Community Places Limited

Community Places-Clifton Drive

Inspection report

Clifton Drive
Sprotbrough
Doncaster
South Yorkshire
DN5 7NL

Tel: 01226755070

Date of inspection visit:
18 May 2017

Date of publication:
21 June 2017

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

Community Places – Clifton Drive is a 16 bedded service providing long stay care and respite, to people with complex learning disabilities. There are four self-contained flats and 12 individual rooms all with en-suite facilities. There are numerous well-appointed communal lounges, dining areas, relaxation rooms and interactive rooms. The service is located in Sprotbrough, which is near to Doncaster town centre. At the time of our inspection there were four people using the service.
The service was registered in August 2016 and this was the first rated inspection.

The service did not have a registered manager in post at the time of our inspection. 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. The registered manager had left and a new manager had been appointed and it was their second week in post at the time of our inspection.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place. Relatives we spoke with all praised the service and told us people were safe.

Recruitment processes were robust so helped the employer make safer recruitment decisions when employing new staff. Staff had completed an induction at the beginning of their employment. They had access to a varied training programme and regular support and supervision was available to help them meet the needs of the people they cared for.

Most people who used the service required staffing levels of at least one to one and some had two to one staffing. We saw at the time of the inspection these staffing levels were maintained. There was sufficient staff on duty to meet people's needs. Relatives we spoke with confirmed when they visited there were sufficient staff on duty.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system. Some minor issues were identified which since our inspection have been resolved.

People were supported to have choice and control of their lives and be as independent as possible. We saw staff supported people in the least restrictive way possible.

We saw staff treating people with respect . Relatives we spoke with told us staff were extremely kind, understanding and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. Staff explained how they maintained this and told us they took account of individuals needs and preferences while supporting them.

Staff we spoke with were extremely knowledgeable on how to meet people's needs and care plans were in place detailed how to meet people's needs and were regularly reviewed.

People had regular access to activities and stimulation, as well as regular outings into the community.

There was a comprehensive complaints protocol in place, this informed people and visitors how to raise concerns and how these would be managed. Relatives we spoke with told us they would feel comfortable raising any issues concerns with the management team. However, had never had the need to, they all said they were very happy with the service provided.

There were good systems in place to monitor and improve the quality of the service provided. Action plans were implemented when required for any improvements needed and these were followed by staff.

Staff were clear about their roles and responsibilities, told us they were listened to and communication was good. There were policies and procedures to inform and guide staff.

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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely.

People were supported to take their medication safely.

Is the service effective?

Good

The service was effective

Staff had access to a training programme that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions had been taken into account. Staff had a clear understanding of their role in supporting people in their best interest.

Is the service caring?

Good

The service was caring

Relatives told us they were very happy with the care and support provided. They told us care was delivered in line with their family members wishes.

Staff knew the people they cared for well, which meant people received consistent care that met their needs.

Is the service responsive?

Good

The service was responsive.

People's needs had been identified. Their plans of care detailed how these were managed to be able to meet people's needs in a person centred way.

There was a system in place to tell people how to make a complaint and how it would be managed. Relatives told us they were listened to.

Is the service well-led?

Good

The service was well led.

The management and provider had a clear oversight of the service, and of the people who were using it. They were passionate about ensuring the service provided a good standard of individualised care and support.

Systems were in place to seek the views of relatives, health care professionals and people who used the service on how the service operated.

Staff were clear about their roles and responsibilities.

Community Places-Clifton Drive

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 comprehensive inspection took place on 18 May 2017. We gave very short notice of this inspection to ensure the acting manager and staff were available. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were two people using the service in a permanent placement and two people accessing respite. As we were unable to communicate with some of people living at the home due to their complex needs we spoke with family members to seek their views.

We spoke with the acting manager, the team leader, four care staff, the director of services and the provider. We also contacted and spoke with two health care professionals following our inspection.

We looked at documentation relating to two people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment,

training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People we observed were very happy interacting with staff. Relatives we spoke with told us they were confident that their family member was safe and well cared for. One relative said, "I can't fault it, [my relative] is very happy, they are certainly safe." Another relative said, "I have never looked back since [My relative] has lived here they are very happy and safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

We saw risks had been identified and found risk assessments in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. People were also able to live and independent lifestyle as risks were managed.

From speaking with relatives, health care professionals and staff if was evident people's individual needs were understood and met. Staff knew how to keep people safe. Staff were extremely knowledgeable on how to meet people's needs and manage any behaviour that may challenge. Where assistance was required this was carried out in a safe way. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own personal emergency evacuation plan.

We found there was adequate staff to meet people's needs. Some people received one to one and two to one staffing for their safety and support; this was in place at the time of our inspection. Staff we spoke with confirmed there was always adequate staff to be able provide the care and support required, including accessing the community and activities. The team leader was usually supernumerary so not included in the required staffing hours. This meant there was flexibility if there was an emergency, any changes to activity plans or assistance at appointments.

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled three staff files. Predominantly all required checks were carried out. However, we found in two files that employment history was not recorded. The director of services explained to us that the application forms had been changed to meet new guidance and this had been missed in the application. We have been informed since the inspection that this has been rectified.

We looked at the systems in place for managing medicines in the supported living schemes. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. There was good detailed information on how people liked to take their medication and how staff should support people. However, the temperature of the room where the medicines were stored was not monitored. A minimum and

maximum thermometer was purchased during our inspection and the temperature was monitored over the next two days following our inspection. This has highlighted that the room did not maintain the recommended temperature. The provider has informed us in writing that they have asked their electrician to look into installing air conditioning. In the interim fans are being used to ensure the room maintains the required temperature.

