

Creative Support Limited

Creative Support - Salford Locality 5 Learning Disabilities

Inspection report

53a Station Road
Swinton
Manchester
Lancashire
M27 6AH

Tel: 01617940958
Website: www.creativesupport.co.uk

Date of inspection visit:
15 November 2017
17 November 2017
22 November 2017

Date of publication:
02 February 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Creative Support – Salford Locality 5 Learning Disabilities on 15, 17 and 22 November 2017. The service was newly registered in March 2016 and this was the first time it had been inspected.

Creative Support – Salford Locality 5 Learning Disabilities provides care and support to people with a learning disability or autistic spectrum disorder. The service comprises of nine 'supported living' settings within the Swinton area, so that people are provided the opportunity to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living so this inspection looked at people's personal care and support. At the time of the inspection, 26 people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People using the service told us they felt safe. This view was supported by relatives, who felt their loved ones received safe care and effective support. The service had robust safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults, which was refreshed and demonstrated a good understanding of how to report both safeguarding and whistleblowing concerns. Guidance was also clearly displayed in both the main office and each supported living property for reference.

People using the service and staff members told us staffing levels were appropriate to meet people's needs. Rotas were completed within each property, by senior staff that had a good knowledge and understanding of people's support requirements. From reviewing rotas we saw staffing was allocated based on people's needs and plans, to ensure one to one activities could be facilitated at a time that suited each individual.

We saw robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a Disclosure and Barring Service (DBS) check, at least two references and full work history documented. Staff personnel information was stored both at the main office and centrally with the provider.

We saw there were detailed policies and procedures in place to ensure safe and effective medicines management was maintained. Staff received training and were observed administering medicines to ensure they were competent. People who wanted to take responsibility for managing their own medicines were supported to do so. We saw the service carried out regular audits to ensure medicines had been administered correctly and documentation completed accurately.

Staff spoke positively about the training provided at the service. Staff told us regular training was provided, alongside which additional sessions could be requested in any areas of interest. We saw specific training was facilitated where necessary, such as for people with certain medical conditions or behavioural needs, to ensure staff supporting these people had the right skills and knowledge.

Staff also confirmed they received supervision and appraisal on a regular basis, which helped support them in their role and provided an opportunity to discuss any issues or concerns as well as future goals.

Both people using the service and relatives spoke positively about the standard of care provided. People told us that staff were friendly, helpful and kind and treated them with dignity and respect. We saw people were fully involved in all aspects of their care and encouraged to maintain or achieve as much independence as possible. The service utilised an 'active support' model, which aimed to encourage people to be involved in every aspect of their daily life, regardless of disability. People made their own choices about what they wanted to do, when and where they were supported. People were also encouraged to set and achieve their own personal goals.

We looked at five care plans, which contained detailed and personalised information about each person. Care plans also contained comprehensive risk assessments, which were regularly reviewed and helped to ensure people's safety was maintained. We saw people had been involved in planning their care and were asked for their feedback through completion of person centred reviews, tenant meetings and questionnaires.

People had been supported to engage in a wide range of activities, some of which were arranged and run by the service within the providers Salford based 'Hub', where the office was located. People told us they could plan and attend activities of their choosing including their use of one to one hours.

We found there was a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were carried out internally by both the registered manager and senior support workers, which included a monthly comprehensive audit of service provision as a whole.

Staff meetings took place on a regular basis, giving staff the opportunity to discuss their work and raise any concerns about practices within the service. Staff spoke positively about the support provided by the registered manager and locality manager, who were both described as supportive and approachable.

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

The service had robust systems and procedures in place to protect people from harm and keep them safe.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

Staffing levels were sufficient to meet the needs of people using the service. Clear contingency plans to cover staff shortfalls were in place.

People we spoke with told us they received their medicines safely and when necessary. People using the service had also been supported to self-medicate, to develop and maintain their independence.

Is the service effective?

Good ●

The service was effective

Staff reported receiving enough training and supervision to carry out their roles safely and effectively. Additional training could be requested at any time.

The service was working within the legal requirements of the Mental Capacity Act (2005), with a clear focus on assessing whether people were being restricted and ensuring best interest meetings had been held.

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

Staff were respectful of people's right to choose their food but gave people appropriate information and encouragement to plan a healthy balanced diet.

Is the service caring?

Good ●

The service was caring

People told us staff were kind, friendly and helpful and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting people's independence and providing choice. The service utilised an 'active support' model to ensure this occurred.

