

Creative Support Limited

# Creative Support - North East Lincolnshire Services

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This service was last inspected on 3 July 2014 and 5 September 2014, the latter being to follow up a compliance action issued in July 2014, when improvements were found to have been appropriately implemented in relation to medicines management and staffing arrangements.

This inspection of Creative Support - North East Lincolnshire Service took place on 15 June 2016 and was unannounced. We subsequently carried out a further inspection visit on 17 June 2016 which was announced. This was to enable us to meet some people living in supported living arrangements in their own homes and was in consideration of their needs and ensure they would be available. At the time of our inspection the service was providing personal care to 15 people under supported living arrangements.

Creative Support - North East Lincolnshire Service is a Domiciliary Care Agency that is registered to provide personal care to people who live in supported living accommodation arrangements. Each of the supported living services provides support to people who have their own tenancy agreements and live in their accommodation. The people using the service receive individual bespoke support hours depending on their assessed needs, following an assessment by the local authority who commissions the service. The aim of the service is to provide people with the support they need to live as independently as possible.

There was no registered manager in post, following a recent decision by the previous registered manager to step down from this post. A regional locality manager was providing direct managerial support to the service at the time of our inspection. They told us they would be submitting an application for their skills and competencies to be formally assessed for the position as registered manager. 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.

Due the complex needs of people who used the service, some people were unable to provide clear verbal comments about their experiences and views about the service. We therefore observed their interactions with staff.

Staff were safely recruited and received training to ensure they could recognise and report issues of potential abuse. Staffing levels were monitored to ensure there were sufficient numbers available to keep people safe from harm. Assessments concerning the management of known risks for people were carried out and reviewed to enable staff to keep people safe. Staff training was provided to ensure they knew how to manage the behaviours of people who used the service and incidents and accidents were recorded and analysed to enable them to be minimised. Staff were provided with training to ensure they knew how to administer medicines safely and audits of Medication Administration Records (MARs) were carried out to ensure potential errors were identified and action taken to minimise them reoccurring.

People who used the service were supported by staff who received a range of training to ensure they were able to meet their needs. People who needed support with making informed decisions and choices were protected by use of legislation to ensure their human rights were protected

People received person-centred support that was based on their individual wishes and needs and were involved in the development and reviews of their support where this was possible. People were encouraged to maintain a healthy and balanced diet to ensure their nutritional needs were met. People's medical needs were supported with involvement from health professionals where this was required.

We observed staff interacted positively with people who used the service and involved them in making decisions, to ensure they were happy with how their support was delivered. People told us that staff treated them with kindness, dignity and respect at all times. People who used the service were encouraged to follow their interests and hobbies to enable their personal aspirations to be met. People participated in various community activities to ensure their independence was maximised and risks of social isolation were reduced.

An accessible complaints policy using pictures and words was in place to help people make a complaint if they were unhappy with support they received and have this resolved where this was possible. People and their relatives were consulted to ensure they could contribute their views to help the service to develop.

Management feedback was provided to staff in a constructive way and meetings took place to ensure staff were aware of their professional roles and responsibilities. Whilst audits were regularly carried out to enable the quality of the service to be monitored and enable it to learn and continually improve, services without a registered manager cannot be rated higher in the well led domain than requires improvement.

## 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 supported by staff who had been safely recruited and trained to ensure they knew how to recognise and report potential abuse.

Known risks to people had been assessed to help staff keep people safe from harm and make positive decisions about these.

Accidents and incidents were monitored to ensure the safety of people who used the service was promoted.

People's medication was managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received a range of training to ensure they were able to carry out their roles.

Staff received on-going support and regular supervision to ensure they were aware of their professional responsibilities.

People were involved in making decisions about their lives.

### Is the service caring?

Good ●

The service was caring.

People who used the service had positive relationships with staff who we observed communicated with them kindly and in way that could be understood and ensured their individual needs were sensitively met.

People's wishes and needs were supported by staff who ensured their personal dignity was respected.

People were consulted about their wishes and supported with making decisions and choices.

### Is the service responsive?

**Good** ●

The service was responsive.

People's individual support was highly personalised to ensure their needs, rights and preferences were positively respected.

People were positively encouraged to be involved in the planning and reviews of their support.

People were provided with opportunities to follow their interests to enable their personal aspirations to be met. People's independence was promoted to ensure risks of potential social isolation were reduced

An accessible complaints policy was in place to help people understand their rights and have their concerns listened to and as far as possible to be resolved.

