Community Places Limited

Community Places

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 22 and 30 August 2018 and was unannounced.

Community Places 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 is in Barnsley and provides accommodation for up to 16 people with learning disabilities or mental health needs who require varying levels of care and support. Accommodation is spread over two floors each with its own living space including a kitchen and lounge. The home has 13 bedrooms with en suite facilities. Some of the bedrooms have been converted to provide people with their own private living area and one person had a self-contained apartment. There is also a two-bedroom bungalow.

At the time of our inspection six people were living at Community Places. There were two people using the service for respite care.

The care service has been developed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was spacious, well decorated, clean and tidy. All the bedrooms were single occupancy.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. 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 was safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

The service worked effectively with a range of health care professionals to ensure people's needs were met.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being reviewed.

People received care which was personalised and adapted to meet their changing needs.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home. Feedback about the registered manager was very positive.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Staff worked in partnership with other agencies.

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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 22 and 29 August 2018 and was carried out by one adult social care inspector. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

We used information the provider sent us in the Provider Information Return. The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with three people who used the service, three care workers, one senior care staff, cook and the registered manager.

Good

Is the service safe?

Our findings

From our review of records and observations made, we concluded this home was safe. The service was adequately staffed which ensured staff provided a person-centred approach to care delivery. Staff had a good understanding of people's medicines and risk assessments which mitigated the risk to people's safety.

People were kept safe from abuse and improper treatment. People who used the service told us, they felt safe living at Community Places. One person told us, "I feel safe living here, I like it."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This showed staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

Systems were in place to identify and reduce risks to people living within the home. We found care plans contained individualised risk assessments to help manage risks appropriately and keep people safe. For example, risk assessments were in place for people when out in the community, using the bus, using the kitchen, managing personal finances and managing the potential risks associated with behaviours that may challenge. There was evidence in people's records that risk assessments were reviewed regularly.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

There were enough staff on duty to care for people safely. Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

The care team were supported by a housekeeper and cook.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. There were suitable arrangements in place to make this happen.

A range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded.

Staff told us they completed training in infection control and the home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The service employed housekeeping staff. However, care staff also supported people to be involved with cleaning tasks. This helped people to develop their daily living skills and independence. People told us, "Staff help me clean my room." Other comments included, "I try to keep my room tidy so it's not as hard to clean".

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

From the records we reviewed, we concluded accidents and incidents were recorded in detail and accurately. Handovers and staff communication books were used to keep staff up to date with incidents and any changes to practice. This demonstrated the home used lessons learned and made improvements when things went wrong.

Good

Is the service effective?

Our findings

Following the last inspection, the provider was in breach of Regulation 11, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent. The service was not acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) as no best interest records were completed. At this inspection we found the service had improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 authorisation to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were authorised DoLS in place for the people using the service. We saw staff training was in place around MCA/DoLS. Staff we spoke with had a good understanding of the MCA and what impact this had on people living at the service. We concluded care was delivered in the least restrictive way possible.

People were asked for consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who needed to go into hospital regularly.

People's needs were assessed when they moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. The registered manager told us, they would only support people if they could meet their needs.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were comprehensive, detailed and reviewed by staff to ensure they remained appropriate to people's needs. People had been seen by a range of healthcare professionals, for, example, GP's nurse practitioners, learning disability nurses, dieticians and speech and language therapists. People told us staff supported them well with healthcare needs.

Where staff were concerned or had noted a change in people's health we saw they had made referrals to health care professionals. For example, we saw the service referred people at nutritional risk to the dietician. This meant people were effectively supported in access to healthcare services and received on-going

healthcare support.

Hospital passports were in place to support effective transition between services. This meant that key information was available on people's needs should they be admitted to hospital.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us training opportunities were good and there was plenty of training on offer.

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

We spoke with staff and the registered manager about restraint. They confirmed staff only used restraint techniques as a last resort and would always start with distraction techniques. Care plans informed staff what signs demonstrated the person was becoming agitated and what de-escalation techniques to employ including verbal reassurance and redirection. The plans also detailed what intervention had been authorised for use in the event of the individual being at risk of harming themselves or staff. The techniques employed were based on the Management of Actual or Potential Aggression (MAPA). This training teaches staff management and intervention techniques to cope with escalating behaviours in a professional and safe manner.

