

Creative Support Limited

Creative Support - Bury 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 22 and 23 September 2016. The service was last inspected in July 2014 when it was found to be meeting all the regulations we reviewed.

Creative Support - Bury Service is registered to provide personal care to people in their own homes. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 36 people using the service.

The service had a registered manager 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 were complimentary about the registered manager and said they were a good manager. We found them to be enthusiastic and committed to providing good quality person centred care.

Everyone we spoke with was very positive about the service and the attitude of staff and managers and how they were supported. We found the registered manager and staff took pride in the providing a person centred service. We observed that interactions were respectful, relaxed and friendly.

People who used the service told us they felt safe using Creative Support - Bury Service. People told us they always received the support they needed from staff who were caring and knew them well. All the staff we spoke with were able to tell us about the people they supported and what their likes and dislikes were.

Robust recruitment procedures were in place which ensured staff had been safely recruited. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service.

Staff received the induction, training and supervision they needed to carry out their roles effectively. Staff told us they felt supported and were very positive about the training the provider offered. Staff were complimentary about the registered manager and working for the service.

Care records were very detailed and person centred and contained information about people's health and social care needs. We found they contained detailed risk assessments and care plans that were written using very respectful terms contained information about people's preferences and routines and guided staff on how to promote people's independence and how people communicated. The service also recognised and valued people's own communication methods including using signs, gestures and sounds. Care records included a 'Communication Passport.' This had sections such as; 'when I do this, we think it means this.' We saw these included descriptions of what certain gestures, facial expressions and body language meant. Care records provided staff with sufficient detail to guide them on how best to support people. A system was in

place to ensure care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

The service had detailed guidance for staff on how to support people when they showed behaviour that challenged the service. Records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and diffuse situations. This included understanding how the person communicated when they were anxious or upset and guided staff on how to respond.

Important information about the service was available in easy read formats. These included pictures and photographs. This helped to ensure people had access to information they needed, such as tenancy agreements, complaints policy and safeguarding.

Managers and staff in the service spent time getting to know people and what their interests, hobbies and goals were. People were supported to access a wide range of activities, hobbies and places of interest. Some people were also supported to work or attend college.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decision. The registered manager and staff were aware of the process to follow should a person lack the capacity to consent to their care. Care records included information on how people could be supported to make decisions.

Medicines were managed safely. There were policies and procedures in place, staff had received training in administering medicines and had their competency to administer medicines regularly assessed.

We saw systems were in place to monitor people's nutritional needs. People had access to a range of health care professional to ensure their health needs were met.

Systems were in place to ensure the safety and cleanliness of all the premises where people who used the service lived.

The service had a range of ways of involving people and getting their ideas for how the service could be improved. People who used the service and their relatives had been involved in planning and reviewing the care provided. People who used the service were involved in recruitment, training and service quality auditing.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns. People were confident that they would be listened to and action would be taken to resolve any problems they had.

The service had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do.

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 when staff were providing them with care and support. Staff had been safely recruited and knew the correct action to take if they witnessed or suspected abuse.

Risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Is the service effective?

Good ●

The service was effective.□

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

People who used the service received appropriate support to ensure their health and nutritional needs were met. People had access to a range of health care professional to ensure their health needs were met.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with were positive about the staff and the care and support they received.

Managers and care staff demonstrated a commitment to providing high quality person centred care. We observed that interactions were respectful, relaxed and friendly.

The service placed great importance on promoting people's

independence and identified people's preferences and routines. Care records contained information on what people could do for themselves, skills they wanted to learn and how staff could promote people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care records were very detailed and person centred and contained information about people's health and social care needs.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

People told us they received the support they needed to meet their needs, they were supported to access a wide range of activities, hobbies and places of interest that were important to them.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place who was enthusiastic and committed to providing person centred care.

People we spoke with were positive about the registered manager, staff and the way the service was organised and managed. Staff felt supported and enjoyed working for the service.

There were robust systems in place for monitoring the quality of the service provided.

Creative Support - Bury 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 check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 22 and 23 September 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care and supported living service for adults with learning disabilities who were often out during the day; we needed to be sure that someone would be in and the registered manager would be at the office. The inspection team consisted of one adult social care inspector.