### Is the service well-led?

**Requires Improvement** ●

Some elements of the service were not always well-led.

There was no registered manager in place. However the regional locality manager was to submit an application to have their competencies and skills formally assessed for this position.

Staff were positive and enjoyed their work and told us that management was open and supportive and listened to their ideas and suggestions.

People were encouraged to provide feedback about the quality of support they received.

Systems were in place to enable the quality of the service to be monitored and take action to enable the service to learn and improve.

# Creative Support - North East Lincolnshire Services

## **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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Creative Support - North East Lincolnshire Service took place on 15 June 2016 was unannounced, in order to follow up some concerns that had been received. The inspection team consisted of an adult social care inspector, who was accompanied by a colleague from the local authority contracts and commissioning directorate.

A further inspection visit was carried out on 17 June 2016 which was announced. This was to enable us to meet people living in supported living arrangements in their own home and was in consideration of their needs and to ensure they would be available.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

We sent questionnaires to four people who used the service, and their relatives, three of which were returned. We also received completed questionnaires from staff and community professionals involved with the service.

The local authority safeguarding and performance teams were contacted prior to our inspection, to ask them for their views on the service and whether they had any on-going concerns.

Due the complex needs of people who used the service, some people were unable to provide us with clear verbal comments about their experiences and views of the service. We therefore used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not speak with us. We spent time observing the interactions between the people who used the service and staff.

We visited two supported living projects and spoke with five people who used the service, together with two of their relatives following our visit. We spoke with members of staff, including the regional service director, the regional locality manager, a regional quality manager, a team leader, a supported living coordinator, an acting senior and two members of support staff.

We spoke with a range of health and social care professionals in the community who support people who live in the service and those who commissioned the service.

We looked at the care files and other important documentation that related to three people who used the service. These included medication administration records (MARs) and accident and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the accommodation that was provided.

# Is the service safe?

## Our findings

We were not always able to get clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff. We saw staff were respectful of people's individual choices and supported them to ensure they were safe.

People who used the service told us they trusted the staff. They told us they were supported to make choices about their lives and felt safe with the staff. Comments included, "I love the place" and "I get to go out a lot." People told us, "Staff are friendly and helpful." A person who sometimes had difficulties with remembering things told us, "Yes I do feel safe, I fell downstairs in the place I was living before, I do have off days and sometimes get anxious I might not get the support I need, but I know who to speak to when I get worried." Relatives told us that overall they were happy with the service provided. One relative said, "I am pleased with [Name] being there, she has made progress and seems quite happy. Another told us the service was, "100% better than the last place."

Relatives said they had developed close relationships with the staff. One relative told us, "I absolutely trust the staff; they are well trained and are always polite; they don't hide anything at all." Another relative advised how they had recently been invited to take part in the recruitment of a new member of staff. Commenting about the importance of maintaining a consistent staff team they told us there had been issues in the past in relation to staff shortages but stated, "They choose really good people and are developing a pool of regular staff rather than using agency staff, it's nice being involved. We chose Creative because of the way they work with families, they know us and other families well."

A community health and social care professional commented, "Creative Support have some very good support workers who are committed to providing a good service to individuals. They are quick to request more hours when this is needed."

We found positive relationships existed between people who used the service and staff. We saw people being supported by staff who demonstrated a commitment to meeting their needs and observed this was carried out in a relaxed atmosphere with staff and people talking together with smiles on their faces.

Relative's told us they saw their members of family on a regular basis and were supported to do this by staff. One told us "[Name] comes home to see us at weekends and I took her to London recently." Another told us, "They have made improvements and adjustments to the building to ensure [Name] is kept safe and staff countersign his medication sheets and send them through to us to for checking."

A range of assessments were available for people concerning the management of known risks to enable staff to keep them safe from harm. We saw these included assessments concerning issues such as behavioural and medical conditions, home environment, abilities to mobilise, communication needs and support when out in the community. There was evidence in people's case files these assessments were regularly reviewed and updated where this was required. We found dedicated health and safety advisors were employed to ensure new legislation or training was cascaded to front line staff at team meetings and individual



supervision. The regional locality manager told us, "We support and encourage people with positive risk taking to ensure they lead a fulfilling life and enable them to achieve goals and aspirations, in the safest way possible."

Systems were in place for analysing and recording incidents and accidents to enable the service to learn and develop. The regional locality manager told us "We have a culture of transparency in reporting incidents and accidents including safeguarding alerts and CQC notifications. Incident forms are used for learning and ensuring staff are debriefed when required, Referrals are made to Creative Support positive behavioural support team and the local authority Intensive support team as necessary. For example, responding to the need for increased 2:1 hours for a service user to help reduce their challenging behaviours and enable them to access the community and keep themselves and others safe from harm."

