Creative Support Limited

Creative Support - Brownley Road

Inspection report

177-179 Brownley Road
Wythenshawe
Manchester
Greater Manchester
M22 9UH

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07 February 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 inspection took place on 06 and 07 February and was unannounced.

This is the first inspection we have carried out of Creative Support – Brownley Road (Brownley Road) since it was registered with us in July 2015. Prior to its' registration in July 2015, Brownley Road formed part of Creative Support's 'South Manchester Services'.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provided support to people who had a learning disability or who had an autism spectrum disorder (ASD). People using the service lived in one of two houses that were located on the same site. Each house had a staff office and was split into one ground floor four bed flat, and two first floor single bedroom flats. People living in the shared flats had access to communal kitchen, bathroom and lounge areas. The premises are modern and purpose built. In total, the service could accommodate up to 12 people across both houses.

At the time of our inspection the service was providing support to ten people. Not everyone using the service received support with a 'regulated activity'; CQC only inspects the service being received by people provided with the regulated activity of 'personal care'. Personal care includes help with tasks related to personal hygiene and eating. Where people are supported with personal care, we also take into account any wider social care provided.

Brownley Road had not been developed and designed entirely in line with the values that underpin the Registering the Right Support and other best practice guidance. The service was providing support in-line with the values outlined in this guidance, including those of choice, promotion of independence and inclusion. However, the physical environment where people were living was not consistent with recommendations for newly developed learning disability services. This was as the setting provided support to a larger number of people living in a small campus style setting. However, the service worked to minimise the impact of the physical setting, and to provide people with person-centred care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a number of vacancies for permanent staff, which meant they relied on using agency and 'bank' staff to cover gaps in the staff rotas. However, the registered manager had sought to minimise the

impact of this. For example, they ensured there were always permanent staff members working alongside temporary staff, and they had processes in place to try and ensure the same temporary staff were used on a rolling basis. Relatives we spoke with told us both they and their family members knew the staff well and had developed positive relationships with them.

Staff assessed risks to people's health, safety and wellbeing. We saw that where staff had identified potential risks, that they had put in place measures to help reduce the likelihood of that person coming to any harm. However, we found one person's moving and handling risk assessment and support plans had not been completed in a timely way. Whilst staff were aware of the support this person needed, this would increase the risk that staff may not be aware of how to support this person safely.

We saw staff completed a variety of checks to help ensure people were protected from harm. For example, they checked the fire alarms, escape routes, people's medicines and finances regularly. However, we saw a fire risk assessment completed for the housing association that owned and managed the premises indicated that people would not be safe to stay in the building in the event of a fire. It recommended that the suitability of the premises should be assessed for anyone who could refuse to evacuate. The provider was not aware of these recommendations. The provider was in contact with various parties, including the housing association and fire risk assessor at the time of writing this report. We asked them to let us know about any required actions to ensure people were safe.

Medicines were stored and managed safely. We saw staff kept accurate records of the medicines they administered. The registered manager had introduced a number of measures to help reduce the likelihood of any medicines errors occurring, which included having a second member of staff to verify the correct medicines had been dispensed. We saw that whenever any errors had occurred, that these had been appropriately investigated and acted upon.

Staff were happy and motivated in their roles. They told us they were well supported by the registered manager who both staff and relatives told us was approachable. The registered manager had encouraged an open and honest culture within the service. This helped ensure staff and the service as a whole were able to learn from any mistakes. Staff felt comfortable raising any concerns they might have. However, we saw there were also systems in place to allow them to raise concerns anonymously if they didn't feel confident to do this openly.

Staff received a range of training that helped them provide effective support that met people's needs. Staff told us they were encouraged to identify any training opportunities that they felt would upskill the staff team and enable them to better meet people's needs. The registered manager was in the process of arranging training to support the staff team in meeting the needs of people whose behaviour could challenge the service.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make their own decisions whenever possible. However, consent forms had not always been signed where the person had capacity, and one person's care plan directed staff to seek consent via a relative. Whilst this person's relative should have been consulted about significant decisions, they would not normally have been the person to make the final decision about matters such as medical treatment. The registered manager told us they would review these documents.

Staff supported people to access a range of activities that meet their needs and interests. This included making use of facilities in the local community. Staff showed a good understanding of the need to support people to be as independent as possible. They were able to give us examples of how they supported people

to build skills and become more involved in the running of their home.