Before the inspection 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 what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Bury Healthwatch for their views on the service. They raised no concerns.

With their permission we spoke with five people who use the service in their own houses. During our inspection we spoke with the registered manager, the locality manager, two support coordinators and three support staff. Following our inspection we spoke with five relatives of people who used the service by telephone to ask their opinion of the service.

We looked at four people's care records and three people's medication records. We also looked at a range of records relating to how the service was managed including five staff personnel files, staff training records,

duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe using Creative Support - Bury Service.

One person told us, "Yes I feel safe. If something is worrying me, I would tell staff. I have done a couple of times, they helped." Relatives we spoke with told us, "I can go home knowing they [staff] will be there with [person who used the service]", "I think it's 100% safe. Any problems they let me know straight away" and "[person who used the service] is safe. They are always there when [person who used the service] needs attention."

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. Staff in each supported living environment also had access to a copy of the relevant local authority's safeguarding procedure; this contained names and telephone numbers for staff to contact should they need to report any concerns. There was also a whistle blowing policy in place. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the managers of the service would deal with them appropriately.

We saw people who used the service had access to an 'easy read' safeguarding policy. This should help ensure they were aware of their right to be protected and the action they could take if they had any concerns or worries about their care.

The provider had introduced safeguarding supervisions. Managers used these supervisions to remind staff of the procedures for raising any concerns regarding the safety of people who used the service. We saw that safeguarding was also an agenda item for staff meetings.

Records we saw showed that the service kept a log of any safeguarding concerns that were raised. This included information about the incident, who the incident was reported to both inside and outside the service and any action taken to ensure people were protected from future harm.

We saw that a safe system of recruitment was in place. We looked at five staff files. The staff files we saw contained a photograph of the person, an application form including a full employment history, interview questions and answers, health declaration, at least two professional references and proof of address and identity. We noted that one file indicated that gaps in the person's employment history had been explored with them at interview, but the file did not contain written information about the reason for the gaps. We were told by the registered manager that this information was held at head office. During our inspection we saw this information. The registered manager advised us that in future this information would be kept in each person's file to ensure it was accessible. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw policies and procedures were in place to guide staff on the company's expectations about

recruitment, code of conduct, sickness and disciplinary procedures. This information should help ensure that staff knew what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who used the service. People who used the service said staff were always available when they needed support. One person told us, "I can get them anytime. They would help if I need it" Another person said, "If I need staff to help I just press that button." Relatives we spoke with said, "There is always 1:1 support when [person who used the service] is out and about, it's always there" and "They give each person time for their important things[to them]. They give everyone time and consideration."

Examination of the staff rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. This meant there were enough staff on duty to meet the needs of the people who used the service. We also found that people who used the service could 'bank' staff hours. This meant that they could build up support hours so that they could be supported on an activity or trip that would use more staff hours than they usually had. One person we spoke with told us they had done this so that they could go to a football match. Records we saw showed that managers in the service kept a record of these hours to ensure people received the support they were assessed for.

We looked to see if there were safe systems in place for managing people's medicines where the service was responsible for administering them. We found that people received their medicines as prescribed and saw that medicines were stored securely. We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at three people's Medicines Administration Record (MAR) for the previous three months. We found that all MAR were fully completed to confirm that people had received their medicines as prescribed. We saw that MAR were regularly audited by managers within the

All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be used. We saw that care records contained information about how people may indicate they needed the 'as required' medicines, for example, their facial expressions or specific words they used that meant they were in pain. This ensured the safe and correct use of 'as required' medicines.

We looked at four people's care records. They contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. Risk assessments we reviewed included activities in the community, self-neglect, road safety, use of domestic appliances, medicines, travel, choking, manual handling, behaviours that challenge, trips and falls, hygiene and personal care and finances. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incident were recorded. This included a description of the incident and any injury, action taken by staff or managers, recommendations from managers to prevent reoccurrence, whether any other organisation needed to be notified or whether it was RIDDOR reportable. RIDDOR is the reporting of injuries, diseases and dangerous occurrences. We saw

that these records were then reviewed by the registered manager.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that all staff received training in infection prevention and control. Staff we spoke with told us PPE was always available and used.

