

# New Directions (Hastings) Limited

## Bishops Gate

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Good</b>                  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Good</b>                  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

Bishops Gate is a care home providing residential care for up to eight adults with learning disabilities. In particular they provide residential care for people with Prader-Willi Syndrome (PWS). Whilst independent with many areas of their daily lives, people living at Bishops Gate require a high level of support to enable them to manage risk and remain safe.

There were five people living at the home at the time of our inspection. One person was currently staying with family for two weeks and another went to stay with family for a holiday during the inspection.

Bishops Gate was inspected in December 2015. A number of breaches were identified and it was rated as inadequate. The Care Quality Commission (CQC) took enforcement action and the service was placed into special measures. CQC issued two Warning Notices after the inspection in respect of safe care and treatment and good governance. We also found further breaches in relation to the numbers and skills of staff to meet people's needs and a lack of support systems in place for staff.

We asked the provider to make improvements to ensure people's risks were identified and responded to. Improvements were needed to medicines, staffing levels, training and support for staff, nutrition, person centred care and documentation, consent, dignity, maintenance and equipment checks, assessing the quality of the care and support provided, auditing and quality assurance systems at the service. The provider sent us an action plan stating they would be addressed by July 2016.

This inspection took place on 15 and 16 August 2016 and was a full comprehensive inspection to check the provider had made suitable improvements to ensure they had met regulatory requirements. We found that appropriate actions had been taken and issues had been addressed and the service no longer required to be in special measures.

Bishops Gate did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

An acting manager had been appointed and had worked at the service since the previous inspection. The acting manager told us they were in the process of registering with CQC and we saw evidence to confirm this. They were supported by a deputy manager to ensure a consistent management oversight at the home at all times.

Medicine procedures had been greatly improved. Daily checks had been introduced to ensure people received medicines safely. Further changes to the storage would be implemented once the refurbishment was completed. People were able to be involved in choosing where they received their medicines and were kept informed of any changes. Further changes to medicine procedures and how they are stored and given

were in progress as refurbishment to the building was not yet fully completed. These would be reviewed at the next inspection to allow the changes time to become fully implemented and embedded into practice.

Care provision and documentation had been reviewed with a new format for care planning in place. This was person centred and involved people and their Next of Kin (NoK) in the planning and review of their care. Risk assessments were completed for identified risks, this included fire risk assessments and night staffing levels to ensure peoples safety could be maintained at all times. Risk assessments were reviewed regularly and updated when changes occurred. Care documentation had been updated to ensure it was clear, relevant and person centred to reflect peoples differing support needs.

A varied activity programme was available for people. People had access to activities they enjoyed and were supported by staff to attend. People were encouraged and supported to remain as independent as possible, for example arranging their activities and organising how they wished to spend their day. Staff were available to support people when needed.

Recruitment processes were in place to ensure appropriate checks took place before people began work at the home; some areas were being formulated and needed time to be reviewed as part of the on-going improvements to the home.

Staff had a good understanding of safeguarding and were able to tell us how they would report a safeguarding concern. Information was in place to support staff when dealing with behaviours that challenge.

Accidents and incident processes had been improved. People and staff involved were offered a debrief and discussions took place to show learning and on-going improvements taken forward.

People's dignity and privacy were supported, people had keys to their own rooms and their personal space was respected.

Staff knew people well and displayed kindness and compassion when supporting people and when responding to behaviours that may challenge.

Inductions were in place for any new staff recruited. Staff told us they felt supported and received regular training, support and supervision. Staff felt that the consistent approach by the acting manager had improved communication and staff morale as they felt part of a team and could see the improvements which had taken place and the positive impact this had on the home and the people living there.

Systems and processes were in place to improve the quality of care. This included audits and checks carried out by the acting and deputy manager, and regular checks by the provider to ensure improvements took place and continued. Some improvements were still in progress including overall refurbishment of the building. This had been done slowly and sensitively to ensure that the impact on people was minimised as much as possible. There had been some delays which had been unavoidable; however the works were nearing completion. People had been involved in choosing new furniture and decoration and bedrooms had the addition of ensuite facilities and improvements to communal areas and hallways had improved the level of privacy for people.

