

Creative Support Limited

# Creative Support - Manchester Enduring Mental Health Needs 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 inspection took place on 14, 15 and 16 November 2017 and the first day was announced. This meant the service was given 24 hours' notice because the location provides a supported living service to younger adults and we needed to be sure that someone would be in.

Creative Support Manchester Enduring Mental Health Needs Service (Wellington Road) is a 24-hour supported accommodation project for people with long term experience of mental health needs such as schizophrenia and psychosis. The service is registered with the Care Quality Commission to provide personal care support.

Wellington Road consists of two adjoining properties. One property comprises of six bedrooms with en-suite facilities sharing communal lounge, kitchen and laundry and the other property comprises six self-contained flats. People who lived in the flats were able to and did access the communal areas at the other property. Support is provided for up to 12 individuals with a mental health needs, dual diagnosis, alcohol and drug issues, complex needs, challenging behaviours, physical disability and forensic backgrounds. The service focusses on recovery and rehabilitation support and offers a holistic approach to managing people's mental health needs, involving various health and social care professionals and working with people to move on to more independent accommodation.

At the time of our inspection, there were 11 people supported at Wellington Road, two of whom were also receiving the element of personal care support.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in September 2016. The inspection was carried out by one adult social care inspector. There was a manager in post who had been registered with CQC since December 2016. A registered manager is a person who has registered with CQC 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 overall atmosphere at Wellington Road was warm, friendly and homely. We observed people living there appeared comfortable and safe in their surroundings.

People told us they felt safe at Wellington Road. This was supported by the fact that staff provided reassurance and there was a system of security checks and security cameras installed on the premises.

People supported had personal emergency evacuation plans in place to help ensure they were evacuated safely in the event of an emergency. These plans were not easily accessible to staff and emergency services. We made a recommendation that these important documents were kept in a more accessible location.

Risk assessments were thorough, detailed and person centred and provided sufficient information to help

staff support people safely. People's support needs were holistically assessed and care plans recorded in detail the support each person required. Records also included detailed evaluations of people's progress to date. There was sufficient information to ensure staff supported people effectively.

Staff had been trained in safeguarding principles and knew what to do if they suspected abuse was taking place. There was a system for reporting incidents and accidents, including safeguarding, that occurred at the service. We saw these were recorded and actioned in a timely manner. This meant the service had appropriate measures in place to ensure people were kept safe and their health and well-being was protected.

Staffing levels were suitable to people's needs and when required appropriate steps were taken in a timely manner to ensure all shifts had adequate staff cover.

The recruitment process was safe as all required documentation and checks were collected prior to staff being employed. This helped to ensure staff of suitable character were employed to work at the service. The registered provider had ensured people using services were a part of the recruitment process and we saw they had participated on interview panels.

Medicines were stored and administered safely. Prior to our inspection, several medicine errors had taken place and we saw the registered manager and registered provider had taken appropriate action to minimise the risk of reoccurrence. Monthly audits were carried out which helped to ensure safe practice.

Environmental and equipment checks were carried out regularly to ensure both the internal and external environments in which the service was provided was safe and fit for purpose.

Transition meetings involving all relevant health professionals were held to ensure moving into Wellington Road was the appropriate place to support people's needs. Records showed that people participated actively in making the decision to move to the service.

Staff had received an induction and training considered mandatory by the registered provider. This included the care certificate for staff new to the care industry and topics such as safeguarding, mental health awareness and medication. This helped to ensure staff were competent to undertake their roles.

Communication between staff was good and there were various measures used to ensure staff were kept up to date on what was going on at the service each day. This included daily staff handovers and a staff communications book. Handovers were detailed and informative and ensured staff on shift were updated on what had taken place throughout the previous shift.

Staff told us they enjoyed their work and felt valued for their contribution to the service. From records and discussions with staff we noted they were supported through regular supervisions. This helped to ensure staff received adequate professional development to help them provide effective care and support to people.

We observed that staff always asked people's permission before undertaking a task. The registered manager and staff we spoke with demonstrated they understood the Mental Capacity Act (MCA) and had received training in this area. The registered provider had processes in place to deal with situations of where a person lacked capacity to make their own decisions. However no one currently using the service needed this. There was sufficient evidence in people's care plans to demonstrate consent to care had been sought

appropriately and the service was working within the principles of MCA.

People were supported to plan and prepare their own meals. Care records and daily notes we looked at provided evidence that the service promoted healthy diets to support people's mental health and wellbeing. This demonstrated the service's commitment to encouraging healthy nutrition and supporting people's independence and choice.