Staff told us they were aware of their responsibilities to ensure people who used the service were protected from potential harm or abuse. Safeguarding procedures were in place, which were aligned with the local authority's guidance on this. We found training in relation to the protection of vulnerable adults was provided to staff, which we saw was updated and discussed in themed supervisions with staff to ensure they knew how to recognise and report issues of potential concern. Staff were familiar with the different forms of abuse and were able to describe these to us. Staff confirmed they were aware of their duty to 'blow the whistle' about any concerns or incidents of poor practice. Staff advised they would report issues of potential concern and were confident appropriate action would be taken, including use of disciplinary procedures when this was required. The local authority advised the service cooperated and worked with them well to resolve safeguarding concerns.

We looked at the files of staff that had been recently employed and saw checks had been carried out before they had commenced work with the service. We saw references were taken from previous employers, where this was possible, and that potential employees were checked with the Disclosure and Barring Service (DBS) to ensure they did not pose an identified risk to people who used the service. We saw recruitment procedures included checks of their personal identity and past work experience to enable gaps in their work history to be explored.

We found staff were provided in sufficient numbers to meet people's needs. Comments from some health and social care professionals indicated this had sometimes been an issue in the past. However they told us this issue was now resolved and that a number of replacement staff had been appointed. Talking about the requirement for the service to have a regular set of staff for meeting their family member's needs, a relative confirmed that staffing had sometimes been an issue, but that this had now been resolved.

Some of the people who used the service were supported to take their medicines. We saw that training about the safe use and administration of medicines was provided to staff before they supported people to take their medicines. There was evidence that audits of people's medicines were carried out to ensure they were correctly administered and signed for, together with actions for staff to address shortfalls. We saw that Medication Administration Records (MARs) were used to record when people had taken medication or reasons for non-administration. The MARs we saw had been signed accurately and were up to date.

Arrangements were in place to ensure people's environment was kept safe and well maintained. People who used the service proudly showed us their bedrooms and told us they were involved in decisions about redecoration plans and choosing their furniture. There was evidence that equipment was appropriately serviced and checked and that a business continuity plan was in place for use in emergency situations, such as fire or breakdowns in essential utilities like water, gas or electricity.

## Is the service effective?

### Our findings

We were not always able to get clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff.

We saw positive relationships existed between people who used the service and staff and found support was provided to enable people's quality of life to be promoted. People told us they were supported to make decisions about their lives and we observed them involved in choosing and preparing their meals. Relatives told us their members of family were supported to have a lifestyle that was varied and fulfilled. One relative told us, "I can see the progress [Name] has made. He keeps himself clean and likes cleaning and cooking. Staff encourage him to eat well and have developed a menu for him. [Name] needs routines and they make assessments when he goes out and he likes interacting in sports."

Relatives told us the service involved health professionals when this was required and kept them informed about these. A care practitioner in the community told us, "I have recently completed a six week review of [Name] who moved to a supported living bungalow. [Name] has a brain injury and the improvement he has made in six weeks is amazing. Creative Support has developed a great working relationship with the Brigg therapy team and the patient. This has led to him verbally communicating again, being able to do basic tasks for himself and having the potential to walk again. It is my opinion that the work undertaken needs to be recognised. If the above can be achieved in such a short space of time, it is hoped that his aim goal of walking is achievable."

We found a range of training and development opportunities were provided to ensure staff had the right skills to meet the needs of people who used the service. There was evidence the service had signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. We were told newly recruited staff undertook an induction to the service that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. Staff training records contained evidence of completed courses on a variety of topics, including, safe handling and administration of medicines, moving and handling, emergency first aid, health and safety, infection control, communication skills and specific training on the specialist needs of people who used the service. We saw evidence of training that had been booked to ensure staff skills were updated when this was required. Staff confirmed they were encouraged to undertake external qualifications to develop their careers ensure they had the knowledge and skills required to enable people's health and wellbeing to be effectively promoted. Staff told us they received regular supervision and appraisals of their performance and we found this involved meetings with senior members of staff and that team meetings and direct observations were used to monitor staff and implement good practice.