Good

Is the service effective?

Our findings

Interactions we saw between staff and people they supported were kind and caring. Relatives we spoke with told us the staff were very good. One relative told us, "The staff are brilliant, [my relative] has come on leaps and bounds since they have moved there." Another relative said, "I am kept informed, here are no restrictions as there is always enough staff to be able to do what [my relative] chooses to do."

We found staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with were extremely knowledgeable on how people required supporting to meet their needs. A new staff member explained how they were currently completing an induction which they were enjoying. They told us they were being well supported and were given time to get to know people they were caring for. We saw the induction included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role.

The acting manager was aware of the Care Certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. They stated that any appropriate candidates employed would be expected to undertake the Care Certificate as part of their induction to the home.

Staff told us they had received very good training that they needed to do their job well. They also told us they were able to access additional training if required or requested. One staff member told us they had two weeks of training when they first started, which was very good. They also said, "I have signed up for my level 4 [diploma in health and social care] and I have completed my level 2 diploma in autism, the company are very good at providing and accessing training." Staff had also received regular supervision sessions and an annual appraisal of their work.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager was meeting the requirements of the act.

Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, dieticians and occupational therapists. Health care professionals we spoke with told us the service was very good at identifying any concerns and seeking assistance to ensure people's needs were met. One health care

professional we spoke with told us, "Individuals quality of life has much improved because their holistic needs are now better understood and appropriate and timely referrals have been placed for additional support and advice from the wider multi-disciplinary team. " Another health care worker told us, "The staff team have endeavoured to improve the persons quality of life, from a case management perspective they have continued to keep me well informed of their wellbeing to ensure I can support more proactively as oppose to reactively."

Good

Is the service caring?

Our findings

Relatives told us that staff respected people's decisions and confirmed they had been involved in planning the care that staff delivered. They said staff were very good, were patient and understanding and knew the people they supported very well. One relative said, "Staff understand [my relative] and as such he has improved as staff know how to respond when he is anxious or frustrated."

All staff we spoke with were passionate ensuring people were well cared for. One staff member said, "We have time to get to know the people before they move in and understand what their needs are, this means the transition for them is better."

Staff knew people's preferred method of communication and could interpret people's gestures and facial expressions. Records we looked at showed that people had care plans in place that included information about their communication needs. Staff we spoke with explained how signs that people could present with, which would indicate they required something.

Staff were also able to describe the ways in which people preferred to be supported, and were aware of information in the care plan, which included information about people's likes, dislikes, and life history.

We spoke with health care professionals who praised the staff. They told us staff were very caring and understood how to care and support people appropriately. One health care worker told us, "The improvements to one individual's quality of life that I work with are very positive. The persons parents who are actively involved cannot thank the service enough for the improvements to this individual's quality of life."

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Information that was needed to be passed on about people was discussed at staff handovers, which were conducted in private.

We observed that people could spend time alone in their bedrooms or in quieter areas of the home if this was their preference. There was also very well maintained outside space that people could access. Staff were respectful of people's need for personal space and we saw they prompted other people to respect this also.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they were happy with the care and support provided to their family member.

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home Care plans and risk assessments had been completed.

The daily records and visit records were all up to date and detailed to show any actions required. The provider worked responsively with external professionals, such as community psychiatric nurses, learning disability nurse specialists and dieticians. Health care professionals we spoke with told us that staff were always responsive to people's needs. One health care worker told us, "Care files are reviewed on a monthly basis and amendments are made to risk assessments and support plans should any concerns or issues arise and they are responded to, this ensures staff are meeting the individual's needs."

Health care professionals also told us the staff identified changes and informed the relevant professional immediately and any advice or guidance given was always followed.

People were supported to access the community and participate in activities. Relatives told us the activities were very good, one relative said, "[my relative] is now accessing the community safely and enjoying it." Health care professionals we spoke with were very positive about the activities provided and told us they were tailored to the individual's needs. This ensured they were meaningful and enjoyable. The new acting manager told us they were looking at improving the record keeping for activities to ensure the activities arranged were appropriate. The new monitoring form included details about the activity, did the person participate and did they enjoy it. This information will be reviewed to further improve the activities planned.

There was a complaints' policy which was given to each person and their relatives when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. Although there had been no concerns raised at the time of our inspection the acting manager was aware of the need to keep a record of any compliments received and the outcomes.

The relatives we spoke with told us they felt any concerns highlighted would be taken seriously by the management team and they would take action to address them. One relative commented, "I don't have any concerns I have never looked back since [my relative] has lived here I am very happy."

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. The registered manager had left on 15 May 2017. A new manager had commenced on 8 May 2017 and had been in post two weeks at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a structured team in place to support the acting manager. This included a director of services who visited regularly to provide support, team leaders and support workers. The provider also regularly visited to monitor the service and provide any support if required.

All members of staff we spoke with were clear about their role and the roles of the other staff employed at the home.

Most people using the service were unable to communicate their views about leadership of the service but our observations saw that the service benefitted positively from the management team and the way in which the home was run.

Staff told us that they felt well supported by the management. They said they felt there was an open and transparent culture in the home and they were comfortable raising any issues. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems.

We found systems were in place for managing safeguarding concerns and incidents and accidents. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the director of services, the previous registered manager and the new acting manager. Any issues identified were recorded on an action plan and were actioned. The minor issues we identified during our inspection although had not been identified were resolved at the time of our inspection.

The provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with any changes and share any news and events.