A complaints policy was in place. When formal complaints were received correspondence and meetings were recorded and complaints responded to by the acting manager or provider.

There was no registered manager at the time of inspection. An acting manager had been in post since the last inspection and was in the process of registering with CQC. The acting manager or provider had

completed notifications to CQC and the local authority for notifiable events when required.

Many improvements had taken place since the last inspection and the warning notices and breaches of regulations had been met. At the next inspection we will check to make sure the improvements are embedded and sustained. This is because there are currently five of a possible eight people at the home and we will need to see that as people are admitted the improvements continue, which is why the rating is requires improvement despite no breaches having been identified.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Bishops Gate demonstrated on-going improvements to safety.

Medicine procedures had been greatly improved. Daily checks had been introduced to ensure people received medicines safely. Further changes to the storage would be implemented once the refurbishment was completed. These needed to be embedded to ensure the changes continued long term.

Risk assessments were completed for identified risks. These were reviewed regularly and updated when changes occurred.

Fire risk assessments and night staffing levels were reviewed during the inspection to ensure peoples safety could be maintained at all times.

Recruitment processes were in place to ensure appropriate checks took place before people began work at the home, some areas needed time to become fully embedded into practice.

Staff had a good understanding of safeguarding and were able to tell us how they would report a safeguarding concern.

There was a clear system in place in the event of accidents and incidents.

### Is the service effective?

**Good** 

The service was effective.

Care plans had been reviewed with information provided to identify how people and Next of Kin if appropriate had been involved.

Inductions for new staff were in place. Staff felt supported and received regular supervision.

Information around training for staff was available. Staff told us that they felt they received good training especially around PWS and dealing with behaviours that may be challenging.

Accidents and incident processes had been improved. People

and staff involved were offered a debrief and discussions took place to show learning and on-going improvements taken forward.

Improvements had been made to how people's nutrition was managed; effective systems being implemented meant that information was in place for each person to inform staff.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

### Is the service caring?

Good ●

The service was caring.

People's dignity and privacy were supported. People had keys to their own rooms and their personal space was respected.

Staff knew people well and displayed kindness and compassion when supporting people.

People were encouraged and supported to remain as independent as possible. Staff were available to support people when needed.

### Is the service responsive?

Good ●

The service was responsive.

A varied activity programme was available for people. People had access to activities they enjoyed and were supported by staff to attend.

Care documentation been reviewed to ensure it was clear, up to date and person centred and reflected differing care and support needs.

Information was in place to support staff when dealing with behaviours that challenge. Actions for staff were recorded and follow up information documented when incidents had occurred.

A complaints policy was in place. When formal complaints were received correspondence and meetings were recorded and complaints responded to by the acting manager or provider.

### Is the service well-led?

Requires Improvement ●

Bishops Gate demonstrated on-going improvements in well-led.

There was no registered manager at the time of inspection. An acting manager had been in post since the last inspection and was in the process of registering with CQC.

Care provision and documentation was person centred. People were involved in the planning and review of their care with NoK involvement when appropriate.

Systems and processes were in place to improve the quality of care. Some improvements were still in progress including overall refurbishment of the building.

Staff felt supported and staff morale was improved. People felt the improvements made to the service had been positive.

Notifications had been completed for notifiable events.

# Bishops Gate

## **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 which took place on 15 and 16 August 2016 was unannounced and undertaken by two inspectors.

The last inspection took place in December 2015 where a number of breaches of regulation were identified. The provider sent us an action plan stating they would be addressed by July 2016.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and any other information that has been shared with us.

We spoke with four people using the service and eight staff. This included the acting and deputy manager, care staff, regional manager and PWS quality lead.

We looked at the care and treatment records for two people in full and a further two to look at specific areas of documentation. We looked at people's daily records and charts in place to monitor areas of their health and support needs.

We reviewed all Medication Administration Records (MAR) charts. We also looked at staff recruitment files for three members of staff and looked at the services management and quality assurance records which included policies, procedures, accident and incident records and audits.



