

Creative Support Limited

# Creative Support - Ulverston Autism Service

## Inspection report

18 Victoria Road, Ulverston  
Cumbria, LA12 0EP  
Tel: 01229 582976  
Website: [creativesupport.co.uk](http://creativesupport.co.uk)

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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 

### Overall summary

We carried out this announced inspection on 16 October 2015. We last inspected this service in August 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Creative Support - Ulverston Autism Service provides accommodation and personal care for six adults who have autism and complex needs. Each person has their own self-contained flat within the home. The service also

has communal facilities which people can share including sitting areas, a dining room, kitchens and laundry room. Each flat has access to its own secure garden area and there is also a safe communal garden.

There was a registered manager employed in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at this home had complex needs and could not easily share their views with us. We saw that people looked comfortable and relaxed in the home and with the staff who supported them.

All the staff had completed training to ensure they had the skills and knowledge to support individuals and to protect their safety and rights.

The staff treated people in a kind and respectful way. They knew how people communicated their wishes and gave people choices in a way they could understand. All the staff understood their responsibilities to protect people from abuse.

People were provided with meals and activities that they enjoyed and that took account of their individual needs and preferences. They received support to maintain their health from a range of appropriate local and specialist health services.

The focus of the service was to promote people's independence and to protect their rights. The registered manager was knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected because there were no restrictions on their liberty unless an appropriate authorisation was in place.

The registered provider had good systems in place to oversee the quality of the service. The staff were well supported. They knew how they could raise any concerns and were confident action would be taken in response to any issues they raised.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The staff in the home knew how to keep people safe.

People were protected because the staff in the home knew how to identify abuse and were confident to report any concerns.

There were enough staff to support people and to ensure their safety.

Good



### Is the service effective?

The service was effective.

Staff received training and support to ensure they had the skills and knowledge to provide the care that people needed.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Appropriate authorisations were in place for any restrictions on people's liberties, this helped to ensure their rights were protected.

People received the support they needed to maintain their health.

Good



### Is the service caring?

The service was caring.

The staff treated people with kindness and gave people the support they needed.

People made choices about their care and were given information in a way they could understand.

The staff supported people to maintain their independence and protected their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was planned and delivered to meet their individual needs.

People were provided with activities that they enjoyed and that took account of their interests.

The registered provider had a procedure for receiving and managing complaints about the service.

Good



### Is the service well-led?

The service was well-led.

The focus of the service was to promote people's independence and to protect their rights.

Staff were well supported and able to influence how the service was provided.

The registered provider monitored the quality of the service to ensure people received safe care that met their needs.

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

This inspection took place on 16 October 2015. We gave the provider 24 hours' notice of our visit to the service because the location was a care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one Adult Social Care inspector and a Specialist Advisor who had experience of supporting people who have autism and mental health needs.

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, four support staff, the registered manager of the home and the Area Manager for the service. 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 contacted the local health and social care commissioners to obtain their views of 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 were relaxed with the staff who were supporting them and no one showed any signs of anxiety at any time during our visit to the service.

One person who could speak with us said that they felt safe in the home and with the staff who supported them.

We asked the staff working in the home if they were confident that people were safe living there. All the staff we spoke with said that people who lived in the home were safe. The staff understood that people could be vulnerable because they could not easily tell anyone if they had any concerns. All the staff told us that they would not tolerate any ill treatment or abuse of people and said they knew how they could report any concerns about the actions or behaviour of another staff member. One member of staff told us, "If I had a concern I'd tell the registered manager or we know how to contact our area manager or the on call manager, there are plenty of people we can speak to".

Risks to people who lived at the home and to the staff who supported them had been identified and actions taken to manage the identified risk. We found that some of the risk assessments we looked at did not contain detailed information for staff on how to prevent a hazard arising or the action to take in response to identified risks. However, all the staff we spoke with knew the actions to take to maintain the safety of the people they were supporting.

We saw that staffing levels were planned taking into account the needs of people who lived in the home. This ensured that there were sufficient staff to provide the support people required and to ensure the safety of individuals who lived in the home and the staff employed there.

The staff we spoke with told us that there were enough staff to support people and to ensure their safety. However, they told us that, due to some staff leaving, there were times when the remaining staff had to work long hours to ensure that there were enough staff in the home. The staff also told us that when new staff were employed it took a long time for the recruitment and induction processes to be completed. They said that this meant it took a long time before new staff were able to work as an active member of the staff team. The area manager for the service told us that he was aware of the issues around staff recruitment. He discussed plans that were being developed to ensure additional staff were available to work in the home.