The service was mindful of its responsibilities in regards to equality, diversity and human rights. People were supported to live their lives however they chose.

Is the service responsive?

Good ●

The service was responsive

Care plans were person-centred, individualised and contained information about people's life history, likes, dislikes and how they wished to be supported.

The service had a detailed complaints policy, which was clearly displayed in each property. Where appropriate this had also been supplied in an easy read format.

People were supported to complete social activities of their choice and also supported to develop new and existing skills in areas of their choosing to increase their independence.

Is the service well-led?

Good ●

The service was well-led

Audits and quality assurance checks were carried out regularly and in a range of areas, to ensure good practice was maintained.

Spot checks and competency checks were carried out by seniors to ensure staff maintained high standards and addressed any issues noted with care provision.

Staff told us they enjoyed working for the service and felt supported in their roles.

People using the service spoke positively about their experiences and said they would recommend the service to others.

Creative Support - Salford Locality 5 Learning Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15, 17 and 22 November 2017 and was announced. We gave the service 24 hours' notice, as they provide a supported living service to people living in their own accommodation and we needed to be sure someone would be in the office to facilitate the inspection, as well as allowing time to arrange for us to speak to people using the service and staff members.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience, who carried out telephone interviews with people using the service and their relatives on 16 and 17 November 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from the local authority.

The inspection was also informed by feedback from questionnaires completed by people using the service and staff members. These were sent out in advance of the inspection. Feedback received was complimentary about all aspects of the service and the support provided.

As part of the inspection, we spoke with the registered manager, the locality manager, six staff members, nine people who used the service and two relatives.

We looked at five care plans, six staff files and five Medication Administration Record (MAR) charts. We also reviewed other records held by the service including audits, meeting notes and safety documentation.

Is the service safe?

Our findings

During the course of the inspection we spoke with nine people who used the service, all of whom told us they felt safe as a result of the care and support they received. One person said, "I am safe here and happy." Another stated, "Oh yes, I do [feel safe]. If I didn't I would talk to the staff." Relatives also spoke positively about their loved ones being safe. One told us, "I can rest easy knowing [name] is safe and being well looked after."

We looked at the service's safeguarding systems and procedures. The safeguarding file contained an up to date safeguarding policy, along with the procedure for reporting safeguarding concerns. The internal policy and local authority policy and procedures were also present. The file was split between open and closed safeguarding's, with a coloured sticker system employed to distinguish between the two. This ensured a contemporaneous record of all alerts raised was maintained. A log was in place on which the date of any referrals, description of the issue, who had been involved and action taken had been recorded. Alongside each safeguarding record we saw any associated documentation had also been stored, such as incident forms, statements and records of discussions with professionals.

We asked staff about their understanding of safeguarding matters and whether the service provided training in this area. Each member of staff told us they had received training and displayed a good understanding of how they would report concerns. One said, "Yes, normally do this when we commence employment and then do a refresher course every two years. There is now an online course we can do." A second stated, "Yes I have, also did a management course where this was covered with someone from the local authority." A third told us, "There are all different types of abuse such as verbal and financial. We look for signs such as a person becoming withdrawn. I would report concerns to the senior, registered manager or locality manager." A fourth said, "I would report any concerns to management. We have a flowchart in place which tells you what to do."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. Information about whistleblowing was also located in the office and each of the nine supported properties, to ensure access was readily available for anyone who may need it. One staff member told us, "We have a policy about this, you report to the person above you, and if the issue is about them, the next person up and so on."

We checked to see if safe recruitment procedures were followed. The service utilised a checklist to ensure all necessary recruitment documentation required during an inspection was in place. Each member of staff had a Disclosure and Barring Service (DBS) check in place. The DBS check helps prevent unsuitable people from working with vulnerable groups of people and is a requirement when working in a care setting. All staff had at least two references on file as well as a full work history where applicable, fully completed application forms and interview documentation. For people employed from outside the European Union (EU) right to work documentation was present.

We looked at how accidents and incidents were managed. Records were stored both centrally at the main office, as well as within each property, albeit the method of storage varied between properties. For example

in one property records were stored electronically whereas the other two properties we visited had paper based files. Copies of all accident forms were also sent to the provider's risk and safety manager at head office for review and monitoring.