We saw that systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. The people we visited lived in properties owned by the provider. Records we looked at showed there was a system in place for carrying out regular health and safety checks in each of the homes and that equipment was appropriately serviced and maintained. Each of the homes we visited was well maintained, clean and tidy. They were decorated and furnished to meet each person's personal choice and preferences.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The service had a business continuity and emergency planning document. This detailed the action staff should take in the event of an emergency or incident including fire, people's houses being uninhabitable, loss of computer systems, outbreak of infection, loss of power or heating. Each of the houses we visited had a plan that was specifically about that house and the people who lived there and support they would need if they needed to be rehoused in an emergency. This should help to keep people who used the service and staff safe. The registered manager told us about a recent situation where the emergency plans had been used successfully to help re house people temporarily following an incident.

Records were also in place to document the checks which had been completed regarding fire safety equipment in each property. We saw that fire training was completed as part of each staff member's induction to the service. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. PEEPs described the support people would need in the event of having to evacuate the building.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the MCA. 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's capacity to consent to their support was assessed and staff had been involved in best interests meetings. We saw that these included decisions about how support would be provided, finance, medicines and tenancy agreements. We saw that family members, other professionals and independent advocates had been involved where appropriate. The registered manager told us that they had been involved in reviews and discussions with the local authority regarding people who did not have capacity to consent to the care provided by Creative Support - Bury Services. We saw these discussions and reviews had led to applications being made to the Court of Protection on behalf of people who used the service. This was to ensure that the care they were receiving and any restrictions in place were in the best interests of the individual concerned.

We found the service was working within the principles of MCA and people's rights and choices were respected. Records showed that staff had received training in MCA. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in decisions about the care they received and how they ensured people gave consent before care was provided.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

The registered manager told us that when staff started to work for the organisation they received an induction. This included a comprehensive induction at head office and working alongside experienced staff at the property they would be working at. We saw it included completing essential training, an introduction to people who used the service and the organisation. Staff also completed had competency checks to ensure they could carry out their roles effectively. Records we looked at showed that the induction training included; policies and procedures, person centred care, record keeping, safeguarding, nutrition, health and safety and fire safety. We were told that recently appointed staff who was new to the care industry or had no recognised qualifications completed the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care and is completed within the first 12 weeks of employment.

Staff we spoke with told us they had received an induction and it had been helpful for them in understanding their roles. They told us they spent time getting to know people they would be supporting. One told us, "My induction was good. You spend a bit of time with each person [who used the service]."

Staff we spoke with told us that training opportunity's with the provider were very good. The training matrix and staff records we looked at showed that staff received training that included; manual handling, emergency first aid, medicines, personal care, epilepsy awareness and autism.

Records we reviewed showed that staff received regular supervision. Staff we spoke with were positive about the support they received. They told us they received regular supervision. One staff member said of their supervision, "I asked for one, I had one two weeks before, but we had another. I feel supported." Staff told us, "We can ask for extra support if we need it" and "I am really comfortable raising any concerns". Staff we spoke with and records we reviewed showed that regular staff meeting were held. Staff told us they found the meetings helpful and they could raise any issues they wanted. One staff member told us, "It's good everyone is together. We can put things forwards". The registered manager told us that they also had themed supervisions where one topic was discussed in detail. We saw these were used to discuss, safeguarding, medicines, mental capacity, dignity and respect.

The registered manager told us the service placed great importance on recognising and valuing people's own communication methods. Where people who used the service did not use words to communicate there was guidance to staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. They included a 'Communication Passport.' This had sections such as; 'when I do this, we think it means this.' We saw these included descriptions of what certain gestures, facial expressions and body language meant. It also had information about how to support people to make decisions and choices.

The registered manager told us that pictures and photographs were used to help people communicate. In one house we visited we saw there were pictures on all kitchen cupboards to help people identify what was inside and the weekly menu had photographs of the food that was planned each day. There was a picture board with that showed which staff are coming on duty. We also saw there was a picture of a television on the wall and photographs of people's favourite television programmes for that day. The registered manager told us this was so people who lived at the house could choose and let staff know what programmes they wanted to watch.