People support plans contained relevant details about the support staff should provide to meet a range of the physical health, mental health and social support needs. People were involved in planning and reviewing their care through formal reviews and monthly keyworker sessions. However, we found that the knowledge staff had about people's support needs was not always recorded in the support plans. One person's support plan had also not been updated following a significant change in their care. However, the registered manager had identified this issue and had produced an action plan for staff to update the relevant documents shortly after our inspection.

The service had not received any formal complaints within the past year. Relatives we spoke with told us they would feel confident approaching staff or the registered manager if they did want to raise a concern. We saw the complaints policy was also available in pictorial format, which would allow staff to better support people using the service to understand how they could raise a complaint if they felt the need to do this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had assessed risks to people's health, safety and wellbeing. However, relevant risk assessments had not always been completed promptly when a person had started to use the service.

Medicines were managed safely. We saw the registered manager had introduced a number of measures to help reduce the likelihood of medicines errors occurring.

The provider was not aware of the findings of a third party fire risk assessment that indicated potential concerns in relation to the safety of people's homes.

Is the service effective?

Good

The service was effective.

Relatives were confident that staff were competent to meet their family member's needs. We saw staff had undertaken a range of relevant training.

Staff received regular supervision and support from their manager.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and supported people to make their own decisions whenever possible. However, there were some inconsistencies in records relating to capacity and consent.

Is the service caring?

Good

The service was caring.

The service was using agency and bank staff on a regular basis. However, steps had been taken to minimise the impact of this. People were supported by teams of staff that knew them.

Relatives reported that their family member's had developed positive relationships with staff that supported them. They also

told us people got on well with the others they lived with.

Staff encouraged people to be independent and build skills when possible.

Is the service responsive?

Good

The service was responsive.

Staff supported people to access a variety of activities in line with their interests. This included volunteering opportunities.

Staff supported people to maintain relationships with people that were important to them.

Support plans contained information on people's likes, preferences and care needs. Staff knew people's needs and preferences well. However this information was not always reflected in the support plans.

Is the service well-led?

Good

The service was well-led.

There was an open and honest culture. This would help the service learn from mistakes and make improvements.

Staff were motivated and enjoyed the roles they were working in.

Relatives and staff told us the registered manager was approachable and listened to any feedback they gave.

Creative Support - Brownley Road

Detailed findings

Background to this inspection

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

This inspection took place on 06 and 07 February 2018 and was unannounced. Inspection site visit activity started on 06 February and ended on 07 February. It included visiting the service's main office, which was located in one of the two houses where people were living. We also visited people living in two shared flats. We carried out phone calls to relatives of people using the service on 15 February 2018.

The inspection team consisted of one adult social care inspector. An inspection manager also accompanied the inspector on the first day of the inspection as part of an annual practice observation.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications the provider had sent us about serious injuries and safeguarding. Statutory notifications are information the provider must send to the CQC about certain significant events that occur whilst providing a service. We reviewed the registration report for the service, which was completed by a registration inspector from the CQC at the time the service registered with us in July 2015.

We sought feedback about the service from the local authority commissioners and quality monitoring team, Healthwatch Manchester and professionals with recent involvement in the service. We did not receive any feedback in response. The focus of the inspection was in part informed by the response to questionnaires we had received from staff and professionals involved with the service. Questionnaire responses were generally positive, but suggested that improvements could be made in relation to the provision of meaningful activities and stimulation for people using the service.

Due to technical problems we were not able to view the most recent provider information return (PIR) submitted by the provider. However, we viewed the PIR they submitted in December 2015. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took into account that we weren't able to view the most recent PIR when we inspected the service and made judgements in this report.

Some people using the service were not able to make an informed decision about whether they would be happy for us to visit them at home. We therefore asked the registered manager to complete best-interest decisions for certain people who were not able to provide their consent to our visit. As a result, we visited people living in both of the two shared flats at Brownley Road. We observed the support that staff provided to people whilst they were at home, and spoke with two people who were using the service. We were only able to get limited feedback on the service from our conversations with people using it, and therefore sought further feedback from people's relatives. We spoke with three people's relatives by phone shortly after in inspection site visit.

We also spoke with the registered manager, four support workers, the service director and the locality manager. We reviewed records relating to the care people were receiving. This included daily records of care, medication administration records (MARs) and the care files of three people. We looked at records related to the running of a supported living service, including, three staff personnel files and recruitment records, records of training and supervision, accident records, staff rotas and quality audits.