From care records, we saw that people were supported to access health care professionals including specialist mental health services such as GPs, dentists and community psychiatric nurses and to attend medical appointments. This meant the service had systems in place to ensure people's healthcare needs were met as and when required.

People using the service told us both the staff and the managers at Wellington Road were kind and caring. We saw that people had developed good relationships with staff. We observed staff treated people with kindness and respect and that there was good interaction between people and support workers.

The service promoted people's independence and helped them maintain friendships and enjoy the social interaction with other people at the service.

Staff knew the individuals they supported and demonstrated this by telling us about people and their preferences.

Where required, the service used assistive technology such as portable telecare alarm to help ensure people's needs were attended to responsively.

People had choice in deciding what activities they wanted to participate in and they were encouraged and supported to attend these. These included attending college and seeking employment. The service also supported people to maintain relationships that were important to them. The service was committed to ensuring people's mental health and wellbeing was adequately supported by engaging in meaningful activities and maintaining important relationships.

There was a good system of recording and monitoring complaints. We saw that complaints were well managed and that people were not afraid to make a complaint or to raise concerns. We noted the service had reviewed how it recorded the outcome of a complaints investigation which helped to improve the transparency of the complaints process.

People also took the time to compliment the staff on their caring nature and the level of support they received. The project manager documented these and shared them with staff.

People had confidence in the management and staff of Wellington Road. The registered manager and the project manager were well known and everyone we spoke with, including staff, said that they were very approachable and proactive. There was an open and inclusive culture and atmosphere at the service and people told us they were happy and settled in their environment.

The registered manager was passionate about the development of the service and complimented the dedication and competence of the staff team. The registered manager also understood and had met their legal obligations to notify CQC of any significant incidents.

Staff were adequately supported in their caring roles. This support included strong leadership from

managers, staffing meetings and policies and procedures. This helped to ensure staff were able to perform effectively and thus create better outcomes for people supported.

There was a robust system of audit and quality assurance mechanisms in place to monitor service quality and delivery and thus gave the registered manager and the provider good oversight of all operations.

The registered provider participated in quality improvement schemes such as the Investors in People (IIP) accreditation and had achieved the 'silver' award. IIP provides a best practice people management standard, offering accreditation to organisations that adhere to the IIP framework.

## 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 were satisfied that the care and support received was safe and consistent. Staff understood their responsibilities to keep people safe and protect them from harm.

Risk assessments were detailed and person centred and provided clear direction to staff to safely manage identified risks and meet people's individual needs.

Recruitment processes helped to ensure suitable staff were employed and staffing levels were sufficient to support people appropriately.

### Is the service effective?

Good ●

The service was effective.

People's needs were holistically assessed to help ensure the service was able to meet their specific needs.

Staff had the right skills and knowledge to support people according to effectively support people.

There was a good induction process in place and all staff had received mandatory and additional role-specific training. Staff benefitted from regular supervisions.

### Is the service caring?

Good ●

The service was caring.

People told us the staff team were kind and caring.

We observed that support staff and the managers knew people well.

People were involved in shaping the support they received. They were encouraged to be independent and supported to make their own decisions.

### Is the service responsive?

Good ●

The service was responsive.

Detailed person centred care plans reflected people's personal histories, their preferences and helped to ensure responsive support was delivered.

We saw that people had choice in deciding what activities they wanted to participate in and they were supported to attend these.

People knew how to make a complaint and there was an effective system in place to manage concerns and complaints.

### Is the service well-led?

Good ●

The service was well led.

People were very positive about the management and staff and the support they received. Staff felt supported and said there was good team spirit within the organisation.

The registered manager was passionate about the development of the service and spoke highly about the competence of the staff team.

There were robust quality assurance systems in place which helped to ensure the registered manager and the registered provider had adequate oversight of the standard of care provided.



# Creative Support - Manchester Enduring Mental Health Needs 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 checked 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 14, 15 and 16 November 2017 and the first day was announced. This meant the service was given 24 hours' notice because the location provides a supported living service to younger adults and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information we held about the service such as notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority safeguarding, contracts and commissioning teams to find out what information they held on the service. We also contacted other health and social care professionals such as social workers and community psychiatric nurses with whom the service had involvement. Further

details of the feedback they provided are contained within the report.