The service had separate files for documenting accidents and incidents. Each file contained a detailed log including when the issue occurred, who was involved, what occurred and action taken. The incident file also included a column for lessons learned or changes in practice introduced following the incident. This ensured the service was learning from incidents and taking steps to reduce the likelihood of a repeat occurrence. All staff we spoke with were clear about their responsibilities should they witness an incident or accident, including the completion of required documentation. One told us, "There is a form to fill in; we also have an accident book. I would report any issues to the office and if needed contact the emergency services."

We asked staff for their views on staffing levels at the service. All staff spoken with told us enough staff were employed to meet people's needs and numerous options were available to cover any shortfalls. One said, "I do the rotas in my property. I am aware of what we need to cover and we have enough staff for this. We use regular bank staff to cover if needs be, if these staff are unavailable, we contact head office who offer the shift to a wider bank. If still no takers, which is very rare, we would use agency staff." Another stated, "Yes, there is enough [staff]. We can meet everyone's needs."

People using the service told us staffing levels were sufficient and they received the support they needed. One said, "Oh yes, there's plenty [of staff]. We just got some new staff too." A second told us, "Yes, there is always someone around if I need them."

Rotas were completed separately for each of the nine properties. The team leader of each property was responsible for this task, using people's dependency levels, allocated one to one hours and knowledge of people's needs and routines, to ensure enough staff was allocated to each shift. We looked at four weeks rotas for three of the properties and noted all shifts had been covered using existing staff members.

As some of the properties catered for individual people, staff lone worked. We saw lone work risk assessments had been completed, with control measures to minimise the risk to both people and staff. However, we found no system in place to complete periodic checks on staff who worked on their own in properties. This would help ensure the staff and person was safe and alert the office to any potential issues. We discussed this with the registered manager who agreed to look into setting up a procedure.

Each of the five care files we viewed contained a range of generic and individual risk assessments which were person centred, detailed and easy to read and follow. These covered areas such as; safe bathing, based on the Health and Safety Executive's (HSE) guidelines, missing person's action plan, which had been drawn up with the person and covered steps to take if they were missing or had not been in contact within an agreed time frame and individual plans which provided person specific details for particular activities. For example one person had a bathing and personal care assessment in their file, which included details of the name and type of sling to be used, guidance on checking and logging the water temperature and a step by step guide of how the person wanted to be supported when bathing.

Care files also contained Personal Emergency Evacuation Plans (PEEPs). A PEEP is designed to ensure the safety of a specific person in the event of an emergency evacuation and must be drawn up with the individual so that the method of evacuation can be agreed. The PEEP will detail the escape routes, and if needed identify the people who will assist in carrying out the evacuation.

We looked at infection control practices within the service. We asked the people we spoke with if staff wore personal protective equipment when necessary and were told they did, including gloves and aprons as necessary. We saw daily checks had been carried out in each property, which included checking fridges for out of date food items and overall cleanliness of each person's room or flat.

Both people using the service and relatives we spoke with told us medicines were administered as prescribed and they were happy with the support received. One relative said, "Staff do help with medication and to the best of my knowledge it seems okay." A person stated, "Staff help me with my medicines, I wouldn't change anything. I get pain relief whenever I ask or need it."

Staff told us they had received training and had their competency assessed before being able to administer medicines. One stated, "I feel confident doing medication. We do training which is refreshed and also have two or three observations to check we are competent." A second said, "We do training at head office before we are allowed to give out meds, we also have three observations and do refresher training."

Each person had a medication file which contained five sections. Section one included the current Medication Administration Record sheet (MARs), consent form and any best interest decisions which had been made regarding managing or administering medicines. Section two contained details of medicines prescribed along with 'as required' (PRN) medicine protocols, these explained what the medication was, for example paracetamol, the reason for taking and dosage criteria such as one tablet for mild pain, two for moderate to severe pain. These ensured PRN medicines were administered safely and effectively. Section three included medication assessments, to determine the support people required to manage their medicines along with detailed support plans explaining how support was to be provided. Sections four and five contained medication audit information, details of side effects and any professional correspondence. The comprehensiveness of the information ensured medicines were managed safely and in line with people's needs and wishes.

We noted where possible, people had been encouraged to self-administer their medicines. A detailed assessment had been completed before people commenced this task. If required people had been supported through a staged programme of medicine responsibility to the point of taking full control of their medicines. Additional information relating to who was responsible for reviewing, ordering and dispensing medicines was also contained in people's medicines files.

Alongside standardised forms, individualised documentation had been drawn up to cater for specific needs. For example we saw evidence of bowel monitoring sheets and kidney stone logs, as well as detailed epilepsy management plans which included the use of rescue medications, which are to be administered when someone is experiencing a prolonged seizure. Training had been arranged and provided to all staff that maybe in the position to need to use this medicine.