# Is the service safe?

## Our findings

At the last inspection in December 2015, the provider was in breach of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine practices were not safe and individual risks to people due to their health and support needs had not been identified to ensure people remained safe. Staffing levels had not been reviewed in response to a specific concern identified for one person. Risk assessments had not been completed or updated regularly this included fire safety and activities attended. Records including information around people's weights and safe nutritional guidance had not been maintained. Maintenance of services and equipment had not been kept up to date this included testing water temperatures around the building to ensure people's safety was maintained. We also found that staff recruitment information did not include evidence of completion of an appropriate induction and identified support needs had not been addressed to ensure staff had appropriate skills, competence, on-going support and experience to meet people's needs safely.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2016. At this inspection we found improvements had been made and the provider was now meeting these regulations. However, whilst the service provided had greatly improved, there is a need for all the changes to embed and be maintained. Therefore this is something that will need to be monitored to ensure continued improvement.

People told us they felt safe living at Bishops Gate. People were happy to tell us about the things they did and how staff helped them. One person told us, "They make sure I have everything I need, they help with my medicines and I tell them what I need to do when I go out and they come with me." Another said, "I like my room, it's my room and my things are in there, no one comes in without asking." Staff told us that they felt the home was, "So much better, we are trained and supported much better than before." Staff felt that having a supportive management improved overall safety as staff were better equipped to deal with challenging situations. One told us, "Since the new manager has been here they have made such a change, its having a consistent approach. It used to be so disorganised it was awful, now everyone knows what's happening its brilliant."

At the last inspection serious concerns were identified with regards to medicine practices. At this inspection we found that new robust systems had been developed to ensure people received their medicines in a safe and consistent manner. Medicines were stored safely and people had the choice whether they received their medicines in the office or in their room. We saw that throughout the day people were involved in decisions around how they received their medicines. People were aware of medicines they took. One person spoke to us about the medicine they were prescribed for a specific health need. They told us, if they felt they needed it, they spoke to staff and told them.

We looked at each person's medication folder. This included medicine administration records (MAR) charts. We found that these had been accurately completed. A daily check had been introduced as part of the end of shift handover. This incorporated a check of all MAR charts to ensure there were no unexplained gaps or issues. This meant that any discrepancies were identified and responded to promptly and prevented further

issues arising.

People who had topical creams prescribed had body maps completed to ensure staff knew how and where it needed to be applied. 'As required' or 'PRN' medicines prescribed by a GP to be taken when needed were clearly documented on MAR charts. PRN protocols had been completed and staff had documented when and why these had been given. There was a clear picture of people's medication and identified any new concerns which may need to be referred to a GP or other health professional. When staff attended a GP or healthcare appointment information was completed by staff on their return, this included any changes and any follow up information staff needed to be aware of. Staff were aware of any changes and this information was included in any reviews or care plans as required. Medicines were currently being stored and given from a temporary office whilst the new office refurbishment was being completed. Further changes were planned to the medicine process once this was completed, and we will review this at the next inspection to ensure positive changes and robust systems are continued and fully embedded into practice.

At the last inspection we found that individual risks to people due to their health, support and care needs had not been identified to ensure people remained safe. At this inspection we found that systems had been introduced to ensure that risks to people were identified, reviewed and managed in a safe and consistent manner. People who required one to one support during the day had clear guidance in place to inform staff why and how this was required. Staff documented throughout the one to one period to show what the person was doing and any issues or concerns identified. Risk assessments had now been completed for activities attended and any environmental risks for people in relation to PWS. These were individualised and person centred and had been reviewed and updated regularly.

We previously found that people's nutrition had not been managed safely within the home. Safe systems in relation to nutrition are particularly pertinent due to the serious health implications which can arise if nutrition is not managed and planned effectively for people with PWS. We found that since the last inspection work was in progress to change nutrition care plans to ensure they were person centred and not generic. This was on-going. The acting manager had looked at ways of ensuring people's weights were monitored and changes made to people's nutrition as required to keep them safe and healthy. This meant that staff were aware of and following safe systems to ensure that people's nutrition was managed and reviewed safely. Further changes were in progress and changes to nutrition were being constantly reviewed to ensure they became fully embedded into practice.