Staff received training in topics such as MAPA to ensure they worked to best practice guidance in managing behaviours that challenge. Existing staff also received regular updates in a range of subjects including safeguarding, equality and diversity and fire safety. The training records showed training was kept up-to-date. We saw staff had also received specialist training in topics such as learning disabilities, autism and dementia care. This helped them to understand and meet the needs of people who used the service.

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year. One staff member told us, "Goals are useful if you want to achieve something, we get support along the way, they are always willing to fulfil this. It's always nice to be told what I'm doing well as well. I feel appreciated."

Staff and the registered manager told us handovers were conducted at the start of each shift where any concerns were discussed. We saw these took place. Staff told us these were a valuable tool for keeping informed about people, their healthcare needs and any service updates. The registered manager told us they also received support from the regional manager and managers from other services within the group.

People's nutrition and hydration needs were met. People who used the service told us meals were good. One person told us, "I like the food, I have fruit and yoghurt for my breakfast, it's healthy.".

We spoke with the cook who explained they were given information about people's dietary needs and preferences. The cook had a file in the kitchen with any special dietary requirements and tastes.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans. The cook told us, "[Person] loves home cooked food, pies and sausage rolls, when [person] is feeling off and refusing

food, I know [person] will eat them."

We saw some people were supported by staff to make their own drinks and snacks. One of the activities people were supported with was 'cook and eat'. People chose the meal they wanted and were then supported by staff to shop for and cook their own meal.

There were choices available for every meal and a range of hot and cold meals which could be ordered at any time. The cook told us, "[Person] told me, I like cauliflower cheese, so I asked [person]if they would like me to make it for them. They said yes, they really enjoyed it."

The accommodation was spacious with wide corridors and doorways to facilitate easy access for wheel chair users. The living and dining rooms were on the ground floor with bedrooms on the first.

People's individual needs were met by the adaptation, design and decoration of the service. We saw the house was homely and spacious. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. All rooms were en-suite and a special shower room was also available where people could select the music and lights they wanted.

The home had a communal living and dining area. There was sufficient space within the home to allow people to have their own lounges, which provided opportunity for quiet time, without affecting other people living there. Each person's lounge had been personalised according to their preference. The environments were suitable to the people living there. For example, one lounge was fitted with extra sensory stimulation, another with family photographs and pictures, whilst another was very minimalist so as not to over-stimulate one of the people who lived there. Some people had different types of posters, which reflected their interests. One person was supported to keep a pet within their apartment.

In some areas, adaptations had been made to ensure peoples safety, such as TV and other electrical items in special cases. This meant the design and layout of the building was conducive to providing a homely, safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring people received the best possible care in a homely environment.

From our observations and from speaking with staff it was clear staff knew people well and understood their likes, dislikes and care needs. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people.

People had developed positive relationships with the staff supporting them. They knew the staff who supported them, and we saw good rapport had developed. Staff used a good mixture of verbal and non-verbal communication to provide comfort and reassurance. People looked comfortable and relaxed in the presence of staff. We observed light-hearted interaction where people were laughing and joking. Staff talked with people about their day, coming plans and other topics, which promoted a friendly and inclusive atmosphere. People were involved with one to one meetings, which provided people's views of the service as well as what activities they would like to take part in.

Care files contained information about people's life histories, interests and hobbies. People who used the service had an annual review of their care. The service used scrap books and photos for reviews to enable people to show their family and relevant others what they had been supported to achieve. This enabled people to be involved in the review process. People were supported to take the lead in their reviews which started with the person showing their books, people were able to leave the review meeting when they felt they had enough.

Staff communicated well with people to provide comfort and reassurance. Staff explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. One person who used the service told us, "Staff help me with the shower, I like having a shower." One staff member told us, "Each person has their own personal lounge and bathroom. I check people are happy to get up, dressed and shower in their room. I let other people know the person is in shower. I make sure they are well dressed and presented. Help them choose nice outfits when going out groomed well, teeth brushed and aftershave."