Requires Improvement

Is the service safe?

Our findings

Staff had assessed potential risks to people's health, safety and wellbeing. People had 'holistic risk assessments' in their care files. These consisted of checks lists that prompted staff to consider a wide range of potential risks, such as risks arising from falls, social isolation, medicines and behaviours that challenge. Where staff had identified potential risks, we saw there were plans in place to help reduce the likelihood or impact of the person sustaining any harm. Staff we spoke with were aware of these plans. We also saw that when possible, people were asked to review and comment on their risk assessments. This is good practice as it helps involve people in managing risks to their own safety and wellbeing, and helps ensure measures in place to reduce risks are reasonable and not overly restrictive.

However, we found staff had not completed relevant risk assessments for one person in a timely way. This person had experienced recent significant changes in their mobility. The registered manager told us a physiotherapist had been involved in assessing their need for equipment including a shower chair, wheelchair and walking frame. However, we were told there was no record of these assessments, and there was no moving and handling risk assessment in place for this person. There was also limited detail in their person's care plans in relation to their mobility support needs. Whilst staff we spoke with were aware of the support this person needed in relation to their mobility, the lack of a moving and handling risk assessment and care plan would increase the risk that staff may not be aware of the support this person required to help them transfer, bathe, and mobilise safely. It also increased the likelihood that hazards in relation to supporting this person with their mobility had not been identified. We saw this shortfall had been recognised by the registered manager who had put an action plan in place for staff to complete the required assessments by 11 February 2018. We received evidence shortly after the inspection that this person's moving and handling risk assessment and support plans had been completed.

We saw staff reported any accidents or incidents to the registered manager by completing a standard form. The registered manager had reviewed these forms and had recorded any further actions that were required to help keep people safe. As part of this process, we could see from the comments recorded, that the registered manager had considered whether there could have been any reasonable actions that might have prevented the accident or incident occurring. The registered manager also kept a log of accidents/incidents, which provided a simple overview of the nature of the incident, actions taken following the event, and any lessons learned. We also saw practical examples of actions that had been taken following accidents and near misses that helped keep people safe. For example, we saw the service had worked with the housing association to make changes to the grounds the houses were located in that helped reduce risks arising from one person's limited mobility. This showed the service learnt from past incidents to continue to improve the safety of the service.

We saw the service had a business continuity plan. This detailed the steps that should be taken to help ensure the service could continue to run safely in the event of unexpected events such as fire or depletion of available staff. People using the service lived in their own homes, and the CQC do not regulate the premises where people were living. However, providers retain responsibilities for ensuring people receive care in a safe environment, and that any apparent risks to people's health and safety are appropriately acted upon.

We saw staff completed routine checks to help provide assurances that the environment was safe. This included checks of the fire alarms, means of escape and electrical equipment for example. We saw the housing association that owned the two houses had provided Creative Support with a copy of a fire risk assessment for the premises that had been completed by a third party risk assessor. In this risk assessment, the risk assessor had commented that the premises were unsuitable to remain inside during a fire. They stated that the suitability of the premises should be re-assessed for anyone who would be likely to refuse to evacuate in an emergency. The registered manager was not aware of these findings, and acknowledged some people living in the houses could potentially refuse to evacuate. Staff had last carried out a fire drill in May 2017 when no issues in relation to safe evacuation had been identified. The registered manager told us they would discuss the risk assessment with the provider's health and safety lead and the fire risk assessor. These concerns were also with the fire service and commissioners of the service. We asked the registered manager to keep us updated in relation to any required actions once discussions with relevant persons had taken place.

Relatives we spoke with felt staff helped keep their family members safe. One person we spoke with told us they were 'alright' and that nothing upset them. Staff we spoke with were aware of their responsibilities in relation to safeguarding, and they were able to tell us how they would identify potential signs of abuse or neglect. Staff told us they would report any such concerns to the registered manager. We saw the registered manager had alerted the local authority to any safeguarding concerns as required, and they had completed appropriate investigations when requested to do so by the local authority. For example, we saw they had taken statements from staff and reviewed care documents in relation to concerns raised.

The provider had notified the CQC of five medicines errors in the 12 months preceding the inspection, which they had also considered to be safeguarding concerns. We discussed this with the registered manager who told us about additional measures that had been put in place to help reduce this incidence of medicines errors. This included for example, the introduction of a check of medicines administration by a second member of staff during the day. We saw the registered manager had investigated any medicines errors, and taken appropriate actions. This included removing staff members involved in medicines errors from responsibilities for medicines administration duties, carrying out a 'medicines supervision' and reassessing the staff member's competence. We discussed medicines errors that had occurred with the registered manager and found they had a good insight into the potential causes.

