

Creative Support Limited

Creative Support - Ulverston Autism 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 31 July 2018 and was announced because the location is a care home for adults with complex needs who have structured routines and often go out during the day and we needed to be sure that someone would be in.

Creative Support - Ulverston Autism Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation and personal care for six adults who have autism and complex needs. Each person has an individual living space within the home which is recognised as their own flat. The service also has communal facilities that people share including a lounge area, a dining room, kitchen and laundry room. Each flat has access to its own secure garden area and there is also a communal garden.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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

There were sufficient numbers of suitable staff to meet people's needs. Staff training was ongoing and staff had received sufficient training to safely support and care for people. Staff were supported by the registered manager and deputy manager through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the service to protect people.

When employing fit and proper persons the recruitment process had included all of the required checks of suitability.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

Hazards to people's safety had been identified and managed. People were supported to access activities

that were made available to them and pastimes of their choice.

People were treated with respect and their dignity and privacy were actively promoted by the staff supporting them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision.

The focus of the service was on promoting people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Creative Support - Ulverston Autism 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 31 July 2018. We gave the provider 24 hours' notice of our visit to the service because the location was a care home for adults with complex needs who have structured routines and often go out during the day and we needed to be sure that someone would be in.

The inspection was carried out by two adult social care inspectors.

There were six people living in the home when we carried out our inspection. Most of the people who lived in the home could not easily share their views with us.

During the inspection we spoke with one person who lived in the home, two support staff, a health care professional, the registered and deputy manager of the home and the provider's service director. We observed how staff interacted with people and looked at the care records for three people. We also looked at records that related to how the home was managed.

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 we held about the service, including the information in the PIR, before we visited the home. We also used a planning tool to collate all this evidence and information prior to visiting the home.

Is the service safe?

Our findings

Most of the people who used this service were not able to tell us their views about their care. We saw that people who lived in the home had good relationships with the staff who were supporting them.

We saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. Staff we spoke with told us they felt that staffing levels were sufficient. We saw that staffing levels were flexible and took into account the needs of people who lived in the home. This ensured that there were sufficient staff to provide the right level of support people required at the times they needed it.

We looked at medicines management in the home. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We saw that there were plans in place that outlined when to administer extra, or as required, medication (PRN).

During this inspection staff we spoke with confirmed they had received training in safeguarding vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

The premises we visited were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

Is the service effective?

Our findings

People who lived in the home were not able to tell us how effective they thought the service was. We spoke with a health professional who visited the home regularly who told us how effective the staff team were in managing the complex needs of people living at the home. They told us they felt the staff and registered manager were "extremely competent" in what they did.

We saw staff had received individualised training to ensure they knew how to provide the support people required. Staff we spoke with told us they completed thorough induction training before working as an active part of the staff team. During our inspection we spoke with one staff member who was undergoing induction training who told us how much they were enjoying the job. We saw that they worked with experienced staff to gain skills and knowledge about how to support individuals who lived in the home. The level of induction training helped to ensure people were provided with the support they required by staff who had been given the time to get to know them well.

People who lived in the home could experience behaviours that could challenge the service. All the staff had completed training in how to support people to manage their behaviour in a way that protected the individual, staff members and other people living in the home.

We saw that systems were in place to monitor the training that staff had completed and when this needed to be repeated. This ensured the staff kept their skills and knowledge up to date. All the staff we spoke with said they received good support from the registered manager and deputy manager.. We saw that staff received support via regular supervision. This was a one-to-one support meeting between individual staff and the managers to review their roles and responsibilities.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services. We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people were being deprived the appropriate authorisations were in place or had

been applied for.

Where necessary best interest meetings had been held to assist people who were not able to make difficult decisions for themselves and where relevant independent advocacy had been arranged. We also saw people's rights had been protected through applications made to the Court of Protection and the Office of the Public Guardian.

Is the service caring?

Our findings

One person who could speak with us told us how much they liked the staff members that provided support in the home and spoke knowledgeably about each them. We saw people were treated with respect and given time to make choices about their lives in the home. We also observed that the staff in the home respected the decisions people had made.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

Each person who lived at the home had their own private flat and use of their own garden areas. Some people chose to spend time alone in their flats and we saw this choice was respected and monitoring systems in place ensured people were not at risk. The staff gave people the privacy they needed but were available to support them should it be required.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. We saw support was provided for people in maintaining important relationships.

Staff gave people time and encouragement to carry out tasks themselves where they could. We saw that the staff knew how people communicated their needs. The staff had a thorough understanding of each person and how to interact with people in a way that promoted their wellbeing and did not cause anxiety.

Most people had relatives who could support them if they needed assistance to express their wishes or to make important decisions about their lives. Where applicable independent advocacy had been arranged for those who needed assistance in expressing their wishes.

Is the service responsive?

Our findings

We saw people could engage in activities of their choice. We saw that people were supported in doing their own social activities in the local community or with visiting friends and/or relatives. We also noted that a number of people also preferred to spend time individually in their own rooms.

We looked at the care records for three people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required.

Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them and their families.

We saw where it was relevant people had been asked about their care needs and had been involved in regular discussions and the reviews of their care needs. We also saw where possible relatives had also been involved in care planning and invited to partake in reviews. Pictures were also used in demonstrating how people's daily lives were spent that captured their goals and achievements made.

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. We saw the service had developed easy read and used adapted pictorial information to provide accessible information to meet the needs of the individuals in the home. The registered manager told us they preferred to deal with people's concerns as and when they arose.

We discussed with the registered and service managers the future development of care planning to identify people's treatment wishes about what their end of life preferences might be. This would provide the service with information about the preferred care people would like to receive at the time they may come to the end of their lives and who they would wish to be involved in their care.

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability with a structured management team in place. We found the registered manager, deputy manager and staff team were suitably qualified, very knowledgeable and familiar with the needs of the people they supported. A visiting health professional told us, "The service is a pleasure to work with and I've never had any concerns."

Staff we spoke with were also happy with how the home was managed. We were told, "I like working here it's a really good team, they are very supportive." Another staff member said, "The registered manager is great, any problems I can go and discuss them with her."

We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and the environment they lived in.

There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of incidents and accidents and the necessary referrals had been made to the local authority. However during the inspection we found two very recent incidents relating to the management of medications that we asked the registered manager to refer to the local authority. This was to ensure people were being protected and that the local authority could check that appropriate actions had been taken.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the service. The oversight of safety and maintenance on the site was also monitored regularly. Where any actions had been required to improve the service these had been noted and addressed by the registered manager.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included external consultants and professionals, social services, mental health team and other healthcare professionals.