Care Quality Commission

Community Places Limited

Community Places

Inspection report

43 John Street
Great Houghton
Barnsley
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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

Community Places is a 16-bed service for people with a learning disability and/or mental health needs. The home is in a residential area in the village of Great Houghton. The home comprises of 13 bedrooms that have en suite facilities. There is also a self-contained apartment and a two bedroom bungalow that is used to promote personalisation. The service has a purpose built resource centre with IT suite and independent kitchen facility which has been specially designed for teaching independent living skills.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Summary of findings

Our last inspection at Community Places took place on 12 August 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 22 September 2015 and was unannounced. This meant the people who lived at Community Places and the staff who worked there did not know we were coming. On the day of our inspection there were 11 people living at Community Places.

The registered manager was not present during our inspection visit and the unit manager was in charge of the home.

At this inspection we found that people who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

We found the home was clean, with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

Systems for managing medicines were safe.

Staff knew the people they were supporting and the choices they had made about their care, support and their lives.

Staff training was up to date. Systems for supporting staff were in place.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Regular

checks and audits were undertaken to make sure procedures to maintain safe practice were adhered to.

People and their relatives had been asked their opinion of the quality of the service via surveys and by the regular meetings with the managers.

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.

It had appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

Safe procedures for the administration of medicines were followed and medicines records were accurately maintained.

There were effective staff recruitment and selection procedures in place.

Good

Is the service effective?
The service was effective

People were provided with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good

Is the service caring?
The service was caring

People said staff were nice and looked after them.

All the interactions we observed between staff and people were kind and caring. People were treated with respect and their privacy, dignity and independence were protected.

Good

Is the service responsive?
The service was responsive.

Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

People were confident in reporting concerns to staff and felt they would be listened to.

Good

Is the service well-led?
The service was well led.

Staff told us they felt they had a good team. Staff said all the managers and senior staff were approachable and communication was good within the home.

There were quality assurance and audit processes in place.

The service had a range of up to date policies and procedures available to staff.

Good

Community Places

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 22 September 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of supporting people with a learning disability.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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. The PIR was returned as requested.

We contacted commissioners and contract officers of services in local authorities and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from commissioners and this information was reviewed and used to assist with our inspection.

During our inspection we spoke with six people living at the home to obtain their views of the support provided. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. We spoke with nine members of staff, which included the unit manager, deputy manager, team leader, two administrators, support workers and ancillary staff such as catering and domestic staff. We also spoke with the registered provider, finance director and quality manager who were present at the home during our inspection.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People told us they received their medicine on time and staff supported them to take their medicines. One person said, "The staff help me with my medicines; I would probably forget it if I did it myself."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow.

We found medicines were securely stored in locked cupboards in a treatment room. Regular audit checks were completed by mangers regarding the safe storage and accurate record keeping of medicines.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We checked two people's Medication Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Although there were currently no people receiving controlled drugs we checked previous records which showed the drugs were stored appropriately and administration records were signed by two people. This showed that procedures were in place for the safe handling and storage of medicines.

One person told us they were looking forward in moving to another unit because they felt safer living with people of the same sex. This was a risk that had been identified in the persons support plan in that they preferred same sex company and action had been taken by the service to meet this persons needs and keep them safe.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

We noted that the fire alarm system panel had been faulty. We spoke directly to the homes independent electrician who confirmed to us that there was no risk to fire safety and that they had ordered and received a new part and would be replacing the fire alarm panel within the next week. We received written confirmation from the provider on 28 September 2015 that the new fire alarm panel had been fitted.

At the time of this visit 11 people were living at Community Places. There were 12 members of support staff and other staff on site including ancillary staff and the deputy and unit managers and all were highly visible. There were sufficient staff that were available and responded to people's needs and kept people safe. Some staff were supporting people in the home and other staff were supporting people in the community or the 'day centre' attached to Community Places. We looked at the home's staffing rota for the week prior to this visit, which showed these identified numbers of staff were maintained in order to provide appropriate staffing levels, so people's support needs could be met.

The unit manager and deputy manager told us they were rostered to be site managers for the day on a regular basis. All the staff spoken with said enough staff were provided to meet and support people with their needs.

Staff said, "There is always plenty of staff," and "There is plenty of staff and if anyone goes off sick they (management) call other staff and would always use people who are familiar with the unit, even the agency staff have been here before. Continuity and familiarity is important."

Staff confirmed they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about

Good

Is the service safe?

a person's safety had been identified. Staff knew that these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at the safeguarding records kept at the home and saw that all safeguarding concerns were addressed and fully investigated and the service had made appropriate safeguarding referrals to the local authority safeguarding team, when required. Safeguarding concerns were regularly monitored and audited by the registered manager, quality manager and registered provider. This meant risks to individuals and safeguarding concerns were managed and monitored to protect people.