We saw medicines were stored safely in locked cabinets within each person's room. Staff monitored the temperature that medicines were kept at to ensure medicines were being stored in accordance with manufacturer's instructions. Staff had kept complete records of medicines administered, and we saw medicines had been dispensed from people's blister packs as required. Some people were prescribed medicines to be taken on a 'when required' (PRN) basis. We saw in most instances where this was the case that there were protocols in place to inform staff when these medicines should be administered, and their intended effect. We saw one person did not have a PRN protocol in place for a recently prescribed medicine. We made the registered manager aware of this, and they had put this in place by the second day of our inspection.

Staff were aware of how to 'whistle-blow' if they had concerns they did not feel able to raise with the registered manager. Staff told us that internally, they could report concerns to the locality manager or they could report concerns via a web-form on the provider's website. They told us this form would also allow them to raise concerns anonymously, and was available to all staff, people using the service and relatives to complete. This would help encourage staff to raise concerns if they did not feel confident to do so openly. We saw the service had received a whistleblowing concern, which had been appropriately investigated, and the whistle-blowers concerns had been acted upon. Staff told us they felt they would be supported by the

provider should they feel the need to raise any concerns.

Some people that staff supported could display behaviours that challenged the service. We saw that where required, people had positive behavioural support (PBS) plans in place. These detailed how staff should reduce the likelihood of behaviours that challenged and how staff should respond to support that person if they did become anxious or agitated. Staff were able to tell us about how they would respond to any potential triggers and support people positively in line with their PBS support plans. The registered manager had recently identified a need for staff to receive elements of the PBS training offered by the provider. We saw they had put in a request for this training, which it was intended would be tailored to meet the specific needs of people using the service at Brownley Road. One relative we spoke with told us they found the staff team provided effective support to their relative in relation to behaviours that challenged.

The registered manager told us staffing levels were determined by the number of hours of support commissioned by the local authority. People living in the shared flats received 24 hour support that was shared between the people living in that flat. In addition, people received a varying number of commissioned one to one support hours. We looked at staff rotas, which confirmed the level of staff support provided was as commissioned. The registered manager informed us there were between five and six full-time vacancies for day support workers. There was on-going recruitment to try to fill these vacancies, and other incentives such as an increased rate of pay had also been put in place. Any short-falls in rota cover were addressed through the use of bank and agency staff. The registered manager told us they were usually able to get consistent bank and agency staff to cover any shifts, which helped ensure continuity of care. This was confirmed by staff we spoke with who told us they felt there had been minimal impact on the care people received as the result of the current vacancies in the staff teams.

The provider had robust procedures in place to help ensure staff recruited were of suitable character. We saw all applicants had provided a full employment history, references and suitable identification. They had also completed health declarations and attended an interview where the provider had considered their suitability for the role. Staff had Disclosure and Barring Service (DBS) checks in place prior to them commencing employment. DBS checks provide details of any convictions or cautions received, and help employers make safer recruitment decisions. We saw that either the Chief Executive or human resources director signed off all applications to show they were satisfied the required checks had taken place and that the applicant was suitable.

Staff were aware of practical steps they could take to reduce risks associated with the spread of infection. For example, they told us they would regularly wash their hands and would wear personal protective clothing (PPE) such as gloves when supporting people with personal care. Staff supported people to maintain clean and tidy homes. Both of the shared flats we visited were visibly clean and tidy.

Good

Is the service effective?

Our findings

People's relatives we spoke with were confident that staff had the required skills and competence to meet the needs of their family member. One relative told us their family member had previously received support from a different provider and that their former support team had been very experienced working with people with autism. However, they told us their family member had settled in well to Brownley Road, and was receiving effective support from their current staff team now they had got to know their family member better.

Training was delivered through a mixture of e-learning and face to face training courses. The services training matrix showed that staff had received a range of training relevant to meeting the needs of people using the service. This included training in safeguarding, medicines, moving and handling, epilepsy, food safety and autism awareness. The provider ran a seven day induction programme designed to cover the 15 core standards of the care certificate. The care certificate is an agreed set of standards that should be covered to ensure staff new to working in care receive an adequate induction. We saw this programme included training on working with people with a learning disability for people working in services such as Brownley Road. We saw agency staff had received a local induction to the service, which would help ensure they were aware of their responsibilities, and expectations of them whilst working at the service. During the inspection staff demonstrated that they understood the needs of the people they were working with. For example, one staff member talked about the actions of a person they were supported and explained they did this to meet a sensory need.