The service is registered with the Care Quality Commission to provide personal care support. However not everyone supported was in receipt of personal care. At inspection, we spoke with four people living at the service including one person who was supported with personal care. We spoke with six staff members including four support workers, the registered manager and the project manager. We looked at records relating to the service, including two support plans and daily comments records, three staff personnel files, safeguarding records, minutes of staff and tenants meetings, and quality monitoring records.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us, "I feel really safe here. Staff are here 24 hours." Another person told us, "Oh definitely I am safe here (and) staff look out for me as well." People we spoke with said that staff provided reassurance when they were anxious and that made them feel safe. We saw, and people told us, other safety measures such as the installation of external security cameras and security checks by staff each night helped to ensure their safety and gave them confidence that the service had done everything necessary to ensure their safe wellbeing.

There were personal emergency evacuation plans (PEEPs) in place for everyone living at the service. A PEEP details the needs of an individual that would guide staff and emergency services should they need to be safely evacuated from the premises in the event of an emergency such as a fire. We saw these documents were up to date though not easily accessible should emergency personnel or staff require them. We made a recommendation that the service keep these important documents in a 'grab file' close to exits of the premises.

One person's PEEP did not record the specialist equipment required to evacuate them safely. We did however see other records which had identified what equipment was required and that the local fire service had been involved and they had assessed, delivered and installed appropriate fire safety equipment such as fire blankets and fire doors. Following our inspection visit, the registered manager forwarded us an amended copy of the person's PEEPs, which included the details of any equipment required.

The provider had a thorough and very person centred approach to assessing risks to people's safety. We reviewed two people's care records and we saw a detailed summary of risk history and an overview of any current risks or concerns had been documented. For example, risk of financial exploitation, not taking medication, anti-social behaviour, self-neglect and self-harm and social isolation. Risk assessments considered whether the risks posed were to the person, others, property or when using transport. We saw risk management plans had been developed with input from external professionals who had had involvement with each person. This meant the staff team at Wellington Road had a holistic understanding of all of risks relevant to each person to help them manage people's risks and keep them safe.

The risk management plan identified triggers or actions that could increase the risk, agreed action to reduce or manage the risk and who would be responsible for initiating this action. Staff we spoke with understood the importance of reading these documents to help ensure people were supported safely and according to their needs. For example, staff knew that accessing the community increased one person's anxiety and prevented them from engaging with others; staff reassured the person that they were safe and encouraged them to engage in activities they enjoyed. These documents were reviewed and updated every six months or more frequently if there had been changes of risk. We concluded risks to people's safety and potentially others and risk triggers were well managed and mitigated because there was clear direction for staff to follow.

People told us they would speak with a member of staff if they had concerns about their safety. Staff we

spoke with was knowledgeable about the principles of safeguarding. They were able to describe the different types of abuse and knew how to record and report suspected abuse. This meant people using the service were protected from unsafe care and treatment because staff had sufficient knowledge about keeping people safe and used effective systems such as safeguarding policies and procedures and reporting mechanisms to monitor the safety of the people they supported.

The service maintained records of incidents which put people at risk such as medicines errors and accidents at the premises. We saw incidents had been investigated appropriately and the necessary action to mitigate risks from reoccurring such as additional training, staff supervision or observation of practice had taken. People were safeguarded from harm because there were robust systems in place to help ensure their safety.

Staffing levels were appropriate to people's assessed needs and dependency levels. People told us there was always enough staff on duty to support their needs adequately. The registered manager told us, confirmed by the records we looked at, that the service rarely used agency staff. The project manager told us the service's protocol was to cover shifts within the core staff team. If this was not possible then they would request bank staff and as a last resort would seek cover from an agency. Agency staff were requested via the provider. The provider used two agencies. We saw documents to validate this. During our inspection, we observed people were supported according to their needs in a calm, unrushed way and in a timely manner. We concluded staffing levels were safe and helped to ensure people were supported when they needed.

The recruitment process was managed by the provider though copies of recruitment documentation were kept securely at the service's office. The provider had recruitment procedures to help ensure new staff had the required skills and were of suitable character to work with people living at the service. This included completing an application form including details of previous work history and obtaining a disclosure and barring service (DBS) check and references prior to them starting. A DBS check provides details of any convictions or whether the applicant is barred from working with vulnerable people. This helps employers make safer decisions when recruiting staff. We looked at three personnel files of staff that had been recruited recently. We found these met all requirements and helped to ensure people were supported by suitable staff.