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Community Places, which gave them lots of satisfaction. One staff told us, "I enjoy working here, the management is good. I treat people like a family member, we have to treat people the same. I enjoy working here for the fact it's a caring job, it's rewarding, I love it, giving the individual a life, getting through each day, trying new things. It's rewarding to help somebody." Another staff member told us, "I enjoy working here, people who live here are brill to work with. Every day is different." Another staff told us, "Absolutely love my job, it's amazing coming to work knowing people are going to be doing something new every day."

The information staff shared with us about people's needs reflected the information in recorded in people's care records. For example, one person's care records stated, "[Name] likes to spend time on their own for time out." We observed throughout the day this person spending time on their own in their apartment. This was also a way to support the person to be as independent as possible.

One person who has complex needs went on their first holiday since moving into the service last year. The person had a three-day break. The staff and the person worked hard to achieve this. It was extremely difficult for the person to be away from home for any length of time. This was a great achievement for the person, as well as a boost for staff confidence. The staff said they would be happy to support the person in going away again. This demonstrated staff were committed to supporting people to achieving their full potential and the staff commitment to people who use the service.

In another example we saw how staff were working with a person to support them to move into their own flat. This included helping the person to develop ways of managing their anxiety. This had enabled the person to feel confident enough to attend different events outside the home and college placements. The person told us "I have more freedom now."

Staff had received training in equality and diversity and we saw people's diverse needs were catered for. We saw no evidence that discrimination was a feature of the service. Staff told us, "[Person] is Muslim and has a halal diet. We ensure their food is kept in a separate fridge. The cook explained that they source the persons food from another area as it's not easy to obtain in the local area. In the person care file, there is a list of places in the town which serve halal food for when they are being supported in the community.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people showed us the service was pro-active in promoting people's rights. For example, using adult sensory tools, religion, diet, and choice of carers.

Good

Is the service responsive?

Our findings

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, communication, mental health and social care. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. We saw people's care and support needs were regularly updated and reviewed. This ensured responsive care. There was evidence the person or family had been involved with writing the plans and reviews.

We saw people had access to a complaints procedure in easy read format. This was also displayed around the service for the benefit of people who lived at the service and family. Complaints had been logged in a central file. These had been investigated with outcomes, actions and lessons learned as a result. We saw outcomes and actions had been discussed with the person raising the concern. This showed the management team treated complaints and concerns seriously and investigated appropriately, as well as analysing for trends and lessons learned to minimise the risk of recurrence.

The service also logged compliments. One compliment from a professional said, "I would like to take this opportunity to thank you and your staff on behalf of our service for all your hard work and dedication that you have shown in supporting [person] and developing meaningful and therapeutic relationships with [person]. We would highly recommend your service and wish you the best for the future endeavours." A parent sent a compliment which stated, "Thank you all the staff at Community Places. You look after [person] but you also give us peace of mind which as parents is priceless."

We asked how the service worked within the requirements of the Accessible Information Standard 2016. The registered manager told us people had communication assessment tools in place. We saw these documents in people's care files and these had been reviewed recently. The tool was divided into expressive and receptive communication to aid staff understanding of what the person was trying to tell them and what the persons understanding of information or question was. There were some key policies in easy read version. Staff also used Makaton and picture cards. The cook showed us the menu board which she completed daily with people who lived at the home. This was in a picture format to support people with making choices.

The staff team demonstrated they supported people to engage in personalised interests and activities both within their home and in the local community. All the people who lived at Community Places received one to one support which ensured activities were personalised and specific to each person.

There was a strong focus on community-based activities. This included trips out into the community using local facilities such as the doctor's surgery, supermarkets, riding stables, café and bowling parks. People were supported to attend events that were promoted by the local pubs and community centres such as fayres, Christmas and Halloween events. One of the people who lived at the home had won the fancy dress competition at the local pub.