Staff told us they felt the training was sufficient to enable them to provide effective support to people living at Brownley Road. One staff member told us they were encouraged to look into training opportunities that could help the staff team gain knowledge that would increase their confidence in meeting specific needs that people living at the service had. One staff member told us there was a 'strong focus' on training and development as part of the supervision and appraisal process. They said they had been able to complete a 'train the trainer' course, which equipped them with the skills to deliver a training course on CQC's regulation to the staff team. This showed staff were given opportunities and encouraged to learn and develop within their job roles.

Staff were supported in their roles, and their competence monitored by the registered manager. Staff received an annual appraisal and supervision approximately every two months. This was in addition to spot-checks of staff competence, which consisted of recorded observations of staff practice. Supervision and appraisal records showed that staff received feedback on their performance, which staff told us they found helpful. One staff member told us, "I can ask for a supervision when I want it. [Registered Manager] will make time for you… It helps to break problems down to let you see the bigger picture." We saw staff received 'themed' supervisions as part of a regular schedule, which focussed on specific topics including safeguarding and dignity. This would help the registered manager ensure staff were aware of their responsibilities and good practice in these areas.

The service was located next to a health centre that contained GP's surgeries. Records showed that people

had regular input from a range of health and social care professionals including GP's, speech and language therapists (SALTs), podiatrists and Psychiatrists. People had health action plans that set out any health needs each person had, and how staff would people to meet those needs. This included supporting people to access appropriate health services, and providing them with information about those services. We saw people's allocated 'keyworkers' completed weekly reports that detailed any health appointments attended. Staff told us there was also an allocated member of staff whose responsibility it was to make sure people's routine health appointments were not overdue. Staff involved people in completing meal planners for the week ahead. We saw people's dietary needs and preferences were recorded in their support plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

In community settings, including supported living services like Brownley Road, applications to authorise restrictive practice have to be made to the Court of Protection. These are also sometimes called 'DoLS (deprivation of liberty safeguards) in a domestic settings' (DIDs). We saw that staff had identified potentially restrictive practices using a screening tool, and the registered manager confirmed the local authority had been informed as is the usual process. At the time of our inspection, no applications had been made to the Court of Protection.

Staff understood the principles of the Mental Capacity Act, such as that people should be supported to make a decision themselves if possible, and that any decision taken on a person's behalf should be the least restrictive option. People's support plans showed that mental capacity had been considered as part of the support planning process, and information was included about how people should be supported to understand information and make their own decisions whenever possible. We saw that the provider had carried out capacity assessments and best-interest decisions in relation to more significant decisions. People's care files contained consent forms covering areas such as receiving support with medicines, care planning and disclosure of information. However, one person who was indicated as having mental capacity had not yet been asked to sign this form, and another person's health action plan stated their relative should be asked to consent to any care or emergency treatment decisions. Whilst others, such as relatives should usually be consulted about such decisions, they will not usually be the decision maker. This is unless they hold legal authority granted through for example, a lasting power of attorney for care and welfare. We raised these issues with the registered manager who acknowledged the consent form needed to be signed. We saw this had been identified on an action plan the registered manager had produced. They told us the health action plan would be reviewed.

People's social support needs were assessed along with any needs relating to their physical and mental health. This was recorded in a 'holistic assessment' that was then used to update people's support plans. The registered manager told us the needs and preferences of other tenants were considered when any referrals to the service were received. They gave us an example of how they had considered other people's preferences in relation to a recent referral. We spoke with the relative of one person who had recently moved to the service. They told us they had been fully involved in supporting this person's transition to the new service and were happy with how the staff team had support their family member during the move. The registered manager told us another person who had recently started using the service had been unable to visit, so another health professional had arranged for a video of the home to be made so they could be

shown the service and asked if they were happy to move there in advance. We saw the registered manager had also visited this person and carried out an assessment. Their former staff support team had also supported them initially at Brownley Road to help them settle in and to support the new staff team to get to know them.

Good

Is the service caring?