The provider also ensured that people they supported were a vital part of recruitment decisions. We noted there were good mechanisms in place to include people in the recruitment process. All personnel records we looked at contained evidence that people supported by the provider had been actively involved in these interviews as members of the interviewing panel. The registered manager and project manager told us and we saw the provider had developed training to prepare people for being a member of an interviewing panel. This meant the provider proactively took steps to ensure user inclusion in the recruitment decision making process and in so doing empowered people to have a voice in the process.

In the PIR completed in September 2017, the registered manager reported that 15 medicine errors had occurred in the last 12 months. At inspection, we checked what action had been taken to reduce these errors and what lessons the service had learnt to prevent or reduce reoccurrence. We saw these earlier concerns had been identified by the provider's corporate quality team who had carried out monthly audits in August, September and October 2016 to address these concerns and drive improvement. Audit actions identified included list of staff specimen signatures, medication administration consents for people and medication training and we saw these changes had been implemented.

We saw that medicine administration and recording including a specimen signature list was satisfactory and staff training in this area was up to date.

Medicines were stored safely in a locked cabinet in people's rooms or flats, or with their consent in a locked cabinet in the service's office. We saw medication care records were kept for people living at Wellington Road which included a medication assessment and a detailed medication support plan which clearly identified the support an individual needed to take their medicines safely. Records included an up to date list of all medicines and protocols for 'as required' medicines. Protocols for 'as required' medication provides staff with details about when these medicines should be administered and what their intended effect was.

Only staff that had completed medication administration training and passed their competency assessments were permitted to administer medicines. We saw medication administration records were signed after medicines were given. We noted the project manager did monthly medication records checks. We concluded there were suitable processes in place and appropriately trained staff to help ensure people received their medication safely.

We conducted visual checks of the communal areas at Wellington Road and found these were clean and clutter free. People living at the service were responsible for 'cleaning up after themselves' and we observed they were encouraged by staff to do so. Staff had received training in infection control and demonstrated a good understanding of infection prevention and control. We saw there was a supply of personal protective equipment such as gloves and aprons for staff's use as required. The registered manager told us night staff were responsible for carrying out full cleaning duties. Records we reviewed confirmed this.

The provider owned the building and had suitable systems in place to ensure the premises, equipment, electricity, fire safety and water systems were safe and fit for purpose. These included checks of the environment and utility services such as gas and water temperatures. Records we looked at evidenced that periodic fire drills took place and that staff checked fire safety equipment on a weekly basis. We noted the provider had ensured risk assessments relating fire safety and legionella had been carried out and we saw from progress notes that outstanding actions had been completed to ensure the environment was safe for the people living at the service and the staff who worked there.

The registered provider held governance meetings every six weeks which discussed and analysed operational issues such as safeguarding, health and safety incidents and complaints. This forum provided the opportunity for the registered provider to look at trends and identify services which were underperforming and cascade learning and best practice to the services within the organisation.

# Is the service effective?

## Our findings

We saw evidence the service carried out transition meetings prior to supporting people. The process allowed the service to initially assess whether they were suitable to support the person. The transition meeting also included all relevant health professionals involved in the person's care. This helped to ensure the service worked collaboratively with all professionals in supporting the person. One person's transition documentation evidenced their active involvement in the process with the opportunity to ask questions and make suggestions regarding their support.

We checked the care plans of two people to see if the registered provider had processes in place to holistically assess people's needs. We noted that they had. The service carried out a holistic assessment which involved the person supported, relatives, support workers and other health professionals as appropriate. Aspects assessed included people's personal histories including social, housing and offending histories, mental health conditions, preferred leisure activities, family and occupation. This was used as a basis for developing support plans and health action plans.

For each aspect of support provided there was a detailed evaluation of the person's progress to date. From these evaluations, we noted that people were able to express how they felt about the support and receive encouragement and ideas on how they could achieve their desired outcome. For example, we saw one person responded better when staff provided factual information that they could do further research themselves. We saw that staff attempted to encourage this individual to reduce their sugar intake by provided information about the benefits of drinking water.

Where needed, we saw evidence the registered manager and project manager had involved the support of the registered provider's positive behaviour support (PBS) team. PBS is a way of understanding and managing what maintains an individual's inappropriate behaviours. We saw the PBS team carried out a thorough assessment and identified proactive support needs and strategies to help staff support the person safely but also ensure they were not harmed as a result.

We saw sufficient evidence to demonstrate people were effectively supported because staff had sufficient and up to date information to do so.