We saw personalised body maps had been used to support the application of topical medicines such as creams and lotions. Alongside an image of where the medicine was to be applied, was written information regarding the name of the topical medicine and application details such as the amount and frequency. This ensured these medicines were being administered as prescribed.

We checked stock levels and MAR charts for five people using the service. All medicines had been administered as prescribed and signed for correctly on the MAR chart, with the correct stock levels remaining. Topical medicines contained date of opening and we saw prompts in place to discard 28 days after opening.

A daily medicines stock count had been completed at each property, to ensure medicines had been administered and the correct amount remained. Each check was signed and countersigned by two staff members, to ensure accuracy.

Is the service effective?

Our findings

We asked people who used the service and their relatives if they thought staff were well trained. Everyone we spoke with told us staff appeared knowledgeable and good at their jobs.

Staff also spoke positively about the training provided. Staff told us the induction was comprehensive, one stated, "It involved everything, health and safety, structure of Creative Support, roles and responsibilities, safeguarding. I was confident in doing the job afterwards."

Ongoing and refresher training was also provided regularly. One staff told us, "We do quite a lot of refreshers, it's quite full on. We do special sessions were needed such as for administering certain medicines." Another stated, "Training is well presented, easy to understand with practical examples, which is useful. There is enough training provided. After joining the service, they draw up a schedule of training for you."

We saw personalised induction programmes and checklists had been created for each employee. This included attending the corporate induction programme, which covered the skills for care common induction standards. Staff new to care were also required to complete the Care Certificate. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. The induction programme lasted three days and included sessions on values in social care, safeguarding adults and children, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), policies and procedures. Additional mandatory training such as manual handling, was included on staff's personalised training schedule.

We did note training sessions were arranged and run at provider level, with staff having to apply to attend. As a result all mandatory sessions had not been completed prior to staff commencing care shifts. We spoke with the registered manager who assured us, staff would not carry out any tasks until they had been trained to do so.

The service had a centralised training matrix. Each team leader also kept a training matrix for the properties and staff they oversaw, with changes being reported to the registered manager, so they could update the centralised version. We noted the centralised matrix contained a number of gaps, as well as expired training sessions. We raised this with the registered manager, who was able to demonstrate staff were up to date with all training, or applications had been submitted to attend required sessions, however acknowledged a 'more refined communication system' was required, so the centralised matrix could be more 'live'. We also saw training action plans had been drawn up for each property, highlighting staff training needs to ensure all remained up to date.

All staff employed completed an initial six month probationary period. After three months they completed a 'mid period review' followed by another meeting at six months and an appraisal at 12 months, which was repeated annually. We saw company policy indicated supervision meetings should be completed with staff quarterly as a minimum.

Although the reported frequency of meeting completion varied, all staff spoke with told us supervision and appraisals were completed regularly. One said, "We have these as much as we can, about every three months." Another stated, "We do supervision every six to eight weeks, though can sometimes be a bit longer. We have a supervision booklet for newer staff, but just use a normal notebook for longer standing staff." A third told us, "We have supervision regularly. We cover basic stuff such as the safeguarding process, our role, if we have any issues. It's an opportunity for us to talk about anything we want to."

We saw meeting completion was documented by team leaders for the staff who worked in each property, with this information being forwarded to the registered manager who kept an overarching record.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "Capacity is to do with whether someone is able to make decisions for themselves. We have to assume they have capacity until proven otherwise. If they don't, we need to hold best interest meetings when making decisions." A second said, "This is about whether someone has the capacity to consent or understand information they are given." A third stated, "I have some idea about capacity, how the assessments are done and who by. We have best interest meetings for people."

We saw restrictive practice assessments had been completed for all people using the service. These included whether any restrictions were in place, if the person lacked capacity, if they could consent or object to care, if they were free to leave, under constant supervision or control and if an assessment was required. Were required, we saw best interest meetings had taken place, involving a multi-disciplinary team. These had been used to discuss specific restrictions such as access to certain foods which could be harmful to people with specific medical conditions or issues with swallowing.

A key pad had been fitted to the front door of one property to reduce the risk of harm to the person, should they leave unsupported. We saw a discussion had been held with the person, which included the use of written and pictorial information, to ensure they had been involved and understood the decision.