We received some mixed feedback from professionals in the community concerning some staff skills and them not always being clear about their role. They told us of occasions when staff had failed to attend specialist courses that had been arranged, although they said this situation had now improved. Speaking about the management of a person's behaviour, one health professional advised us of concerns in relation

to staff approaches that had on occasion been followed. They said, "I did think that if [Name] was supported differently and more consistently, some of the behaviours wouldn't have occurred." They went on to say things had recently improved and commented, "These issues do seem to have been addressed and I have noticed difference."

People who used the service appeared comfortable with staff, and it was clear their individual needs were known very well by them. We observed staff demonstrated patience and kindness whilst respecting people's wishes and preferences for their support. We found staff were sensitive to meeting people's individual and specialist needs and saw pictorial tools in use to aid communication. We observed staff listening carefully and talking with people in way that could be understood. A relative said they had initially experienced an uphill struggle in getting staff to fully understand their member of families specialist autism needs, but the service had worked hard to involve speech and language and other external professionals to ensure their best interests were promoted and up held. We were told this particular project was currently undergoing accreditation with the National Autistic Society.

People told us staff sought their permission before undertaking personal caring tasks with them and made sure they understood what had been said and were in agreement with this. We saw documentation about obtaining consent from people had been developed and was available in people's care files to demonstrate their agreement with issues concerning the provision of their personal care and support. A member of social service staff told us staff worked hard to facilitate a reduction in the behaviours of a person that were difficult to manage to ensure their needs could be met in the least restrictive way.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that staff understood their responsibilities and were in the process of liaising with the local authority to ensure people's legal rights were properly protected and that any decisions made on behalf of people were carried out in their best interests. .

There was evidence in people's care files of a range of detailed support plans that had been developed to address their various individual medical conditions and behaviours. Staff told us about specialist courses they had attended to ensure they had the skills needed to meet people's needs. We saw evidence of liaison and involvement with health care professionals when required and were told that people were supported to attend appointments, for example GP's, opticians and consultants when needed. Relatives told us they were happy with this aspect of support and that the service worked in partnership with them. A community health and social care professional told us "Overall I feel they (People who use the service) are supported well. As a service they engage with us and generally seek help and support when required. They seem to take on our advice and try to work towards agreed support plans."

We saw evidence that training on nutrition and food safety was provided to staff to ensure they were aware of safe food handling techniques. Members of staff told us they provided support to help ensure people maintain a healthy diet. People's case files contained assessments about their nutritional needs together

with staff guidance and referrals for specialists concerning the management of their medical conditions where this was required. People told us staff supported them to eat a range of healthy meals. The regional locality manager told us, "We have successfully supported a person who received all their food via a percutaneous endoscopic gastrostomy (PEG) feed to now being able to eat what they want safely. A specialist nurse who we spoke to about this told us, "I have absolutely no concerns, they follow instructions well and staff were keen to learn and have done everything they could and more. [Name] didn't like being connected to the pump so they came up with wonderful ways of distracting them whilst feeding. [Name] has come out of themselves."

# Is the service caring?

## Our findings

We were not always able to get clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff. We saw people who used the service appeared happy and relaxed with staff, who treated them with kindness and sensitivity.

People told us they liked being supported and said staff were kind. They told us they were consulted and involved in making decisions about their support. One person said, "We had a meeting last night and discussed ideas for trips out and holidays." Relatives confirmed the service worked well with them and respected people's diverse needs. We saw recent relative comments that were positive including, "I only live five minutes away, so usually pop in unannounced. I always find staff are very helpful and polite. [Name] always appears happy here" and "I pick my brother up about once a month. They really care about his individual needs."

Professional staff in the community confirmed people who used the service were supported to develop their skills to help them become as independent as possible. One told us, "I have placed a number of clients within their supported living service who had rehabilitation goals. Creative Support worked with their therapy teams and enabled them to re learn the skills they had lost and develop their independence." They went on to say, "Creative Support will contact me with any queries and will inform me of any changes to someone's support needs." Other health professionals however commented some staff were not always as proactive as they could be in this regard and did not always follow things up in relation to recommendations they made.

We observed interactions were open and friendly and saw staff involved and communicated with people about their wishes and feelings in a sensitive manner. Staff demonstrated patience and use of encouragement when supporting people to ensure they could understand what was said. Where people had communication difficulties, we saw staff used gentle touch and signing to help people understand and express themselves.

Staff demonstrated consideration when meeting people's individual needs and it was clear they were knowledgeable and familiar with people's particular wishes and preferences. Staff told us equality and diversity training was provided to them to ensure they were able to identify and recognise the importance of respecting people's individual and differing needs.