Our findings

We saw there had been historical complaints in relation to a high turnover of staff at the location. The registered manager acknowledged that staff recruitment remained a challenge, and told us the service currently had between five and six full time staff vacancies during the day. Either staff working ad-hoc for the provider (bank staff) or staff from agencies covered any shortfalls in rota cover that could not be picked up by existing staff. However, we were satisfied that the registered manager and provider had done all they could to help minimise any possible impact that shortfalls in permanent staffing levels had on people. For example, the registered manager told us 'shift-leaders' within each house would always be permanent staff, and agency staff always worked alongside regular staff. There were also arrangements in place to help ensure the same agency staff were used repeatedly, rather than a new member of staff being used each time. Staff told us that when they worked alongside agency staff that they would always be the ones to provide any intimate personal care. People whom had more complex needs were also supported by small, consistent teams of permanent staff. These measures helped ensure people received consistent support and enabled staff to get to know the people they supported.

Staff we spoke with were able to talk in depth about people's support needs, interests and preferences. This demonstrated that they knew people well. Relatives we spoke with were positive about the support staff provided. They told us their family members had developed positive relationships with that staff that supported them. One relative told us, "[Staff member] is with [my relative] I lot. They think a lot of [staff member] They [staff] all seem really nice." Another relative said, "Staff know [family member] well. They have a keyworker, [staff member], who is really good and keeps us up to date." During the inspection we observed that staff treated people with respect, and interacted positively with them. For example, we saw staff allowed people space and privacy when this is what they wanted. Another person returned home having been out to the cinema, and staff engaged them positively and enthusiastically in conversation about their day out and other matters of interest to them.

People's support plans outlined their existing skills as well as any support they needed. This would help ensure staff were aware of people's current abilities so they could continue to encourage and help them develop their independence. For example, one person's care plan detailed tasks they were able to help with around their home, and stated that they were able to access the community independently. Support plans also contained a section titled, 'self-care' that detailed what aspects of their own care they could be involved with and how. Staff understood the importance of supporting people to learn new skills and increase their independence whenever possible. One staff member gave us an example of how staff had broken down tasks into steps to help a person learn how to become more involved in their personal care, meal preparation and doing their laundry. During our visit to people's homes we saw staff encouraged people to be involved in routine tasks. For example we saw staff encouraged and supported one person to wash and put away a cup they had used.

Relatives we spoke with told us their family members always looked 'clean' and looked after. Staff told us it was important to remember that they were working in someone's home. They told us they would ensure people's privacy was respected by allowing people space when they wanted it, explaining any care or

support they intended to give, and by ensuring curtains and doors were closed when providing personal care. We saw several staff members working at the service were identified as 'dignity champions' and had signed pledges stating their commitment to respecting and promoting people's dignity. One staff member who was a dignity champion told us, "We pride ourselves on supporting people's dignity. We have dignity champions, I am one. Having dignity champions pushes support workers to increase their knowledge; I think it has made a huge difference. For example, in the use of professional language and treating people as individuals, as well as working in a more person centred way." Support plans included prompts that would help staff recognise if people had any particular support needs in relation to their race, religion, gender or sexuality. Staff told us it was important to treat everyone as an individual and work to people's skills.

We saw records relating to people's care were kept securely in lockable cabinets, with staff having access to the records they needed to for reference or updating. We saw from minutes of a team meeting that confidentiality had been discussed with the staff team to help ensure they were aware of their responsibilities in relation to maintaining confidentiality.

People's support plans contained a section on advocacy. These detailed what support, if any, people needed in relation to advocacy and making significant decisions. For example, one person's support plan noted that they were able to self-advocate in most instances, but that a referral for an independent mental capacity advocate (IMCA) could be made if required. Staff told us they also had a role to play in advocating on behalf of people using the service. For example, one staff member talked about advocating on behalf of a person using the service in recent meetings with external care professionals. They told us they had put across the case for this person to continue to receive a level of support that allowed them to maintain their access to activities that they enjoyed and were beneficial to their health and wellbeing. People's keyworkers met with them on a monthly basis to complete 'keyworker reports'. These provided an overview of recent activities and health appointments for example. Staff told us these sessions were also useful for reviewing and changes in people's support needs and involving people in decisions about their care.

Good

Is the service responsive?

Our findings

People's support plans were detailed and contained information that would help staff meet their needs and preferences. For example, people's support needs in relation to their physical health, relationships, occupation, money and housing were recorded. People's social histories, likes, dislikes and interests were also documented, which would help staff get to know people and be better placed to understand and meet their needs.