We saw that important information was available in easy read formats which included pictures and symbols. We saw that an easy read guide to tenancy agreements was available. This explained what a tenancy agreement was and what people's rights and responsibilities were. There was also pictorial information about fire safety and safeguarding.

We looked to see if people were supported to maintain a healthy diet. Care records we saw included information about food people liked and disliked and how they were supported to maintain a healthy diet and weight. We saw that where needed people were weighed regularly and advice was sought from other professionals. People we spoke with told us they were involved in deciding what they ate and helped with food shopping. Menus we saw were nutritionally balanced.

Care records contained detailed information about people's health needs and showed that people had access to a range of health care professionals including G.P's, consultants, occupational therapists, speech and language therapists, psychologists, physiotherapists and district nurses. We saw that people were supported to access regular health screening. People we spoke with said that the service worked with all

health care professionals involved in their care.

The service also used a 'My traffic light hospital passport.' This included important information about each person's support needs and medical conditions and was given to health care professionals if the person needed to go to hospital. We found this contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

Is the service caring?

Our findings

All the people we spoke with said the service was caring. Everyone was very positive about the attitude of staff and managers and how they were supported. People told us, "The staff are caring, they talk to you", "Carers are all varied ages and experience. But they have similar warmth", "They're absolutely brilliant", "Great, they are lovely, all the staff" and "The staff are really helpful and accommodating". People also said, "Staff are great. I can have a joke and a laugh with them" and "I have nice friends here. Staff are nice and funny." A relative we spoke with said of the service, "It's absolutely wonderful", "We are so happy [person who used the service] is there."

During our inspection we found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We found that staff worked in small teams for each house or person. The registered manager told us this enabled them to match the personalities, skills and interests of the staff with each individual who used the service. People told us that staff knew people who used the service very well. They said, "Staff change, but for good reasons like promotion. But overall there is a stable staff team", "They are very good at picking up on [person who used the service] needs." A person who used the service told us, "I want to be with my staff. I like them."

Staff told us they had time to get to know people and supported the same people regularly. They told us, "They are like my family, like close friends. We have fun." All the staff we spoke with told us staff that worked for the service were caring. They said, "Staff here care a lot. They go that extra mile and are really flexible", "Staff go above and beyond, they will do over time so people don't miss out on activities."

During our inspection, with their permission, we visited people in their homes and spent time observing how staff interacted with people who used the service and talking to staff about the people they supported. We found staff took pride in the providing a person centred service. We observed that interactions were respectful, relaxed and friendly.

Care records we looked at contained a 'History file.' This contained photographs of people who were important to the person, activities and events they had taken part in. The registered manager told us this was used by staff to talk to people about their life history and helped to ensure people and things that were important to the person were not forgotten over time.

People we spoke with told us the service was very flexible. One relative we spoke with told us that the service had supported their family members who had learning disabilities and lived with their main carer in their own home. The main carer's needs had changed and they also now needed support. The service now supported all three people and had arranged staff and care so that the family could stay together.

We noted that during their induction all staff received training in relation to treating people with dignity and respect; their practice was then monitored by managers when they were observed providing support to people. In addition the provider had introduced 'The dignity challenge' supervision. This document was

used with staff to help ensure they treated people with the same respect they would expect to receive themselves. Staff were also asked to discuss how they enabled people to achieve the maximum possible level of independence and supported people to express their needs and wants. We saw that the dignity challenge was also discussed in team meetings.

The registered manager told us the service placed great importance on promoting and maintaining people's independence. Care records we reviewed contained detailed information about how staff could support people's independence. One person's support plan said to help someone choose what they wanted to wear, "Ask me to choose from my wardrobe. Sometimes I like staff to show me two options and I will choose."