There was evidence a personalised approach was adopted by staff to meeting the needs of people who used the service. We saw this included information about people's personal strengths, preferences and likes, together with details about how their independence should be promoted. People who used the service and their relatives confirmed staff consulted and involved them in decisions about their support and involved external advocates in decisions to ensure people's legal and human rights were upheld.

We found the service had worked sensitively with people to ensure they were supported at the end of their

lives. We were told a person had unexpectedly received a terminal diagnosis and died very quickly following this. We were told bereavement counselling had been arranged for people who used the service and staff and that a memorial ceremony was scheduled to take place to celebrate them with balloons to be released and people attending dressed in the person's favourite colour.

We observed people looked well cared for and appropriately dressed to ensure their personal dignity was maintained and that their wishes for privacy were respected. We saw people's bedrooms contained personal possessions to help them feel at home. People told us staff encouraged them be involved and helped undertake tasks such as cleaning their rooms and preparing or shopping for meals, in order to help promote their skills in daily living. We saw one person ask a member of staff what they were having for dinner and saw them look at a pictorial menu on the wall and then go to the freezer and take fish and chips out which they placed on a baking sheet and put in the oven.

Staff demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw that information about people was securely held. A range of information was available in pictures and words to help people know what to expect from the service and who to contact when this was required, together with newsletters that detailed events such as holidays and activities.

## Is the service responsive?

### Our findings

We were not always able to get clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff. We saw people who used the service appeared contented and relaxed with staff.

Relatives and people who used the service said that support was flexible and responded to people's diverse needs. One relative told us, "We chose Creative Support because it is adaptable and adjusts to [Name] specialist needs, other providers were rigid." They told us they had been involved in the selection of staff for a new person who was moving into the service to ensure they would be involved and to enable the process to be smoothly delivered.

People who used the service and their relatives confirmed they were happy with the service. They told us they knew how to raise a concern and were certain these would be followed up. People said they would speak to staff if they were unhappy, whilst their relatives said they were confident the service would take any issues seriously. One relative stated, "I have no concerns whatsoever, they absolutely listen to me and I listen to them, it's a two way process." Another stated they had raised complaints in the past and were listened to and the issues were resolved.

People who used the service told us staff involved them in making decisions about their support and encouraged them to participate in tasks such as cooking and helping with cleaning to enable their independence to be promoted. We saw people were supported to follow their interests and hobbies to enable their personal aspirations to be met. People told us regular meetings were held to enable them to share ideas on how they wanted to be supported or what they might like to do or to change. The regional locality manager told us, "Every year in one of our services we produce posters with our service users which outline things they want to achieve in the coming year. These may not be outcomes as stated in support plans but could be a lifelong dream. For example, one service user wanted to go on holiday to Disneyland accompanied by family. After a lot of planning, this service user's dream came true as they spent three days and nights at Disneyland Paris with their family." We were told how a keyworker established contact with a 90's pop star for a person who used the service and who was a big fan. We were told the key worker arranged a surprise visit from the singer to perform the person's favourite song in a personal concert for them in their home.

There was evidence that assessments of people were carried out at the start of their use of the service and that support plans were developed from these to enable their needs to be met in a personalised way. We found people's support plans covered a range of issues which focussed on their personal strengths and needs and enabled staff to support people's wishes for self-control and independence. We saw people's person centred support plans were reviewed with action plans developed that included details about what people liked about them, what was important for them both now and in the future and how support was to be provided to ensure they were kept healthy and safe.

The regional locality manager told us, "All service users are encouraged to be involved actively in person centred reviews in a way which is meaningful to them, discussing aspirations, setting targets and goals for what they hope to achieve, this includes positive risk taking. For example, service users have support to attend a variety of activities in the community and rotas are arranged to ensure people can attend their chosen activities." People who used the service told us about visits to see friends and invitations to neighbours to join them for meals such as for tea and Christmas in order to reduce risks of social isolation.

People's care records contained assessments about known risks concerning their personal health, emotional and psychological wellbeing and mobility needs to ensure they were kept safe from harm. We found people's risk assessments were reviewed and evaluated on a regular basis to ensure their health and safety was promoted. Health action plans were included in people's personal files that detailed their medical needs together with information for use in emergencies such as admission to hospitals. This helped ensure staff were provided with guidance and information about people, together with instructions for use from professionals.