Each person's care file contained signed consent forms. These covered a range of areas including consent to care and support, medicines, access to property, gender preference, completion of missing person's action plan and use of photographs. People we spoke with told us staff also sought their consent on a daily basis before providing any care or support. One said, "Staff do ask me if I want to do something. If I say no we have a chat and they ask me why. It's all good." A second stated, "Yes, they do [seek consent]. They always knock on the door and wait for me to open it too."

People we spoke with told us they had been involved in decisions about the care and support they received. This had occurred both upon admission to the service and during regular reviews. Relatives also told us they were involved, being sent copies of care plans and asked for their comments and feedback.

We saw people's health needs were being met with each person registered with a local GP. Support with health needs varied from person to person, however everyone had a health section in their care file which included a log of any medical appointments attended, reason for the appointment, what the outcome was

and any changes to medicines taken. We saw people were encouraged to take responsibility for making and attending their own medical appointments, and supported to develop the skills to do so. One person we spoke with had set a personal goal around this area and told us they were really happy, when they had managed to ring and make their own doctor's appointment.

The support provided to people to assist with nutrition and hydration varied depending on individual needs and preferences. Staff were aware of the importance of promoting a healthy balanced diet, but mindful of people's rights to choice. One told us, "We discuss meal options and draw up a shopping list during weekly tenant meetings. We provide advice about how to eat healthily but respect people's choices." Another said, "Support varies from person to person. One makes all their own meals with supervision, whilst another needs food cutting up, as they are at risk of choking." A third stated, "We support people to make good choices, support them to build up their skills in the kitchen. We do menu plans, discuss what they would like to eat, support them to go shopping."

People we spoke with were happy with the support they received in this area. Two people told us staff supported them to choose and purchase food and they enjoyed this activity. One went on to say staff did suggest "healthy food" but they "didn't always like it, so didn't have it." Another person told us, "I get support with planning my meals and shopping, but I decide what I want to eat."

Where necessary we saw people had been referred to Speech and Language Therapy (SaLT) due to the risk of aspiration when eating or drinking. Aspiration describes a condition when food or fluids that should go into the stomach go into the lungs instead. We noted clear guidance was in place regarding the correct texture of food, consistency of fluids, equipment to use, position to be in when eating and the assistance required. We saw one person had a chart in place to record if they coughed when eating or drinking, which is a sign of aspiration, so this information could be feedback to the SaLT team.

Pressure care management had been considered for people with limited mobility. We saw guidance and pressure relieving equipment was in place, along with turning charts where applicable. We noted one person was visited monthly by the district nurse to review skin integrity. We were told frequency of these visits would increase if any issues were noted, however the measures in place had ensured skin remained intact and in good condition.

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. People also confirmed they felt treated with dignity and respect by the staff that supported them and their privacy was always respected. One person told us, "Staff are really nice, they help me do the things I can't and treat me kindly." Another said, "The staff are caring and nice, all the staff are very nice and they look after us properly." A relative stated, "Staff are caring. They try hard and we can see how important these relationships are. I am happy with where [name] is."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. One told us, "Ask first if it's okay to help, talk through the process, close doors to ensure privacy." A second said, "I knock on the door before entering, make sure people are clean, no food around their mouths, things like that. It's important to treat people how you would want to be treated." A third stated, "Knock and wait for a response before going into flats. Cover people when providing personal care, give people space if they ask for it."

People told us staff supported them to maintain their independence and encouraged them to do things for themselves. One person said, "Yes, the staff allow me to do things on my own." Another stated, "I do my own washing, hoovering, load the dishwasher, change my bedding, cook and access the community on my own. Staff help me with some things." A third told us, "Staff only help me when I need it, otherwise I try to do things myself."

We asked staff to tell us how they promoted people's independence. One stated, "Try to involve them in decision making. We let them do things on their own, only help when we need to." Another told us, "We do 'active support' here, people are encouraged to wash plates, bring laundry down, put it in the machine, wherever they can do something we encourage this."

We looked into the 'active support' model in place at the service. Eight of the nine properties which made up the service, took part in a pilot scheme which was devised to ensure the 'workforce within the service were not only working in a person centred way with each individual, but actively ensuring they were encouraged as much as possible to be involved in every aspect of their daily life, regardless of disability.' In order to introduce 'active support' the provider registered with the British Institute of Learning Disabilities (BILD) in order to access resources, commissioned bespoke training from BILD which was provided to the entire management team and senior staff at the service, who cascaded this to all other staff members. The service also developed monitoring tools to assess the impact of the 'active support' model which were used during the 12 weeks the pilot ran for.