We saw support plans had been reviewed within the past year, and some people had participated in formal reviews of their planned care. We saw actions had been identified as a result of such reviews, and also saw evidence that changes to people's support or environment had been made as a result of these identified actions. People were also involved in reviewing their care and support through the system of 'keyworker meetings' that took place between a nominated staff member and the person using the service. As well as being used to involve people in reviews of their support, we saw the keyworker sessions were used by staff to help identify any goals or current aspirations of each person.

However, there was scope further improvements to be made in relation to the care planning and review processes. Speaking with staff we found they had a detailed knowledge of people's preferred routines and how to support them effectively. However, this information was not always reflected in people's support plans. Doing so would help ensure this knowledge was captured and would help ensure people received consistent care. We also found staff had not yet reviewed the support plans of a person who had recently moved to Brownley Road from one of the provider's other services. Whilst much of the information contained in their previous support plans was still relevant, the registered manager acknowledged this information needed to be reviewed and updated. We saw they had recognised this and had put an action plan in place for staff to complete the required paperwork and reviews. The registered manager had also completed a transition care plan, which meant that most of the significant information on this person's needs and preferences had been captured.

The registered manager told us no person using the service had any specific communication support needs in relation to a sensory impairment or disability. We saw people's support plans contained information on how staff should communicate effectively with them. This included details such as how an individual would communicate if they were in pain for example. Staff told us most people communicated best verbally, or through observing their body language. However, we saw staff also had access to information in pictorial form, including certain policies and information on attending health appointments. Such information may have been helpful to facilitate communication with certain individuals.

People received support to access work and leisure opportunities that they enjoyed. People using the service received a variable number of commissioned one to one support hours. These were used to support people to engage in a variety of activities that they enjoyed and helped meet their needs. For example, we saw people had been supported to go on day trips, visit museums, go for pub lunches, walks, swimming and shopping. Staff told us that one person volunteered at a local park to help out with gardening work. We also saw people were supported to engage in activities they enjoyed at home such as listening to music, or

completing jigsaws. Staff told us that one person had a sensory room in their flat that they used regularly.

Relatives we spoke with told us their family members were regularly supported to take part in activities they enjoyed. One relative told us, "I couldn't ask for more [from the service]. [Person] likes going out, and they take them out whenever they can." Some people using the service were able to access the local community independently, and staff helped others to access community facilities with their support.

Staff supported people to maintain relationships with people that were important to them, as well as to meet new people. For example, staff supported some people to visit family members. They also spoke about a person who used the service who had built friendships with other people attending a tea dance in the local area. Staff told us another person had lived in the area for a long time, and knew lots of people in the local area, including staff at a local shop. Relatives we spoke with told us their family members had built friendships with the people they lived with, and said there were regular events arranged at the service for occasions such as Birthdays. Family members were invited to attend such events.

Relatives we spoke with told us they had not felt the need to raise any formal complaints with the service. However, they told us they would feel comfortable approaching the registered manager or a staff member to raise any concerns they might have. One relative told us, "I've not had to raise a complaint… I speak to all the staff and get to know them, and they get to know us." Another relative told us they had not raised a formal complaint, but had felt the need to discuss a concern they had with the registered manager. They told us the registered manager had listened to them and acted on the concern they raised.

The provider had a complaints policy that was also available in pictorial form. This would help staff support people using the service to understand the complaints process and to raise a complaint should they think this was necessary. The registered manager kept a log of complaints, which gave a summary of the concerns raised, along with any actions taken and any 'lessons learned'. We saw there had been no formal complaints raised since November 2016. Looking at historical complaints, we could see that the provider had investigated complaints and had issued apologies, or taken actions to put things right when required.

Brownley Road consisted of two purpose built modern houses located on one site. Each house was split into one four bedroom ground floor flat, and two single bedroom first floor flats, accommodating up to 12 people in total. The registered manager told us one of the biggest challenges they faced was in relation to how the service looked. Whilst the two houses were modern and accessible, the registered manager acknowledged this meant they had a slightly 'clinical' feel. However, staff had minimised the impact of the physical characteristics of the buildings by helping people personalise their rooms and communal areas with personal items and photos.

Good

Is the service well-led?

