Community Places Limited

Community Places-Clifton Drive

Inspection report

Clifton Drive
Sprotbrough
Doncaster
South Yorkshire
DN5 7NL

Tel: 01302788668

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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

About the service
Community Places – Clifton Drive is a 15 bedded service providing long stay care and respite, to people with complex learning disabilities. There are six self-contained flats and nine individual rooms all with en-suite facilities. There are communal lounges, dining areas, relaxation rooms and interactive rooms. The service is in Sprotbrough, which is near to Doncaster town centre. At the time of our inspection there were 10 people using the service.

The service was bigger than most domestic style properties. It was registered for the support of up to 16 people. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design. There were separate entrances to people's apartments and rooms and people only had access to their part of the building, making each room feel like an individual flat or apartment. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People told us they felt safe whilst being cared for at Community Places – Clifton Drive. Systems were in place to safeguard people from abuse and staff knew their responsibilities in keeping people from harm. There were enough staff to meet people's needs. Risks to people were assessed and managed. Systems were in place to make sure people received their medicines, which included staff receiving medicine training and regular audits of the system. People told us they always received their medicines at the appropriate times. Staff competency in the safe administration of medicines was checked each year.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The atmosphere in the home was supportive and caring. People had formed positive relationships with staff and clearly enjoyed their company. People were supported to maintain their independence and staff maintained people's rights to privacy and dignity. Staff supported people to eat and drink enough amounts to maintain their health. There was a great emphasis on encouraging people to eat healthily. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people.

People and relatives were confident any concerns and complaints would be recognised and investigated. People were given feedback from complaints and the outcome of any safeguarding investigations. Information provided to people met the requirements of the accessible information standard, which aims to make sure disabled people have access to information they understand.

People, relatives and staff provided good feedback about the management of the service. The registered manager had a system of quality assurance checks to ensure the home was meeting required standards and people who used the service were well cared for. Governance arrangements effective and reliable. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 21 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Community Places-Clifton Drive

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector 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.

Service and service type
Community Places-Clifton Drive 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the director, registered manager, deputy manager, senior support workers, and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also looked at a selection of policies.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff. One person said, "My family come to see me, and this makes me happy. I feel safe in my bedroom."
- Relatives said they felt their family members were safe with the staff. One relative told us, "The staff are brilliant, it's the little things they do that make the difference. [Name] is safe living here and he has his own personal space and garden. I never worry about him."
- Staff had been trained in safeguarding and were aware of the processes to be followed to keep people safe.

Assessing risk, safety monitoring and management

- Individual risks were assessed and identified as part of the support and care planning process.
- Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Where necessary, appropriate referrals were made to healthcare professionals.
- Risk assessments covered areas such as accessing the community, behaviours, and drinking and nutrition. There was a risk assessment summary, showing these were reviewed every three months unless there was an identified increase or decrease in the risk, and then they were reviewed immediately.

Staffing and recruitment

- Full and complete staff recruitment and pre-employment checks were in place.
- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- One staff member told us, "Staffing numbers are in the main one to one, but some people have two to one. We're never left short as seniors and managers always step in and do hands on if someone calls in sick at last minute."

Using medicines safely

- People's medicines were managed safely, and people received their medicines as prescribed.
- All support staff were trained in the safe administration of medicines, although only senior support staff administered medicines to people. Following training, checks of staff competency was reviewed at least yearly.
- Daily, weekly and monthly checks were carried out to make sure people received their medicines and medication administration records had been correctly completed.

Preventing and controlling infection

● The home was clean, tidy and odour free.
● Staff had received training in infection control practices and personal protective equipment (PPE) such as gloves and aprons were provided for them.
● Cleaning schedules were in place to ensure rooms were thoroughly cleaned and sanitized, particularly those used for people receiving respite care when the room was used by more than one person.

Learning lessons when things go wrong
● There were systems in place to learn when things went wrong. For example, one person suffered sun burn whilst out on an activity. Following this the registered manager and the staff involved had a reflective practice meeting to look at what went wrong, what could have been done better and what could be put in place to prevent this happening again. This was used as learning for all staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-assessment was completed before people moved into the home or started using the respite service.
- When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff told us there was an organised and planned system to ensure they were all up to date with their training.
- Staff underwent an induction prior to working alone at the service. One staff member told us, "When I had completed the induction I felt ready to do the job, but I was told I could do more shadowing shifts if I didn't feel confident enough."
- Staff had completed training that the provider considered to be mandatory. Staff were also encouraged to complete specialist training and social care qualifications.
- Supervisions and appraisals were completed at regular intervals. These allowed staff the time to express their views and reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to stay healthy. There was great emphasis on encouraging people to eat a well-balanced diet. One person said, "We get plenty to drink and eat and I can get my own [food and drink] from the kitchen."
- Support plans had information about people's dietary needs, their preferences or cultural dietary requirements. For example, one person's culture prohibited the eating of beef. All staff were aware of this and this was clearly recorded in their support plan.
- People were referred to other healthcare professionals as required. For example, we saw speech and language therapy (SALT) assessments in place for people who were at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Key information profiles were in place which summarised people's likes, preferences and things that were important to them. This information was shared during transitions into the home and enabled a consistent approach to be adopted for people.

● Records showed the service communicated with other health and social care professionals such as social workers, community learning disability nurses and psychiatrists, to make sure people's health and care needs were met. One person told us, "I've seen the doctor recently because I fell and hurt my knee, it's okay now. I will tell the staff if I am not well and they will give me a tablet. I go to see the dentist and have had my eyes checked."
● The registered manager was aware of the Care Quality Commission's 'Smiling Matters' report on the state of oral care in England. They had purchased oral health care packs which were given to people who needed support in this area of personal care. We observed people being supported to maintain good oral care. One person told us, "I don't go to the dentist as I don't have any teeth, but I brush my gums."