Staff we spoke with were complimentary about the induction and training support provided. They said these adequately equipped them to meet people's needs effectively. One staff member said, "Oh definitely the training is very good." Training records we looked at confirmed that new members of staff completed the care certificate. The care certificate is a set of minimum standards that should be covered as part of the induction of any staff new to care. The service also carried out a service specific induction which ensured staff deployed at Manchester Enduring Mental Health Needs Service were familiar with the people living there, their assessed needs, the environment and how the service ran.

Staff we spoke with said they shadowed experienced staff during their induction to help ensure they were competent to work unsupervised. Training records we reviewed confirmed staff had completed training in a

range of topics considered mandatory by the registered provider. These included safeguarding, manual and people handling, food safety and hygiene, emergency first aid and fluids and nutrition. The project manager told us all staff at Wellington Road had to complete topic areas specific to the service such as epilepsy and further learning in understanding mental health.

Prior to visiting the service we received feedback from a new staff member who commented they had to wait for six months before doing the 'Understanding mental health' training. On the first day of our inspection we asked the project manager and the registered manager about this. They admitted this was currently the case but told us they supported new staff via supervision and in team meetings. The project manager told us and we saw staff received an introduction to this topic in the care certificate. Also new staff were supported by their more experienced colleagues and the project manager if needed. This meant staff had enough knowledge and access to professional support to ensure they were able to support people effectively. The project manager also showed us that staff had been booked on the next available course in March 2018.

We observed staff handovers which were detailed and informative. Handover is the process through which staff coming on shift are updated on what has taken place prior to them starting work. We saw that staff ensured all information about people's needs were communicated to and discussed with each other. The service also used a communications book and a whiteboard to ensure the staff team were up to date on all aspects of the care provision and other operational issues at the service such as upcoming medical appointments or maintenance work planned to be carried out.

Staff told us they felt supported and valued in their roles. This was evident by the way in which the entire staff team communicated with each other. We noted there was an effective system for staff supervision and support and annual appraisal of their performance. Staff told us, and records showed that supervisions took place regularly and was a meaningful exercise in which staff could discuss their work, performance and identify any support needed. The registered provider had implemented topic-specific supervisions in what it considered key areas of their support provision. These included dignity and respect and safeguarding. The project manager found these additional supervisions to be extremely useful and helped to 'drill down' into the practice and performance of staff in these areas. This helped the service to develop its own best practice and share these at team meetings.

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. In the case of people supported in a community setting, applications to deprive people of their liberty must be made to the Court of Protection (CoP). At the time of this inspection, no one receiving services was subject to CoP restrictions.

Training records indicated staff had had training in MCA and DoLS. Staff and managers we spoke with demonstrated a good awareness and understanding of MCA and the impact this legislation had on people's lives. Everyone at the service had the capacity to make their own decisions and the provider had processes in place to facilitate the involvement of attorneys when there is legal authorisations (lasting power of attorney or LPA), if required, and best interest decision meetings. An LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make

decisions on their behalf if they are unable to do so.

People told us staff treated them respectfully and always sought their consent and consulted with them on all aspects of their support. We observed staff asked people's permission prior to carrying out a task. We saw that people had signed consent to care records and in cases where people refused to sign this had been recorded and a note to indicate that staff would try again. This meant that the service was working within the principles of the MCA.

People were supported with their nutrition and hydration needs. People told us, and we saw, staff supported them with meal preparation as needed. For example, we heard one person ask a member of staff to support them to make burritos. Staff helped the person with the shopping list and going shopping for ingredients. In two support plans we looked at, we saw records of how staff helped to ensure people were encouraged to maintain a healthy and nutritious diet. There was sufficient evidence to demonstrate the service promoted healthy diets to support people's mental health and wellbeing.

People gave us examples of when they were unwell that staff sought the medical attention they needed. During our inspection we noted staff reminded people of upcoming medical appointments and encouraged them to attend these. People's care records confirmed they were supported to access appropriate health care such as GPs and dentists and specialist mental health services such forensic and community psychiatric nurses and psychiatrists. We concluded the service was proactive in facilitating people's healthcare needs as and when they needed those interventions.

We saw the registered provider had taken necessary steps to ensure the premises were suitable to the needs of the people living at Wellington Road. One person told us and we saw their flat had been re-designed to suit their individual needs. This included remodelling the kitchen so that they could be more self-sufficient and the installation of a wet room.

Wellington Road provides recovery and rehabilitation support to help people manage their mental health needs. The registered manager and the project manager told us the ultimate outcome for people they supported was for them to move into their own flats with outreach support or move on to more independent accommodation. We looked at two people's support plans and we saw they had identified their 'move on' goals and discussed these regularly with staff. We noted these individuals had indicated they were not yet ready for this step.