We looked at the processes used when new staff were employed. We saw that thorough checks were carried out on all new staff to ensure they were suitable to work in the home.

All the staff we spoke with told us that they had completed training in the safe handling of medicines. We saw that medicines were stored securely to ensure they were available when people needed them and could not be misused. Records around the administration of medicines had been completed properly. This meant the registered manager could check that people had been given their medicines as their doctors had prescribed.

The home was purpose built to be used as a care home for adults who have complex needs. Appropriate guidance had been followed to ensure the premises and furnishings were safe for people to use. There was equipment to detect and fight fires and a procedure for staff to follow to protect people in the event of a fire. Checks were carried out on the premises to ensure the safety of people who lived in the home.

# 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.

All of the staff we spoke with told us that they had received training to ensure they knew the support people required and how to provide this. They told us that new staff completed thorough induction training before working as an active part of the staff team. During our inspection one staff member was undergoing induction training. We saw that they worked with experienced staff to gain skills and knowledge about how to support individuals who lived in the home. The 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 behaviour that could challenge the service. All the staff 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 area manager. There were senior support workers employed in the home. This meant staff had access to guidance from a range of experienced and trained people. All the staff we spoke with said that if they had any concerns they could always speak to a senior person.

Due to their complex needs, people who lived in the home were not able to make important decisions about their lives. 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 and hospitals 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.

The registered manager of the home had a very thorough understanding of the MCA and DoLS. They were aware of their responsibility to protect the rights of the people who lived in the home. Where they had assessed that an individual needed to be deprived of their liberty the registered manager had made an application to the local authority for authorisation to do so. We saw that the appropriate documents around individual's DoLS were in their personal records. The staff we spoke with were aware of why individuals had a DoLS in place and how they needed to support each person.

People who lived in the home used a range of ways to express their needs and wishes. We saw that the staff were very knowledgeable about how people communicated. Each person was treated with respect and given time to make choices about their lives in the home. We observed that the staff in the home respected the decisions people made.

People received the support they needed to eat and drink and to maintain their health. We saw that people were given a choice of breakfast and snacks during the day, but the main meal was planned and prepared by staff. The registered manager told us that meals were planned for each week taking account of the needs and preferences of people who lived in the home. However, there was no menu available when we visited showing the choices people could have. All the support staff we spoke with told us that people were given a choice of meal and that, if someone was not enjoying the prepared meal, an alternative would always be provided.

The records we looked at showed that people were supported by a range of health care services. These included local GPs, a dentist who visited people in their home to reduce their anxieties, and specialist health services such as the Community Mental Health Team and Learning Disability services.

The home had been designed and built to accommodate people who had complex needs. We saw that communal areas were spacious to give people the space they needed

## Is the service effective?

to feel comfortable. Each flat had its own enclosed garden area and there was a communal garden that people in the home could use. This ensured that people had access to safe outdoor spaces.

# Is the service caring?

## Our findings

Although people were not easily able to share their views about their care, we saw that people were relaxed and comfortable in the home. One person was able to tell us that the staff in the home were “nice” and said they were “kind”.

We saw that the staff on duty during our inspection were knowledgeable about the people who lived in the home and the support they required. They knew how people’s behaviour or body language could change if they felt anxious and took prompt action to support people as they needed.

We saw that the staff treated people in a kind and friendly manner. They spoke to people in a respectful way and understood the importance of spending time with people.

Each person who lived at the home had their own private flat and use of the large communal sitting room and shared dining room. Some people chose to spend time alone in their flats and we saw this choice was respected. The staff gave people the privacy they needed but were available to support them as they required. We saw that people were supported to ensure they were appropriately dressed before they left their flats to enter communal areas. This helped to protect their dignity.

All the staff we spoke with said that appropriate actions were taken to respect people’s privacy and dignity. They all told us that people’s needs around privacy were

considered and said male staff did not support females who lived at the home with personal care. Throughout our inspection we saw that the staff took appropriate actions to protect individuals’ privacy and dignity.

We saw that the staff knew how people communicated their wishes and gave people time to make decisions about their support. The staff knew how to give each person choices in a way that was appropriate to their needs.

We observed staff interacting with people. We saw that they gave people information about planned activities in a way they could understand and that took account of 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. We saw that support was very individualised and was flexible to the needs of each individual. People who lived in the home were placed at the centre of all decisions about their support.