One person told us, "I go to the pub, I know people who go there as well." Another person said, "I go

swimming and to the gym. I go to get a haircut." A staff member told us, "The barber specialises in cutting people's hair with disabilities and autism and this makes things go smoothly". Another staff member told us, "We have developed great relationship with the local shops. They know the people who live here. It's great when we go shopping. If someone display's behaviour which may challenge they will serve us first, so we can leave. Or if someone is loud and shouting that's fine. They just explain to other customers."

The service had an allotments project that was shared with the local school. People who lived at Community Places went to water the plants both morning and night as well as doing other jobs that were required on the allotment. Both the school and service had planned sessions for the use of the allotment and they shared the produce they grew. One person told us, "I like going to the allotment, I like to see what has grown and water the plants."

From speaking with staff and people who used the service, observations during our inspection and reviewing care records, we concluded people's independence was actively encouraged. For example, one person had their own self-contained apartment within Community Places. They told us, "I make a shopping list and go to the supermarket to buy my own food. Staff help me cook it. I work with staff to keep my place clean and tidy."

The service had their own vehicles, which increased their flexibility to take people out. One person had their own car. We observed people being asked and offered choices of activities to do in the community.

A person-centred approach to care and support was evident. People's care plans included information about people's parents and family. People were encouraged to maintain and develop relationships with family and friends. One person told us, "I go to have tea with my [Person] and [Person]". On the day of inspection, we observed one person being picked up by their parents to go to their house. Another person told us, "I go to see my [person] at their house, I also see my [Person]. The registered manager informed us, one person has their own mobile phone, so they could call their parents when they wished. Another person's family visited them on Sundays and they had lunch together at Community Places.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

People had their end of life wishes recorded. For one person these were very detailed and showed that medical professionals and next of kin had been involved. For others the plans contained minimal details. We spoke to the registered manager, who told us this was an ongoing piece of work and they wanted everyone's plans to be detailed. This had been discussed with family members, but they did not feel able to address this at the time.

Good

Is the service well-led?

Our findings

We concluded from speaking with people and reviewing service documents that the service was well- led.

There was a registered manager in post who provided leadership and support. A clear management structure was in place, which included a deputy manager and senior care staff. There were clear lines of reporting. People who used the service told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. One person told us, "[The] management are open to discussion, so things get sorted."

We found the management team open and committed to making a genuine difference to the lives of people living at the service. It was clear the registered manager knew the care and support needs of the people who used the service. We saw there was a clear vision about delivering good care and achieving good outcomes for people.

The atmosphere at the service was welcoming and open. Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. People were supported by a staff team who were proud to be part of the service. One staff member said, "I absolutely love my job. It's amazing coming to work knowing people are going to be doing something new every day. We support people to learn new things."

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, health and safety audits, training and environmental audits. We saw if any shortfalls in the service were found action had been taken to address any issues. For example, an audit had been completed for training and highlighted two staff required updates. This was added to the action plan and staff were booked onto update training.

Accidents and incidents were analysed to look for any themes or trends and help prevent a re-occurrence. These were then used to determine whether further control measures such as involvement of a multi-disciplinary team was required. Information was fed back to staff through the communication book and team meetings.

We saw evidence of meetings between the company director, the registered manager and other managers within the organisation. Minutes were in place from these meetings which evidenced matters addressed. The manager submitted monthly report to the provider which covered key areas of performance, for example, staff training, complaints, safeguarding concerns and accidents. Actions from these meetings were

added to a continuous improvement plan to ensure improvements were made.

The registered manager told us, "I feel well supported by the directors. I feel they listen to what I say, and actions have been taken. I also speak to the clinical lead who provides additional support and guidance."

Staff meetings were held. Staff met with the manager, deputy manager or senior staff more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

We saw evidence there were strong links with the local community. The registered manager ensured relationships with the local school, pubs, community centre and other amenities. This demonstrated the service worked to strengthen relationships beyond professional organisations.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager informed us they worked in partnership with Barnsley contracts team and the NHS. The registered manager and staff worked in partnership with other agencies such as district nurses, learning disability team, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.