Adapting service, design, decoration to meet people's needs
● The service was set within extensive grounds which people were supported to enjoy in ways which suited their abilities. For example, some people had their own private garden area, with outside furniture and activity equipment.
● People's bedrooms and apartments were homely and personalised with items they had brought with them that were important to them.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● Staff followed the principles of the MCA and people's consent was sought in advance of care being provided.
● DoLS applications had been submitted appropriately. Clear records showed when and why the application had been submitted, date authorised, any conditions and duration of the authorisation.
● Records showed people's capacity to make decisions had been considered. Staff had a clear understanding of their role in supporting people in their best interest.
● Staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well.
- People and their relatives spoke positively about the care and support they received. Their comments included, "I like living here and I am happy, the staff are good. I help to make buns and mix the cake mixture. I make my packed lunch and can make a drink when I want but need help with this. I go to a day centre every day," and "I am very happy, and the staff are friendly. I can get up and go to bed when I want. I helped make my porridge this morning and I can make a drink when I want."
- Staff took great pride in people's progress and spoke fondly about the people they cared for. Speaking about one person, staff said, "The difference in [name] since they came here is great. [Name] is becoming more independent and looks so much happier."
- People were asked about any religious or cultural needs so these could be met. One staff member told us, "[Name] follows the Sikh faith and doesn't eat beef foods, and is supported by females only. Their clothes are washed separately, and we make sure they wear their traditional clothes as this is their choice."

Supporting people to express their views and be involved in making decisions about their care

- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.
- Staff regularly met with people to ask their views of the service and if they wanted any changes made. We saw discussions were recorded in support plans and saw where changes were made to care and support when people had made suggestions.
- One person we spoke with was keen for us to confirm we would not be changing anything in relation to their care and support. They told us, "The staff make me happy. I have no complaints. I like it here and can't think of anything I would change." We explained to the person what our role was and how it was not our remit to change their care package.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and encouraged according to their capabilities and abilities. For example, some people were able to undertake some tasks relating to their personal care and preparation of food.
- We found staff spoke to people with warmth and respect, and staff considered people's privacy and dignity. One relative told us, "The staff are lovely, and I trust them. [Name] is happy at the moment and I can't think of anything I would change."

● People's information was stored securely, and we saw that staff and managers discussed the importance of keeping people's personal information secure.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care that was responsive to their needs.
- Each person had a support plan. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed.
- Plans provided guidance for staff about everything they needed to do and how people liked their care provided. Plans were written in a person-centred way, meaning that people's wishes were central to the support they received. For example, we saw when a person had problems eating or swallowing they were referred to the speech and language therapy team (SALT) for input and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given.
- Prior to admission information was obtained about the individuals communication abilities and what their level of ability was in receptive and expressive language skills.
- Support plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be involved in a range of activities that they enjoyed. One person told us, "I'm going to the pantomime today." Another person said, "I like living here. I like being on my swing and being outside. I like to go to the park."
- Support plans detailed each person's preferred leisure activities, hobbies and pastimes and how staff would support the person with these.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and we saw the registered manager had dealt appropriately with complaints and put measures in place to reduce the risk of similar issues recurring.
- People told us they were provided with information about how to raise complaints and they knew who to speak to if they had any concerns. They were confident these would be dealt with properly.

● One relative told us, "I have never made a complaint, but I would be comfortable to tell them [staff] if I had one and I have spoken to the manager about a number of things." Another relative said, "I had problems initially, but we are sorting things out. I do tell the manager, I am [name] voice and I need to speak out."

End of life care and support

● People and their families were given the opportunity to record what was important to them at end of life. Where they had chosen to do so this was clearly recorded in their support plan.

● Some staff had completed end of life training with the local authority. They had then passed on their knowledge and learning to other staff members.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The staff team had developed a positive culture in which they delivered consistent care. This minimised any distress to people. Staff were alert to any changes and introduced new approaches to empower people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● People and their relatives told us they were happy with the service and the care provided. One relative told us, "The service is wonderful. The care home has some good facilities and the staff are good. [Name] comes home happy and the staff let me know if there is a problem, but they are also good as they know [name] is in respite and like to let us have a rest."

●Staff said the registered manager was accessible and approachable and dealt effectively with any concerns they raised. Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There was a clear management structure in place. Staff were clear on their roles and who they should report to.

● The registered manager and provider carried out audits to monitor the quality and performance of the home. Actions were taken when necessary to make improvements.

● The registered manager and the staff understood their roles. Staff said they felt they could approach the registered manager with confidence. One staff member said, "I could go to the senior on shift or management and feel confident they would deal with my concern appropriately."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The director and registered manager carried out formal quality assurance surveys to obtain the views of people, their families and staff. This was used to assess the quality of the service, and to make any changes needed from the feedback gained. We saw evidence the registered manager had been proactive in responding to people's suggestions and comments. For example, relatives said they were unsure of the activities their family member was partaking in. Therefore, a record of all activities each person had been involved with was recorded in their support plan.

● Staff told us they were invited to staff meetings and given plenty of opportunities to give their feedback.

Working in partnership with others; Continuous learning and improving care

● The management team were committed to working with external healthcare professionals to ensure people received the best possible care. Working relationships had been developed with the local GP's, district nurses, speech and language therapists and dietitians.

● The registered manager was able to tell us about incidents that had required them to reflect upon their practices and make improvements.