## Is the service caring?

### Our findings

People were very positive about their experience living at Wellington Road. Everyone said the staff and the managers were very caring. Their comments included, "It's (the service) very homely; it's like a breath of fresh air", "(Staff) actually genuinely care", "Staff are very supportive. They really care. If I were to come in here now crying, staff would drop what they were doing and ask me what was wrong. It's not just a job to them."

Throughout our inspection, we observed staff engaged with people in a positive and caring way. We saw that people were able to chat easily and engage in good natured banter with the staff and both the project manager and the registered manager. There was the distinct sense of camaraderie between people and staff as people appeared comfortable and relaxed in their environment.

We observed people living at Wellington Road also had good relationships with each other, and supported and encouraged one another in their individual journeys. For example, one person we spoke with told us they had offered to support another person to attend a medical appointment. We observed both individuals setting off on the appointment. People told us and we saw they enjoyed spending time together in the communal lounge watching television, playing games or just enjoying a coffee and a chat.

It was evident that staff had a good knowledge of the people they supported and understood how to support them in a caring way. We observed that people had developed good relationships with the staff. One person told us the project manager and the staff had understood their personal goals to get back into bodybuilding and had encouraged and supported them to join a gym. Another person spoke glowingly about how a staff member was supporting them through a difficult experience. We saw evidence of how staff responded compassionately to a person's fear of going to the dentist. The project manager liaised with Manchester Nursing team and identified a specialist dentist who worked with people with autism. The person attended the appointment while we were at the service and staff reported the initial appointment had gone well.

We checked to see what processes were in place to ensure people's human rights were protected, including people with a protected characteristic such as disability, race, sex or gender reassignment. The registered provider had implemented various policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. These included a charter of rights for the people the registered provider supported and policies and procedures around race relations and anti-discriminatory practice. We saw that documents were reviewed according to corporate policy and changes in national requirements.

We saw the staff and management at Wellington Road had embraced the ethos of the registered provider in ensuring people's human rights were supported. For instance, we saw a good example of how the service supported people who identified as lesbian, gay, bisexual and transgender to regularly access support and services relevant to them. All staff had completed equality and inclusion training and told us they would raise with their line manager any concerns they had about people experiencing discrimination.

People told us and we saw from their care records they were actively involved in making decisions about the support they received. One person said prior to moving into their flat, they met with the registered manager and other representatives from the service and liked the fact they were asked how they felt they would benefit from moving in. The person added, "They (the service) kept me up to date (with my transition); they let me know they cared. I haven't seen that in a long time in mental health services."

People told us staff listened to them. One person told us, "(The service) wants us to have a say. I can tell staff exactly how I feel." Another person said, "(Staff) are really open to everything I've suggested and we talk through different ideas." We observed that communication between people and staff at Wellington Road was open and easy. We saw that people were able to knock on the office door and speak with a staff member, the project manager or registered manager.

Everyone we spoke with told us staff treated them with dignity and respect. There was a clear sense of mutual respect and trust between the people supported and staff.

We saw confidential information relating to people supported and staff personnel were stored appropriately in the office.

We observed that people living at Wellington Road were quite independent. People told us one of the main reasons for moving to Wellington Road was because they wanted to live independently. They gave us examples of how staff and the service supported and encouraged their independence and in so doing developed their confidence. For example, shopping and cooking; going to the gym and attending health appointments. One person told us the service had made several adaptations to their flat such as lowered counters to help them manage some tasks independently (for example, making a hot drink). Another person told us, "Staff are fantabulous. They have supported me to access the activities I want to do. I'm currently doing a literacy course at college."

People living at Wellington Road held monthly tenants meetings. These provided people with the opportunity to 'have a say' in what happened in their home. The project manager told us they initially chaired the meeting and took the minutes. However since August 2017, people had appointed one of the tenants to chair the meeting. The minutes of meetings confirmed this. We spoke with this person who confirmed they had taken on the role of service user representative to act as the advocate of people using the service. They told us they were passionate about speaking out for people who may be afraid to do so and hoped to support and empower others develop their confidence as well. This was a testament to the positive support provided at Wellington Road.

We observed people could also approach the project manager or registered manager with suggestions or ideas for activities or changes within their home. During our site visit, we heard someone suggesting making an event of decorating the Christmas tree.

## Is the service responsive?

### Our findings

People told us they had been involved throughout the entire support process from the initial transition meetings to the development of their care plans. A mental health professional told us, "The staff always provide a prompt response to tenants needs, trying to resolve issues as they arise and informing the care team (Mental Health) immediately of any concerns."