We looked at three people's care plans and saw each plan contained various risk assessments. These assessments identified the risk and positive handling plans for individuals that included 'triggers' and supportive interventions required of staff to minimise the identified risk. We found risk assessments had been evaluated and reviewed regularly to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people's changing needs and included risks in the home and within the community.

We looked at three staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

The service had a policy and procedure on safeguarding people's finances. The administrator explained that each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for three people and found the records and receipts tallied. The administrator informed us that the quality manager and finance director checked and audited people's financial records monthly and annually respectively as part of auditing the financial systems. We saw records of these audits .This showed that procedures were followed to help protect people from financial abuse.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken and monthly infection control audits were completed by the quality manager which showed that any issues were identified and acted upon. We found Community Places to be clean. This showed that procedures were followed to control infection.

Good

Is the service effective?

Our findings

Two healthcare professionals contacted us prior to this inspection, in response to our request for information. Both professionals said they had no concerns relating to the care and support provided by staff at Community Places. Their comments included, " Staff recently supported a person with very complex needs, staff showed commitment and professionalism throughout this persons stay," and "I have no concerns with the service, we have a good working relationship."

People told us the food was good and they enjoyed the meals. One person said, "I really like the food- especially the chicken. If you don't like it, (the menu choice) you can always get something else."

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. Staff told us that the cook could prepare seven or eight different meals at lunch or dinner to cater for people s choices. There was a two week menu plan and people got to choose what they liked. The daily menu was written up on a whiteboard in the conservatory/lounge/ diner and the menu was illustrated with pictograms to support communication and choice

Some people shopped and prepared their own meals with support from staff. This provided the opportunity for people to choose meals and to promote independent living skills.

Staff told us how they encouraged people to eat healthily and vary their diet. One staff told us, "When Y (Person) came they would only eat a very limited diet; we gradually introduced them to "new" foods and showed them their friends were enjoying the food. Now they eat a much more varied diet. It's working well."

Staff told us the training was 'good' and they were provided with a range of training that included 'physical intervention', 'conflict management' , people moving people , infection control, safeguarding, food hygiene, and nutritional feeding . Staff said, "Training here is really good ,we ask and if the training is relevant we can go on it," "I am learning sign language which is really

useful as most of our service users are non-verbal and it will help us to understand each other and improve communication," and " We get lots of training in addition to the mandatory must dos, the company trains its staff well and the training is driven by the needs of the clients." We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said supervisions were provided regularly and they had received their annual appraisal. Staff said all the managers were supportive and they could talk to a manager at any time. Records seen showed that staff were provided with supervision and annual appraisal for development and support. We found the systems used to file and monitor staff supervision records was a little disorganised, some records were held in files, others on the computer and others hadn't been typed up yet. The unit and quality manager said they would address this issue to ensure staff supervision could be better monitored.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The unit manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. Staff explained to us how a person had difficulty mobilising and needed an investigation under anaesthetic. The staff told us how best Interests discussions involving family, senior support staff and the medical team and a change in the persons support had been agreed in the best interest of the person.

This meant that staff had relevant knowledge of procedures to follow in line with legislation. The unit manager

Good

Is the service effective?

informed us that where needed DoLS had been referred to the Local authority in line with guidance. We saw records of these referrals and decisions made in relation to individuals DoLS.

We looked at three people's care plans. They contained a range of information regarding each individual's health. We saw people had contact with a range of health professionals that included GP's, dentists, and hospital consultants. The files held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

'Food diaries 'and fluid charts were completed for people identified as needing this support to maintain their health. Those seen had been fully completed so that accurate information was available.

Good

Is the service caring?

Our findings

People told us they were happy living at Community Places. Comments included, "I like living here, the staff are nice and look after me," "I am happy here, I am not moving on from here" and "Staff care for me and look after me, when you are on your own it can be lonely."

We saw Interactions between the staff were courteous and respectful and the staff knew people well and communicated (often through sign language) with them about their plans, their activities and all aspects of their daily lives. We observed people seemed happy, clean and well dressed in their own clothes.

Throughout our inspection we saw that people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and plans so that these could be respected. One member of staff told us, "We give people choice and we support people to be as independent as they can be." Another staff told us "I love trying to give people a better life, we provide structure and some routine to help people who have complex needs."

All of the staff spoken with said they would be happy for their relative to live at Community Places. Staff said, "I know the care here is excellent, I would have no worries at all about a family member being cared for here," "If I had a family member who needed this level of care I would be extremely happy for them to live here; I would recommend it to anybody" and "we want to make sure people are happy and their lives fulfilled."