At the last inspection we identified that equipment and services were not being assessed and monitored to ensure they were safe. This included monitoring of safety throughout the building in relation to safe water temperatures and other environmental risks. New systems had been introduced by the deputy manager. Folders were now in place and regular checks had been completed to ensure that appropriate maintenance and monitoring had been completed. This meant that risks to people's safety were being identified and assessed to help maintain a safe environment.

A period of refurbishment was approaching completion. This had included considerable structural changes to the layout of the building to allow a more spacious entrance hall and improved office space for staff. Communal areas and people's rooms were being re-decorated and many bedrooms now had the addition of ensuite facilities. We spoke to people and staff about the changes. People told us they had been involved in choices about how their room was decorated and the purchasing of new furniture. One told us, "I chose the type of mattress I want, so I'm waiting for it." And another told us they had chosen the colour used to paint their bedroom walls.

Due to people's high level of anxiety when there are changes to the daily routine at the home, the

refurbishment had been discussed with people on a one to one and group level. Staff and management were aware that the building work, workmen visiting the building and heightened noise level could cause distress and which may lead to behaviours that challenge. To reduce this, work was managed slowly and carefully even if this meant work took longer overall. People were taken out to activities or away on holiday during the larger construction changes to minimise the disruption, for example when changes were made to the kitchen. People had been given the opportunity to move rooms and all changes had been communicated with people to ensure it was done safely and with the least disruption to people's day to day lives as possible. Some areas were being re-plastered and painted during the inspection. This had led to an increase in dust and mess in these areas. Although some people said they were fed up with the workman being in the building, this work was essential to improve the overall environment for people and the disruption was being managed as well as possible by staff to help reduce the impact on people. For example, many people were out attending activities during the day.

People's dependency levels and care and support needs were assessed and reviewed regularly. Staff felt that staffing levels during the day were good as there were currently only five people living at Bishops Gate. This meant that staff were available to take people out daily on activities and to do the things they wanted to do, as staffing levels allowed that degree of support. We discussed with the acting manager how new people moving into the home may impact on this and they told us they were aware that it was vital that people did not suddenly have access to activities removed from them as the number of service users increased. At the start of each shift staff were allocated to people requiring one to one support. We saw that this was planned to ensure that each staff member spent time providing one to one support and it was not just one staff member throughout the entire shift.

Staffing levels at night were discussed with the acting and regional manager. Personal emergency evacuation plans (PEEPS) were in place. People's care plans detailed their level of vulnerability and risk when they went out of the home. The acting manager reviewed the PEEPS and risk assessments for people and informed us immediately after the inspection that the provider had identified the need for a second 'sleep in' staff member at night. This meant that in the event of a person displaying behaviours that challenge or an emergency or incident requiring evacuation of the home at night, a further staff member would be available to support people; therefore the impact of night staffing levels on people's safety was reduced. This is an area that needs to be reviewed regularly to ensure that safe staffing levels are maintained to meet people's changing needs.

Staff recruitment records showed appropriate checks were undertaken before staff began work. For example, disclosure and barring service (DBS) checks. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. This ensured as far as possible only suitable people worked at the home. Application forms, confirmation of identity and references were also completed, some information was held on the system and accessible by the head office and some was stored in staff files. We identified a few minor areas which we asked the acting manager to clarify and they were able to access this information before the end of the inspection. Although changes to the recruitment process had been implemented some areas including needed more time to become fully embedded into practice.

Staff turnover had reduced since the last inspection. The acting manager told us that when new staff were recruited, people living at Bishops Gate would be involved and meet potential new staff and be asked to feedback their thoughts and impressions. We were told this had happened in the past, however actions from the feedback were not recorded. This was something that would be recorded in the future to clearly demonstrate people's involvement. When staff had disclosed specific health related needs, systems were now in place to support them. For example, printing memos onto coloured paper and providing support

when using the computer for training purposes.

The acting manager had oversight of accidents and incidents which occurred. Incident forms were completed. When the incident had resulted from behaviours that may challenge the incident had been documented, including statements from staff involved. With evidence of discussion after the incident to identify what went well and what could be taken forward for future learning. Staff and the person involved were offered a de-brief and any follow up actions were documented. Staff told us that there would always be incidents involving people's anxiety and behaviours but that they felt they had better understanding and training to respond to these. All staff felt fully supported by the acting and deputy manager and felt that when things did happen it was dealt with and reflected on in a positive way.