Care plans were very detailed, person centred and reflected how people were supported. They recorded detailed personal histories, their likes and dislikes, interests, and strengths and abilities. For example one person's plan recorded their love for animals and we noted the service had acted responsively in allowing them to build a running tunnel for their pet rabbits.

They identified the particular need, desired outcome, steps on how this would be achieved and date for review. Care plans were reviewed every six to 12 months and covered a range of aspects specific to each person's care and support needs such as mental health, physical health, daily living skills, aspirations, relationships and cultural and spiritual.

People's care plans also evidenced that the service worked closely with the mental health professionals involved in people's care. These included community psychiatric nurses, psychiatrists and social worker to provide a joined-up support. This demonstrated the service's commitment to ensuring the person's needs were met in a responsive way and any change recorded as appropriate.

This meant care plans were comprehensive and gave clear and specific information which ensured that staff knew how best to support each person.

We saw the service supported a service user initiative which was to publish a monthly newsletter promoting 'good news' stories of people living at Wellington Road. This showcased the achievement of a person's goal and aspiration. For example, in April 2017 one person who was supported to attend Slimming World had achieved their weight loss goal and had been awarded a certificate and received a personal card of congratulations from the Slimming World consultant. One person told us they had been featured in the May 2017 edition for achieving their goal of sorting out her garden. We saw this was the case. However, following the death of one of the people supported, the registered manager told us people did not appear keen on continuing with the newsletter. However this had been replaced by a 'community corner' noticeboard where people could display their achievements and household events should they chose to do so. During our inspection we saw the noticeboard displayed photos of recent Halloween celebrations in 2017 and upcoming events such as 'Secret Santa' selection date.

We saw the service actively encouraged and supported people to follow their interests and to participate in activities of interest to them or seek out employment opportunities. One person told us they were keen on getting back into work and wanted to start off in a voluntary role. When we looked at their care records we saw in April 2017 the service had supported this person to seek out and gain a voluntary position. However due to transportation difficulties getting to this job, the position was not taken up. We spoke with the

registered manager about this and they told us they were currently exploring other opportunities nearby with the person.

Where required, people were supported to develop their own activity planner. For one person, we saw their activity planner identified the types of activities they enjoyed such as cinema and going to the cat café. It was also used to schedule visits with their family and routine tasks and meetings such as shopping or going to the bank. These activity planners provided a clear structure to help the person to follow their interests and take part in social and culturally relevant activities.

People we spoke with told us maintaining good links with their relatives was important to them and that the staff at Wellington Road helped them to do this. We spoke with two people who had recently been away visiting family and another person told us they were looking forward to their family visiting them at Christmas time. Activity planners and other care records we looked at confirmed the service facilitated people to develop and maintain relationships that mattered to them within the service and the wider community.

We noted where appropriate the service used assistive technology such as a portable telecare alarm. We saw the system was easy to use and helped to promote the person's independence in a safe way. This meant that staff were made quickly aware of any incidents and be able to support the person in a responsive way.

People we spoke with were very complimentary about the service provided and the way in which staff supported them. One person told us, "They are very good to me." We saw documentary evidence of compliments received from people. For example, one person thanked staff for making a milestone birthday "such a lovely day". They wrote, "It was the best birthday ever!" Another person complimented staff for how they supported them following an incident. A third person wrote, "[Staff name] is very good at doing his job."

Staff also had the opportunity to praise the service, other staff and the managers. A staff member wrote, "(The service) is very homely" and another staff member complimented how well the staff team and management worked together to support the people living at the service.

A bank staff member wrote, "I have recently started working at Wellington Road as bank staff and have been very impressed with the management and support workers. The project is very well run, induction has been excellent and rapport between staff and service users is excellent."

People told us they knew how to make a complaint or raise a concern and from the evidence we saw in the service's complaints records, we noted they were not afraid to do so. One person told us they were confident that when they made a complaint staff took their issue seriously. We saw complaints were managed in line with the company's policies and procedures. We noted the service took the approach that if they knew what the concern was they could then address it. This was evident in the way in which they carried out their investigations and responded to complainants; their approach was open and receptive and potentially provided opportunities to learn from the complaints and to improve the support provided.