The service operated a key worker system. This meant that a named member of staff worked closely with a person to make sure the service was meeting their needs. They were responsible for ensuring information was kept up to date and would also keep in contact with relatives. Records we reviewed contained notes of these meetings. One record contained photographs of the meetings, one showed the person pointing at a picture of something they had chosen to do, another had photographs of clothes that the person had chosen out of catalogues that they wanted to buy. Records we reviewed showed the key workers met with the person each month and then met with a manager each month to discuss any issues or ideas for the person who used the service. This meant that continuity of care was maintained.

Care records we looked at contained information about how people wanted to be cared for at the end of their lives. We saw this was in a booklet in pictorial form to help people understand the information. We found these included information about people's religious wishes, people who were important to them and any special wishes they had such as specific flowers or music. Staff showed us a pictorial booklet that had been used with one person who used the service when one of their relatives was dying. This helped the person understand what was happening and what would happen, including what happens at a funeral. After the relative had passed away the staff had made a photograph album with pictures of the relative so that the person who used the service could use it to talk to other people about their relative.

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive. They said it provided them with the support they needed, supported them to develop their independence and follow their interests and hobbies. People who used the service said, "They take me out. They listen", "They would help me if I needed." A relative we spoke with said, "They come up with good ideas about doing things differently, to make things easier for us."

The registered manager told us that before people start to use the service they completed an assessment of the person's support needs. The local authority and other professionals also supplied details about the person's needs. Care records we reviewed showed this assessment was detailed and covered all aspects of a person's health and social care needs. They identified the support they required and how the service planned to provide it. The registered manager told us that when someone wanted to move into one of the supported living houses they would visit the property first and meet any other tenants. This ensured all the people living at the home were compatible and also had a choice of who they lived with. The assessment process ensured people were suitably placed, staff knew about people's needs and goals before they moved in and staff could meet people's needs. We saw that the assessments were used to develop care plans and risk assessments.

We looked at four people's care records. We found they contained risk assessments and care plans that were very detailed and person centred and written using very respectful terms. They recognised people's routines and preferences. We found the information identified what was important to the person, the support people required and also placed great importance on recognising what people could do for themselves. We saw these included, health, medication, nutrition, challenging behaviour, activities and interests and personal care. They provided staff with sufficient detail to guide them on how best to support people.

Care records we looked at had been regularly reviewed and updated when changes had occurred. We saw that people and where appropriate their relatives had been involved in creating the care records and in the reviews of the care and support provided. Relatives we spoke with told us, "They have regular reviews. If I can't go they give me feedback" and "They keep in touch, they inform me of anything they need to." We saw that one person who could not write or sign their name used stickers which they placed on the support plans to indicate they had been involved and agreed to them. We saw that people also had person centred reviews each year. People who used the service and anyone who was important to them met and looked at what was working and what needed to happen to help the person meet their needs and aspirations.

The registered manager told us staff were kept up to date with changes in people's support needs by use of communication books, emails and staff meetings. Staff we spoke with told us, "They [managers] sit you down and tell you what's changed."

We looked to see what activities were available for people who used the service. We found that people were supported to access a wide variety of community based activities. People's care records contained detailed information about their interests, hobbies and goals. We saw people attended work and college, gym, social

events, gateway, football, went out for meals, shopping, and the cinema. The registered manager told us people were also supported to go on holidays. We saw that one person had been supported to put together pictures of the holiday they would like. This included the hotel they would like to stay at. People were also supported to go on day trips. A person who used the service told us they had recently been to Blackpool. Another person told us they had visited the set of a television programme they liked to watch. A staff member said of the recent trip to Blackpool, "It's lovely, they wouldn't get to go on their own." A relative we spoke with said, "[Person who used the service] looks forward to going out with them."

Care records included guidance to staff about how the person wanted to be supported when on activities. One care record we saw said that when the person was accompanied to a football game, 'I would like to buy a pie and a hot drink.'

We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with. People who used the service had access to an 'easy read' version of this policy. The service had a system for recording any complaints and the action the service had taken to respond to them.

The registered manager told us that all complaints were recorded centrally in the organisation and monitored in order to determine any themes and trends; this helped to continuously improve the quality of the service provided. People we spoke with knew how to make a complaint and were confident that if they raised any concerns it would be taken seriously and dealt with quickly. One person told us, "I had a problem with another tenant. They listened to me and sorted it out." Relatives said, "If I make a complaint, well more a concern really, it's sorted by the next day" and "I have no complaints at all, it's wonderful."