Our findings

The service had a registered manager who was registered with the CQC to manage the service in July 2015. The registered manager told us they provided direct support to people living at the service and had two days per week assigned 'off rota'. They told us they found this was sufficient 'for the most part' to allow them to complete their duties. The registered manager was supported by two senior support workers who each had one day off rota per week, and a locality manager who supported Creative Support services in a wider geographical area.

Relatives and staff we spoke with were positive about the registered manager's leadership of the service, and the quality of the service in general. Comments from relatives included, "The service is brilliant, I wouldn't do without it. They are always there", "Compared to where [family member] was before, this service is absolutely brilliant" and "We are close to [Registered Manager] which enables us to say what we want to say." Staff told us the registered manager was approachable and supportive and listened to them. One staff member told us, "[Registered Manager] is very approachable. You can go to them with ideas and they will explain why we can't do something if it's not possible. They are also willing to take positive risks."

Staff were happy and motivated in their roles, and told us they worked well as a team. The registered manager promoted an open and honest culture that would help the service learn and improve. One staff member told us, "There is no blame culture. Morale is quite high and staff help each other out. This filters down from the top. We look for solutions and encourage an open approach and scrutiny. That's important as we are here to support vulnerable people and should learn from mistakes." Another staff member told us, "I say to staff if you're honest with [Registered Manager] you'll be okay. I do feel there's an open and honest culture, nothing is a big deal. If something happens they sort it. If there are any mistakes they are dealt with straight away." The registered manager split records of safeguarding and accidents/incidents into confidential and non-confidential files dependent on their content. This enable staff to have access to the majority of these records, which would also help facilitate learning from incidents and helped in the promotion of an open culture.

We saw a range of audits and checks were completed to help the provider and registered manager monitor the safety and quality of the service. For example, there were monthly audits of medicines and a monthly registered manager's checklist. This covered areas of service delivery including care plans, complaints, support plans, health and safety and medicines for example. Other than the potential fire safety issue, we saw these checks had identified the shortfalls we found, such as in relation to the completion of one person's moving and handling risk assessment. This had led to the registered manager producing action plans, that were due to be completed shortly after our inspection. Staff were also involved in carrying out daily checks relating to health and safety, medicines and finances for example. These were recorded in either the health and safety file or staff handover record that was completed at every shift change.

There were 'log sheets' in place in accident and incident and safeguarding files that provided a summary of any incidents. These forms would help the registered manager maintain an overview of any trends in

accidents or safeguarding that might indicate changes were required to improve the safety of the service. We noticed that the log in one of the accident/incident files had not been updated since April 2017, which would increase the risk any emerging patterns in relation to accidents might not be identified. However, we were assured from our discussion with the registered manager that they had a good overview and understanding of all incidents that had occurred in the service.

The provider carried out comprehensive audits of the service. The last full audit had taken place in April 2017, and a more recent partial audit had taken place in January 2018. The registered manager told us this most recent audit had been triggered due to the high level of agency staff use at the service. It identified that the service had good ideas in relation to the recruitment of staff, and the audit had been used to contribute to the development of the service's action plan for staff recruitment.

The registered manager had sought the views of relatives and external professionals with recent experience of the service. We saw that questionnaires had been sent to families and professionals in January 2018. The registered manager told us there was no analysis carried out of questionnaires to identify common themes or issues. However, they told us they reviewed all comments made and took action to address any concerns people had. We saw the majority of comments received were positive. One relative had made a less positive comment about the competence of non-permanent staff who supported their family member. The registered manager was aware of this comment and was able to tell us what actions they had taken to address this concern. Feedback from people using the service was gathered through the monthly keyworker review meetings that took place. Staff used a standardised form to carry out these reviews. They told us this form had been adapted from the standard one used by the provider to help staff get useful feedback about people's services that they could then use to make improvements.

The service worked in partnership with organisations such as local authority commissioners and others involved in people's care. For example, the registered manager shared the concerns identified in relation to fire safety with the local authority commissioners, and we saw a range of professionals had been involved in the review and assessment of people's care needs. The registered manager and staff were aware of relevant guidance, such as in relation to regulation by CQC. For example, we saw the locality manager was aware that changes had been made in November 2017 to the key lines of enquiry (KLOE's) follower by CQC during our inspections. They had advised the registered manager to review and print a copy of the amended KLOE's. We saw staff had also set up a folder where they had included evidence in relation to each of the key questions (safe, effective, caring, responsive and well-led) that helped demonstrate how the service was meeting the characteristics of 'good' in each area.