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity. Comments included, "We always ask how people want to be supported, not just do," and "we discuss the importance of maintaining people's dignity at any staff meeting we have."

The unit manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available in the foyer of the home. There was also information in a plastic holder on a notice board containing a wealth of information including: Dignity Healthy Eating Mental Capacity Act, Safeguarding, CQC inspection reports and local authority monitoring reports all in a variety of formats.

There was a large end of life display on a notice board. We were told by a member of staff that the organisation and staff would strongly wish to support any person at the end of their life who wished to die in the unit, "their usual place of care, which is their home." Senior care staff told us people's families had received an 'End of Life' information pack, which sensitively raised issues around preferences and expectations at end of life prompting discussions and clarifying wishes.

We checked three care plans. The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence. The plans showed that people and their relatives had been involved in developing their support plans so that their wishes and opinions could be respected. There was a section the plans titled 'my preferences'.

This showed important information was recorded in people's plans so staff were aware and could act on this.

Good

Is the service responsive?

Our findings

People told us that staff supported them to participate in meaningful training and activities and help them to maintain independence. People said, “Just been to Center Parks, it were alright, too many hills, I like Skeggie better,” “I like going to the bingo at the church hall, I go every Friday,” “I like going to college; I have got my certificates. I am doing Level 2 Maths and English,” “I’ve just been to Center Parks and the Deep. I choose my own clothes and I buy make up when I go shopping,” and “On Sundays and Wednesdays I go to the car boot sales at Hemsworth or Barnsley or Doncaster.”

We discussed contact with families with a number of staff. Staff told us people are strongly encouraged to stay in touch with families and people are supported by staff to go and visit family members. People said they had regular contact with their family. People commented, “I see my dad at the weekends, he cooks my tea. I phone him and he phones me to see when I want to go.”

We saw that staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. We saw people were involved with various occupational activities. We saw staff supported people in preparing and cooking a meal. People had gone to the shops that morning to buy the food. Staff supported people with these activities in an appropriate way whilst encouraging them to be as independent as possible.

Across the main house and the day services unit (which is accessible and used by people in the main house) there was a range of equipment and facilities to support the activities for people. There was a three station training kitchen used to increase the independence of people’s food preparation and cooking skills. A Halloween party planned for people and families was advertised everywhere offering an open invitation.

During the inspection arts and crafts activities were taking place and focussing on decorations and costumes for the Halloween event. The garden was well equipped with specialist leisure equipment including a sandpit, swings, mirrors, large upright metal tubes (to play as a xylophone) large plastic flowers (speak into one and the sound comes from the other), touch pads with differing textures and colours. Staff said the garden was used with particular people who benefitted from the sensory stimulation the facilities offered.

External Activities advertised included, walking, bowling, swimming, visits to local outdoor facilities and nearby parks and attractions, holidays and shopping locally in the nearby village and in Doncaster, Barnsley and Hemsworth

The staff clearly knew people very well and during our discussions and observations staff frequently made reference to family members, joined in reminiscence with people and had many enjoyable shared experiences with people who used the service.

We checked three people’s support plans. All the care records included an individual support plan. The support plans seen contained details of people's identified needs and the actions and support required of staff to meet these needs. The plans contained information on people's life history, preferences and interests, so that these could be supported.

We found all the support plans we checked held evidence that reviews had taken place regularly to reflect changes. Staff told us and records showed that reviews occur at least six monthly but more regularly if needed.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a very good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

We saw a bespoke ‘easy read’ version of the complaints procedure was included in the ‘Service User Guide’ which had been provided to each person living at the home and their relatives. The procedure included pictures and diagrams to help people’s understanding.

The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices.

Good

Is the service responsive?

We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

We observed people and staff knew the all the managers and registered provider by sight and name and freely approached them and exchanged views about the service.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, "The managers are all very approachable and listen," "All the managers are very good, we also see the director a lot which is good, " and "The managers are good at communicating and giving us updates."

During our inspection we saw good interactions between the staff on duty and people who lived in the home. We observed the unit, deputy and quality manager around the home and it was clear that they knew the people living at the home very well.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the quality manager had undertaken monthly visits to check procedures within the home.

We saw that checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

We found that surveys had been sent to people living at the home, their relatives and professional visitors. We saw the results of the surveys had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service.

Surveys had recently been sent out for the 2015 survey and some had been returned. We saw some initial comments from health professionals and relatives which were very positive about the service.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the managers and director when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. These meant changes in current practices were reflected in the home's policies. A random selection of policies we checked were up to date and had been reviewed within the last 12 months.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The unit manager was aware of the home's obligations for submitting notifications in line with the Health and Social Care Act 2008. The unit manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.