People were supported to maintain their independence. The staff knew the tasks that people could carry out for themselves and the areas of their care that they needed assistance with. We saw people were given the time they required to carry out tasks. Where people required small items of equipment to assist them to carry out tasks independently, the staff ensured these were provided.

The registered manager was knowledgeable about local advocacy services that could be contacted to support people or to raise concerns on their behalf.



# Is the service responsive?

## Our findings

People who lived at this service had complex needs and were not able to tell us about their experience of living at the home.

During our inspection we saw that people's families were included in decisions about their support and lives. Relatives were kept informed about people's care. Two relatives rang the home while we were visiting and spoke with the registered manager. We saw that their views about the care of their relations were sought and action taken promptly in response to any requests they made.

We observed staff interacting with people and saw that people were treated with respect. The staff in the home knew people well and knew how each individual communicated their needs and choices.

We saw that people made choices about their lives including whether to take part in planned activities and where they took their meals. Throughout our inspection we saw that the staff on duty respected the choices that people made.

Each person who lived at the home had a detailed care plan. We saw that the care plans included information about the support people required and how staff needed to provide this to ensure each individual's wellbeing.

As well as information from care plans, staff we given detailed handovers when they arrived to work in the home. This ensured that they were given up to date information about how people were feeling and any concerns that they needed to be aware of. We saw that the staff knew how aspects of a person's health could affect the support they needed. The detailed handovers meant that the staff knew the actions they needed to take to support each person.

The support provided was planned to take account of each person's needs and preferences. We saw that people

received personalised care that was planned and delivered to meet their individual needs. All the staff we spoke with showed that they understood that this was essential to ensure people's wellbeing. Some people needed a structure to their activities each day in order to prevent them from feeling anxious. We saw one person had a plan of the day's events in their room. We also saw that the staff explained the plan for the day to the person in a way they could understand. Other people required the service to be flexible to how they were feeling at any time during the day. We saw the staff assessed one person's mood and their support was planned to take account of how this affected their ability to engage in an activity.

People were provided with activities that they enjoyed and that took account of their interests. When we arrived at the home one person was following an activity in the community supported by staff and another person was looking forward to going out with a staff member. Other people had chosen how they wanted to spend their time in the home. The staff told us that they were included in suggesting and developing activities for people to follow. We saw that the staff evaluated the activity with the individual to decide whether the person wanted to take part in the activity again.

The registered provider had a procedure for receiving and responding to complaints. Although people who lived in the home were not able to use the formal procedure we saw this was available for their families to use if required. The complaints procedure was also available on the registered provider's website. This meant information about how to complain was available to people without them having to speak with staff at the home.

All the staff we spoke with were aware that people who lived in the home were not able to make a formal complaint on their own. They told us that if they were aware of a concern regarding an individual's support, they would be confident raising this on their behalf.

# Is the service well-led?

## Our findings

People who lived at this home were not able to tell us their views of how the service was provided.

Throughout our inspection we saw that the staff asked people in the home if they were happy with the support provided. They knew how each person communicated, including the use of non-verbal communication, such as hand signals and facial expressions. People were placed at the centre of their care and the choices they made were respected.

The focus of the service was to promote people's independence and to protect their rights. All the staff we spoke with showed that they were aware of this aim. They told us that they knew it was essential to support each person in a manner that respected their choices and independence. We also observed this through the interactions between the staff and people who lived in the home.

All the staff we spoke with told us that the service was well managed. They said that they were asked for their views and able to influence how people were supported. Two staff members told us that they had identified a new activity that they thought one person would enjoy. They told us that the senior staff in the home had listened to their suggestion and supported them to plan and arrange the activity. They said the individual had taken part in the activity and enjoyed it. This showed that the registered manager encouraged staff to be involved in developing the service provided to individuals.

We saw that the staff in the home knew the registered manager of the home and the provider's area manager. The staff told us that they felt well supported and said they could always contact a senior person in the organisation if they were concerned about a person's safety or about the actions of another staff member. All the staff we spoke with told us that they were confident action would be taken if they raised any concern with the registered manager or area manager.

Creative Supported Limited, the registered provider for the home, had formal systems to monitor the quality of the service people received. The registered provider had carried out their own audit of the service and maintained oversight of quality of the support provided to people.

People's relatives and the care professionals who supported individuals had been asked for their views of the service. We saw that they had been asked to complete a quality questionnaire to share their views of the home with the registered manager and registered provider. We saw three questionnaires that had been returned and all were positive about the support provided to people.

Providers of health and social care services are required to inform the Care Quality Commission, (the CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant that we could check appropriate action had been taken.