Both management and staff members told us the ethos of 'active support' was now embedded within the service, and everyone worked in this way without even thinking about it. We saw the pilot had covered a range of areas including people's involvement in self-care tasks, meals, laundry, shopping and cleaning. Data had been collated and charts produced detailing people's increased participation in activities of daily living. At the end of the pilot, analysis had been completed looking at what worked well, what could have

been done better and next steps to take, which included sharing the pilot with wider Creative Support services and adapting the documentation used to better capture people's fluctuating engagement levels or incremental improvements, which staff felt had been missed.

We saw the provider had joined Stonewall's Diversity Champion programme. Stonewall is Europe's largest lesbian, gay, bi and trans-sexual (LGBT) charity. Diversity Champions help to ensure all LGBT staff are accepted without exception in the workplace. We saw examples during the inspection, where people using the service were actively supported to express their sexuality and gender preferences. Staff adhered to people's wishes to keep information discreet. One person was in the process of working towards moving to alternative accommodation within the service, which would provide greater autonomy and privacy. Staff spoke positively about the move and how this would allow the person the opportunity to fully express themselves, without fear of ridicule, which was a current concern for the person.

We looked at how the service responded to our equality objectives which included, person centred care and equality, providing accessible information and communication and ensuring equal access for all people to the pathways of care. As a provider Creative Support completed equality impact assessments when policies were updated or devised, specific training sessions were provided in active support, person centred planning, equality, diversity and non-discriminatory practice. We saw documents and policies were available in easy read format, training courses were available to people who used the service and people were provided with service user hand books, which contained detailed information about all aspects of the service. The service supported a diverse mix of people with a wide range of needs. People with complex medical needs were supported to continue to live 'at home' rather than in a residential setting.

Within both the main office and individual properties, we saw 'sunflower' or 'tree of achievement' charts had been devised. People were encouraged to write down on a 'petal' or 'leaf' something they had done well or were proud of and add this to the chart. People using the service spoke positively about this during the inspection, welcoming the opportunity to celebrate achievements.

The provider ran an award scheme for people who used their services. We noted a person who from Creative Support – Salford Locality 5 Learning Disabilities had been nominated by staff for being helpful and kind to other people they lived with. Information about the awards and the nomination had been printed in the provider's newsletter, so everyone using the service was aware.

Is the service responsive?

Our findings

People using the service told us they had been involved in planning their care. One person said, "Yes, I talked to staff about this and we do reviews." Another stated, "Yes, I am. I have a file with lots of stuff in it."

People's care files were stored at the property they resided in. Rather than duplicate information needlessly, the main office only contained key documents for each person, specifically their care plan, risk assessment and personal information sheet. If any of these documents had been amended by staff at the properties, a copy was forwarded to the registered manager, who updated the main office files. As part of the inspection we compared the information held for three people in the main office, with what was contained in their care file at the property and found this was consistent. This ensured staff had access to up to date and accurate information in both locations.

Each person had four working files in place, a daily file, positive outcome file, medication file and a main care file, which contained risk assessments and care plans. The daily file was split into five sections which included key information about the person, such as a one page profile and copy of their usual daily routine, recording and monitoring information, menu planners and budget sheets, care reviews and communication information, such as discussions with professionals, copies of letters and so forth.

The one page or 'client' profile, contained a range of personalised information, including professionals involved with the person, current living situation, support arrangements, planned one to one time, health information and key risk areas, this along with the 24 hour plan of care, which covered the person's daily routine from rising to going to bed, support required to complete tasks, provided staff with a comprehensive understanding of each person's needs and how to support them.

The daily file also included Antecedent-Behaviour-Consequence (ABC) Charts, which had been used to review any behavioural incidents. An ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim is to assist in understanding the function that a particular behaviour serves for an individual.

We saw each person had been allocated a key worker, with keyworker sessions held monthly. A key worker sheet had been drawn up which contained the key workers name, photograph and some information about them, along with what their role entailed. This provided a personalised approach and ensured people knew who their key worker was. Minutes from these meetings were stored in the daily file. We looked at a selection of meeting minutes and noted discussions had taken place regarding leisure activities, educational and occupational opportunities, activities of daily living, concerns or issues and aspirations. Following each meeting the key worker and person had signed and dated the sheet to confirm agreement with the content.

From looking at the main care files of five people, we saw they each received care that was personalised and responsive to their individual needs and preferences. Files contained a range of person centred information including 'what I would like people to know about me', 'who are important people in my life', 'what do I enjoy doing' and 'how best to support me'.