We reviewed six complaints made by people between October 2016 and September 2017. Records indicated these complaints had been investigated within the appropriate timescales and to the satisfaction of the complainant. However it was not until August 2017 that the action taken was recorded. These were now more detailed and identified the steps taken to resolve the complaint in a more transparent way. The project manager told us the service had "learnt as (it) went along" and had ensured the process clearly demonstrated what actions and outcomes resulted from the complaint.

Displayed on the noticeboard in the hallway, we saw information regarding what agencies people could contact if they were not happy about things at the service. This included the provider and external agencies such as Care Quality Commission. These notices were displayed prominently and people pointed them out when we talked to them about making complaints. We concluded there were suitable mechanisms in place to help ensure people were encouraged and comfortable to speak up about concerns they had about their support.

We saw a satisfaction survey had been sent out to people in May 2017 and due to poor response rates had been re-sent in August 2017. We noted the questionnaires were different and there was no evidence that two negative comments had been addressed. We discussed these issues with the registered manager and the project manager. The registered manager told us results had not been collated due to the use of different questionnaires. The project manager discussed in detail how they had followed up on both concerns raised and we were satisfied with these explanations. We pointed out these should have been recorded and the project manager agreed. The registered manager told us this was an area they intended to improve upon. We spoke with the two people concerned following our review of this information and we found they did not have any remaining concerns regarding the issues they had raised previously.

## Is the service well-led?

### Our findings

At the time of our inspection, there was a registered manager in post at Wellington Road. They were supported by a project manager with the day to day running of the service. People spoke highly of both staff and managers and the level of support they received at Wellington Road. People told us they were comfortable to approach any member of staff as required. They said that the service was well managed, efficient and the registered manager was approachable. People told us, "Staff are great and really helpful", "They (staff) are not patronising" and "They (staff) are approachable and always respond promptly." "It's (the service) homely. I'm happy here."

Following our site visit, we requested information from stakeholders that had involvement with the service. We received feedback from a forensic community psychiatric nurse at Greater Manchester Mental Health Services. They told us, "The staff at Wellington Rd; provide excellent levels of accommodation, care and support and actively promote independent living skills. They respond to any concerns or crisis immediately, informing the care team and actively attempt to problem resolve issues collaboratively, with the service user and the team."

We saw that the culture and atmosphere at Wellington Road was open and transparent. There was a good team spirit amongst all the staff. The registered manager and project manager provided clear leadership which helped to ensure good communication amongst the staff team and support people effectively and responsively.

The registered manager spoke passionately about Wellington Road and told us they were instrumental in the developing the service. They said the success of the service now and going forward was primarily based on having the right staff team in place who identified with the core values of the provider. They said, "These (values) cannot be taught; you either have them or you don't. You can teach techniques (and) develop skills, but you can't teach values – you have to come with that." Both the registered manager and the project manager felt the current staff team had the right mix of skills and attitude to help ensure people were supported well.

Staff told us they were well supported in their roles and attributed this to the strong leadership provided by the project manager and the registered manager. We noted there were suitable and up-to-date policies and procedures in place, regular staff meetings and staff handovers. We saw a staff communication book was maintained and contained key information about what had happened on each shift. One member of staff told me, "It's a really good way to see what's gone on at the service especially if you've been off for a few days." These measures helped to ensure all staff were aware of their responsibilities and be able to provide safe and effective care and support.

The registered manager understood their legal obligations including notifying CQC of any significant incidents such as death notifications and safeguarding incidents and they had notified us (CQC) appropriately.

There were good systems in place to monitor and assess the quality of the services. We saw various audits were carried out to help ensure people's safety and welfare were maintained and meaningful outcomes achieved. For example, quality checks included medication administration, accidents and incidents and people's care records and their finances. We noted additional oversight was facilitated through corporate audit processes. This involved the quality team monitoring and analysing performance in areas such as safeguarding, accidents and incidents and professional development of staff. We reported earlier that quality officers undertook audits of areas in which poor performance was identified. Regular governance meetings were held with service managers across the organisation ensuring the provider reviewed overall performance and identified key issues to be addressed and learnt from. This demonstrated that the registered manager and the provider had good oversight of the quality of the service and was able to make improvements when needed.

The registered provider is a charitable organisation that promotes the independence, inclusion and wellbeing of people with care and support needs. The registered manager told us they were well supported by colleagues within the wider organisation.

The provider held the Investors in People (IIP) accreditation, silver award until 2020. IIP accreditation is an internationally recognised award which celebrates best practice in people management standard and offers accreditation to organisations that adhere to the IIP framework. This meant they understood the importance of leading, supporting and managing their employees in order to maintain the organisation's success and continued improvement in providing care and support services.