Is the service well-led?

Our findings

Everyone we spoke with said the service was well organised and well-led. A relative we spoke with said, "Communication is really good. We have a book and diaries. It's really important, it [the service] runs like a smooth wheel."

The service had a registered manager who was present during our inspection. 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. Everyone we spoke with was complimentary about the registered manager. People who used the service told us, "She is quite lovely and straight forward," and "She's very good." Relatives we spoke with said, "She's very nice, very helpful," and "She is marvellous."

Staff we spoke with said of the registered manager, "She is approachable, she asked me how I find working with people", "She is very much about the service users and staff. She is people focused, very person centred", "She is approachable, but works really hard, she needs to let go of the reins sometimes." They told us the registered manager supported them well. They said, "She is easy to speak to, friendly. She is always there to offer support," "She's great, always on hand. She will come back to you if you need her," "I like her. We hear from her when it matters. If we need her she comes. She has covered shifts when we needed her to."

During our inspection we found the registered manager to be enthusiastic, caring and committed to providing a good quality person centred service.

Staff we spoke with were positive about working for Creative Support - Bury Service. They said, "It's cheerful. We have fun", "Staff are friendly. We are a good team," "It's fantastic, training is brilliant. Everyone I have met has been approachable. You ring head office and everyone is lovely." Another staff member told us, "I could get better pay elsewhere, but I don't think you would get the same support."

We saw that the provider had an awards system for team and employee of the month. This helped recognise and promote good practise. Staff who won the wards were rewarded with gift vouchers. We saw that staff at one house had been award team of the month in May. The nomination said, "The team at [name of one supported living house and manager] really are inspirational. Providing consistently person centred support under pressure is not always as easy task but the team work tirelessly to ensure the service users' needs and wants are central to what happens in this lively house, which feels like a home from the moment you enter."

The service had an out of office hours on call system. This gave people a telephone number they could use to contact a manager at any time. Staff and people who used the service told us the on call telephone was always responded to promptly.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their

services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits. These included health and safety, safeguarding, accident and incidents, training, supervision, complaints, medicines, care records and finances. Records showed that the registered manager also kept a separate log of any safeguarding, accident or incidents which had occurred in the service. This log was reviewed monthly and the information was used to identify and themes or patterns so that action could be taken to prevent future occurrences. We saw that this information was also sent to head office and discussed at area managers meetings so that the wider organisation could learn from any incidents.

We saw that regular meetings were held for managers of the service and regional meeting held for senior managers. Records of these meetings showed that these included discussions about the quality of the service and how it could be improved.

We saw that the registered manager also conducted regular audits for each of the houses. Each audit involved the collection of evidence against each of the five key questions included in CQC inspections. The registered manager then awarded a rating to each of the questions based on the information they reviewed. The outcome of these audits helped the registered manager to identify areas for service improvement. Unannounced separate monitoring visits were also undertaken by the provider's quality team. The registered manager told us that people who use the service were part of these quality team audits.

The provider also produced a 'Quality Matters' newsletter on a quarterly basis. This helped staff understand the importance of quality monitoring and any plans for service improvement.

We saw that there were a variety of ways the service involved people who used the service in contributing to how it was run. We were told that one person was on the board and other people were involved in quality monitoring visits. One person who used the service told us they were involved in interviewing for staff. The registered manager told us that some people who used the service had also undertaken 'train the trainer' courses so that they could deliver staff training.

The service produced a quarterly newsletter to help share stories of things people had done and about events that had happened or were planned within the Bury service area.

The service distributed an annual satisfaction questionnaire to people who used the service and their family members. We saw that the majority of responses to the most recent surveys were very positive. The provider also had a regional consultation process in place to gather the views of people who used the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

There was also a statement of purpose. This told people where the services were located, the facilities on offer, what the service provided, aims and objectives of the service and information about how the service was run and what people could expect. It included information on how to make a complaint.