An 'holistic assessment' had been completed for each person which contained details of their social history including background, family, childhood, education, work history, housing history and mental health information; including strengths, abilities, problems and needs. Information was also documented about people's daily living skills, cultural and spiritual needs, race, gender and sexuality.

A 'my guidelines and how to support me' document had been created with the involvement of each person, which provided detailed guidance for staff on how each person wished to be supported and included preventative and reactive strategies for dealing with behavioural needs.

Each person completed 'my person centred reviews' (PCP), which involved a review of their care with whoever they wished to be present. Each person was supported to plan the review, decide who would attend, where the meeting would be held, the day and time of the meeting, what they would like to discuss and how they wished to be involved in the meeting. We noted some people had wanted to take an active part in discussions, whilst others had asked for their key worker or other staff member to take the lead. People we spoke with all confirmed they attended and completed 'PCP' reviews.

We asked staff how they ensured care provided was person centred. One told us, "Ensure its relevant to the person, treat each one as an individual. We have one page profiles in care plans and also do PCP reviews." Another stated, "Treat everyone individually, they are all very different. We involve people in their support plans and ensure they are happy with what we provide."

Throughout the inspection we saw examples of person centred practice. One person had wanted to access the community independently and travel by public transport. A graded exposure support plan had been introduced with decreasing levels of support provided, until the person felt confident travelling and using public transport unaided. This person spoke positively about the experience and how they could now travel independently all over the Salford, Manchester and Trafford area using the buses and trams.

A large focus within reviews was to support people to set personal goals. Goals generated were documented and monitored to ensure progress and completion was achieved. Goal information was stored in each person's positive outcome file, along with photographs and written records explain what the goal was, the steps they had taken to achieve these and how this had positively improved the person's life. We saw there was no 'rules' around what the goals could be, and could include smaller tasks such as helping to wash up, to larger goals such as planning and attending a holiday abroad.

We looked at activity provision within the service. People were funded for varying one to one hours, during which they were supported to complete any activities of their choosing. Each person had an activity plan within their care file, which contained a weekly plan of activities for both the am and pm periods, along with a section for staff to document what the person had actually done. People we spoke with told us they were supported to plan and complete activities and there was lots going on. One stated, "I do things that I want to do. I go bowling, play bingo go to the pub." Another said, "I do voluntary work, go bowling, to the cinema. Staff help me to plan what I want to do and sometimes do them with me, otherwise I do them independently."

As people chose how to spend their time a daily activity schedule was not required or in place, however we saw that weekly activities were advertised in the main office, which was located in the Salford 'hub'. This was a venue which anyone using Creative Support services in the Salford area could attend. Weekly activities, including a music group, arts and craft group, were run in the 'hub' each week, which people could choose to attend. We saw a Christmas party had been arranged at a local social club along with a Christmas day meal at a local pub. A selection of community based activities were promoted including gardening club and

cooking sessions.

The service had a complaints, compliments and suggestions file in place, which included a copy of the provider's complaints policy and procedures. The service had a three stage process for dealing with complaints, which covered initial investigation and response, a further review if the matter had not been resolved after stage one and lastly opportunity to appeal to the board of trustees if the person was still not satisfied. We also noted guidance was in place and provided to people using the service about how to raise complaints about the landlords, including details of the housing ombudsman.

We saw the complaints guide had been written in an easy read format, with the use of simple text, photographs and imagery, to make it easy for people to understand how to make a complaint. A complaints checklist had been drafted to ensure each complaint was addressed correctly and consistently. A complaints log was in situ which detailed the date of any complaint, a summary of the complaint, what action had been taken, lessons learned, the outcome and date of resolution. We saw that any complaints received had been looked into appropriately, with meetings arranged and held with the complainant and outcome letters sent, albeit the last complaint received had been in May 2016.

People we spoke with knew how to complain and confirmed that any issues raised had been dealt with promptly and to their satisfaction. One person told us, "I would go to my care worker and if that didn't work would go to the manager." Another said, "I would tell the staff. I have only had to do this once, a long time ago. Everything got sorted and I was happy."

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a clear management structure in place with the registered manager being assisted by a team of senior support workers, who oversaw each of the nine properties. The locality manager worked out of the 'hub' where the service's office was located, so was on hand to provide input and support when needed.

