being delivered, supporting people to achieve positive outcomes. We found a pleasant and welcoming atmosphere in the homes we visited and people we spoke with all said they enjoyed their living environment.

Systems were in place to assess and improve the service. The registered manager had a good understanding of how to monitor the performance of the service and had put in place a number of effective systems. A series of workforce reports were undertaken assessing amongst other things the vacancy rate, number of hours of support provided and use of agency. These were compared to previous quarter's with the target of improving performance.

Audits, quarterly and annual reports undertaken by the provider demonstrated the service was continuously looking to drive improvement against key indicators such as complaints, safeguarding, medication errors, user satisfaction and involvement. These documents showed that the service had made a number of key improvements over the last year and the systems in place assured us that these improvements would continue.

A well understood structure of governance was in place. Senior staff at each premises were required to ensure tenant and team meetings took place, medication audits, financial audits, health and safety audits and care plan reviews were undertaken. Details of these were reported to the registered manager on a monthly basis. The registered manager held dashboards containing details of all these audits, checks and meetings as well as dashboards of staff training and supervision and a summary of people's care plans. This

helped provide assurance that the service was operating consistently to the required standard. We reviewed these dashboards which provided evidence of a high performing organisation with checks, care plans and training up-to-date.

The registered manager also analysed people's health and support outcomes on an annual basis. The purpose of this was to check people were receiving positive outcomes in areas such as health, social and employment. This allowed the service to assess its performance and make further changes to continuously improve the experience for people.

In addition, management also undertook audits in key areas to provide assurance that checks undertaken by senior staff were effective and ensure periodic in depth audits took place. Within the management team champions had been appointed in areas such as health and safety, medication and finances who undertook these audits. The outcomes of these audits were sent to the senior staff at each property for action.

An annual report was also undertaken by the registered manager which assessed overall annual performance and helped set out and deliver an improvement plan for the following year.

An internal quality audit was conducted by the provider on an annual basis against the Commissions five domains. We looked at the 2015 audit which showed the outcome was mostly very positive with an overall rating of good.

We did identify that where action plans were produced following audits these were not always updated to demonstrate progress made in addressing the actions. The registered manager agreed that this should have been done and assured us that in the future action plans would be subject to regular review and sign off once actions were complete.

People were involved in the running of the service through various mechanisms. This included monthly tenant meetings in each supported living property and family/carer meetings where appropriate. People and relatives confirmed these took place. For example one relative told us "There are regular meetings for residents and families. We don't get very often because of work but we have been and they discuss the house and anything that needs to be done to make it better." People and relatives views were also sought through annual questionnaires. The results of these were analysed and compared to previous years. People were also involved in the running of the service through the annual general meeting where people were asked to contribute to "How can creative support make things better in 2016" and through the 'Creative Together Committee.' People who use the service and their families received locally produced newsletters every two months to keep them in touch with what was happening across the service.

Systems were in place to report, investigate and learn from incidents and accidents. Incidents which took place in the community were reported to the registered manager for review. We reviewed incident forms which provided assurance that following incidents clear preventative measures were put in place. These were analysed on a quarterly basis by the registered manager to look for any themes or trends.