There was evidence people were supported to move smoothly between services in a planned and coordinated way. Talking about the assessment process for a person who was due to move into the service, a member of social services staff stated, "I am quite impressed, staff came out and visited the person and carried out a two day assessment to ensure they were able to meet their needs." The regional locality manager told us how the service had worked with professional staff in the community and another service provider for a person whose behaviour posed risks to both them and people who used the service. They said, "We worked intensively and very gradually over a period of time to move them to a more supported environment. We continue to have weekly contact with a view they may be supported to return when their anxieties have settled."

We found the service had an open and listening approach and consulted with people to ensure they were happy with the service delivered. A variety of methods were used, including newsletters, questionnaires and meetings to enable people to share ideas and provide feedback about the service. A complaints procedure was in place that used pictures and words to help people understand their rights and know what to do if they were unhappy. A record of complaints and compliments were maintained and we saw evidence that action was taken to resolve concerns where this was possible. The regional locality manager told us that outcomes from complaints were used to help the service to learn and develop. Feedback from relatives was overall very positive.



## Is the service well-led?

### Our findings

People who used the service and their relatives told us they were overall very happy with the service. They said staff listened to their ideas and suggestions to help the service improve and develop. Relatives said they were confident in management and that the service listened and acted on concerns where this was required. Comments from professionals involved with the service were overall positive. One told us, "There have been no issues with management and I find them very approachable and consistent."

This location has a condition of registration that it must have a registered manager in place. A regional locality manager had been covering this position since the previous registered manager had stepped down from the post in May 2016. The regional locality manager told us they would be formally submitting an application to be registered with the Care Quality Commission (CQC) for their skills and competencies to be formally assessed for this position. This domain cannot currently be rated higher than Requires Improvement, as the rules for rating this as good require there to be a registered manager in post who is responsible for the management of the service.

There was evidence the regional locality manager had a range of knowledge and experience of health and social care services. We found they were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service.

The regional locality manager told us there were elements of the service they wanted to improve and that arrangements were in place to address these issues. They told us they had strengthened the management arrangements in local projects recently to ensure individual managers were supported and enabled issues to be quickly addressed. Speaking about one of the project manager's a relative commented, "[Name] does a good job. She takes things seriously and gets things done." The regional locality manager told us that local project managers would carry out direct observations of staff and obtain feedback from people around the duty of candour to ensure the service was open and transparent (The duty of candour aims to ensure that providers follow up and provide truthful information and an apology when things go wrong.)

We found the service was supported by a range of clerical and ancillary office based staff that were based in a sister service close by and that clear lines of accountability and managerial responsibility were in place. Governance systems were available to enable the service to be monitored and enabled the quality of provision to be assured. We saw this included completing internal audits by a regional quality manager, together with audits of key aspects of the service such as care planning reviews, medicine management, staff training and development and satisfaction surveys and action plans developed where this was required to enable the service to be improved.

There was evidence the service had a clear sense of vision and values that included a commitment to ensuring people were provided with an individualised service designed around meeting their individual needs and choices. We found an inclusive approach was adopted that enabled people to develop their personal goals and aspirations. We saw evidence of regular consultation with people to enable them to participate and share ideas about the service. We found this included use of newsletters, surveys and regular

meetings together with opportunities for their involvement in community activities.

We found the regional locality manager had a 'hands on' and open style of approach and took their role very seriously. Staff comments about management were positive. They told us they enjoyed their work and were able to speak with management and felt their ideas and suggestions would be listened to. A member of staff who worked in a service that had been previously managed by another provider told us, "Since Creative Support took over people seem happier and have more activities to do." They went on to say, "Creative Support have introduced more structure and with better management, I feel people are better supported."

We saw evidence that staff meetings were held to ensure they were clear about their professional roles and responsibilities for promoting people's involvement in decisions about their lives, whilst respecting their independence, and needs for equality and safety. A whistle-blowing policy was in place to enable staff to raise any concerns about the service. We saw evidence that appropriate managerial action was taken in relation to issues that had been raised in this respect. Members of staff we spoke with said they were able to raise concerns and felt the service's management team were approachable and fair.

We saw evidence in staff files of individual meetings with senior staff that enabled their attitudes and behaviours to be monitored and their skills to be appraised. Staff told us about individual performance reviews that were held and meetings that enabled the regional locality manager to provide leadership and direction. Staff told us they received feedback about their work in a constructive manner and that the regional locality manager listened to their ideas to help the service develop.

We received some negative comments from some health professionals in relation to the way certain aspects of the service had been managed in the past. However, they told us these issues had recently improved. One health professional commented "Things have settled down and the strategies put in place during the difficult times are now working well. I believe they have employed additional staff which has helped to improve things as they were previously short staffed."