All people we spoke with were complimentary about the management of the service and referred to the manager by name, when we asked if they knew who this person was. Relatives also spoke positively about how the service was run. One told us, "Overall I am very happy with the service, The senior, [registered manager's name] and [locality manager's name] are all very good." Another said, "The managers do listen and try their best, I know it's not easy."

Staff told us they enjoyed working for the service and found it to be a positive working environment. One said, "I really enjoy it here. Its welcoming and most of the time a very happy place to work." Another stated, "I think they are a good company. It's a friendly environment. Both [registered manager's name] and [locality manager's name] are supportive and never make you feel like anything is too much trouble." A third told us, "The company is so service user orientated, this is what attracted me. When I applied for the job, I saw they had service users involved in the interviewing process. I knew then this was somewhere I wanted to work."

Staff also told us they felt supported by the service and management. One said, "They are really supportive, helped me loads with some personal issues I had. Always available if I need to talk." Another stated, "Been brilliant this company for me, they are great around childcare, fully understand how difficult it can be."

We looked at whether the service held regular staff meetings. Senior meetings were held at the office, with information discussed passed onto staff at each property. We saw these meetings had been held monthly, although no meeting was completed in August 2017 due to the number of staff on annual leave. Agenda items from recent meetings had included a question and answer session about CQC inspections and what to expect, changes to CQC's key lines of enquiry (KLOEs), staff training and documentation.

We were told team meetings were held in each property at least quarterly. These were facilitated by the senior, with the registered manager attending different meetings throughout the year. We asked staff to confirm if meetings took place. One told us, "We normally try to do them monthly in my house, but sometimes can be less frequent depending on staff availability." Another said, "We have these at the property. There is only three of us in the team, so can be difficult finding time when all of us are available. [Registered manager] sometimes sits in on these." A third stated, "We have senior meetings every four to eight weeks and house meetings every 12 weeks. We work as a close knit team, so we have ongoing

communication. This means there's usually not much to go through in house meetings."

We looked at how the service sought engagement with people using the service and their relatives. A meetings and feedback with service users, carers and relatives file had been set up, to capture this engagement. We noted quarterly coffee mornings had been held at the hub, to provide an opportunity for relatives to get together, meet with senior staff and the registered manager and have a chat about anything they wanted to over coffee. Individual appointments had also been available on the day, if people wished to discuss things in private. Minutes had been taken at each coffee morning and stored on file.

Tenant meetings were held, with the frequency and nature of the meetings varying depending on individual needs within the different properties. For example in one property meetings were completed weekly, as this time was also used to make plans for the week ahead and complete menu planning. In another property, one to one meetings had been facilitated, as people found this more productive and beneficial.

Satisfaction questionnaires were completed annually in April. These were sent to people using the service, relatives and staff members. Outcome reports had been completed to summarise the responses received including what steps the service would take to address any issues raised. We looked at a selection of responses from people using the service. Statements they had been asked to comment on included, 'staff understand you and your needs', 'you have a support plan', 'you spend time with your keyworker', 'you are satisfied with support' and 'you have a good quality of life'. We saw that over 94% of responses received had been positive for each statement.

The service had a quality assurance evidence file in place, which contained documentation which demonstrated the different audits and processes in place to monitor the quality and effectiveness of the service.

Quarterly spot checks were completed on each property, which included a check of the property itself, with issues being reported to the landlord, review of paperwork and files and discussions with people who used the service and staff members. Action points had been generated following the checks, which included who was responsible for actioning and section for when completed.

Finance audits had been completed, which included a full audit of money management at each property, including the use of cashbooks, storage of receipts and people being supported to make own transactions, to ensure staff had adhered to company and provider guidelines regarding the handling of monies and documentation of transactions.

We noted seniors were responsible for monthly auditing at the properties, with these being forwarded to the main office for collating. The document was called the 'monthly managers quality audit' and covered all areas of service provision including assessments and support planning, service and training, safeguarding, health and safety, quality and continuity. Alongside this, medicines audits were completed each month, which covered documentation, administration and staff training.

Each month reviews were completed for each person who used the service, looking at health and well-being, engagement in meaningful activities and employment, access to community, support with personal goals, any housing issues and any professional concerns which may need to be raised. This ensured people had received a service which met and addressed their needs and wishes.

The service had a range of policies and procedures in place. This included key policies on medicines, safeguarding, MCA, moving and handling and equality and diversity. Policies were regularly reviewed and

updated centrally at provider level, so that the most up to date copy was always available. We saw evidence staff had access to the policies and they demonstrated an awareness of the content of the policies and procedures.