Staff understood they had a responsibility to protect people in relation to safeguarding in order to protect them from the risk of abuse. Staff had ongoing safeguarding training and told us they would report any issues to the senior, deputy or acting manager. Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place. Staff were able to demonstrate an understanding of different types of abuse and senior staff understood the local reporting procedures and discussed safeguarding alerts that had been made in the past.

# Is the service effective?

## Our findings

At the last inspection in December 2015, the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff training and support needed to be improved. Particularly this was around ensuring staff were trained to offer appropriate support for people with behaviours that may challenge and complex care and support needs. Staff training records were unclear and it was not easy to get an overall picture of who had attended training and people's nutritional needs were not well managed.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2016. At this inspection we found improvements had been made and the provider was now meeting these regulations.

At this inspection we found that staff training records were available and these showed an on-going training programme ensured staff received appropriate training to meet people's needs. This included specific PWS training and managing behaviours that may challenge. The deputy manager was an in-house trainer. This meant that they were able to offer on-going support to staff, assess staff understanding and competencies when providing support to people and advise staff how to take future learning forward to continually improve practice. Staff told us they felt the training they received meant that they understood people's needs better and they were able to respond more effectively. Staff knew people well and were able to tell us about people's specific support needs and what situations may trigger increased anxiety levels for people and how to manage this when it occurred.

New staff completed a period of induction, this included completion of the induction workbook and mandatory training. We spoke to a staff member who had worked at the home for approximately seven months. They were able to show us their induction programme and told us they felt appropriately trained and supported. They had shadowed other staff until they felt confident working on their own and had received on-going supervision and support. The acting manager had a supervision programme in place and staff had regular formal supervision and further ad hoc meetings more frequently if required.

At the previous inspection concerns were identified regarding the meal provision at the home and how this was provided for people to meet their specific health needs. At this inspection we found a number of positive changes had taken place, this included a new menu which had been devised involving the people living at Bishops Gate. Meal provision had been improved and information was now in place to inform staff about healthy meal planning, recipes, calorie information and portion sizing. The kitchen had been updated and people were encouraged to grow vegetables in the garden and be involved in the planning and preparation of healthy and nutritional meals. People were now supported to receive nutrition in an effective and person centred manner.

People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. This meant that all food and toiletries needed to be stored securely to prevent people having unlimited access. Care plans included specific detailed information about people's nutritional needs

and daily calorie requirements. This information was reviewed and updated when changes occurred. Staff told us about positive changes made to the menu to reduce the amount of bread offered. Instead healthy options had been introduced including, rice cakes, wraps and other healthy snack options.

Effective monitoring of peoples nutrition is particularly important as people's health needs differed dramatically. Some people were very active throughout the day and attended a number of physical activities which meant their calorie intake and weight needed to be carefully monitored. Others had health related conditions for which a healthy nutritional intake was important. Care plans informed staff of the appropriate calorific requirements for each person and how these were provided, for example people who needed extra calories each day had information regarding healthy snack options.

Staff had a good understanding with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The DoLS concern decisions about depriving people of their liberty, protecting people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option. Management and staff understood the principles of DoLS. People living at Bishops Gate had DoLS in place. Staff understood why people required these and that this placed specific restrictions on them. For example, restrictions in place regarding people's access to food items and money in relation to PWS.

People and their NoK when appropriate were involved in care planning and reviews when they took place. Staff were aware of the need to ensure that all decisions were discussed with the person. For example, time was spent with people going through the plans for the day, how the individual wanted to spend their time and any issues they had that they wanted to discuss. We saw that people planned their days with support of staff, for example one person was rearranging the time for a horse riding lesson by telephoning the stable to let them know about the change. Another person was organising an activity and a visit to another of the organisations sister homes to see a friend. Staff supported people when needed and encouraged them to remain as independent as possible.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs and health related appointments.

## Is the service caring?

### Our findings

At the previous inspection we asked the provider to make improvements to the environment to ensure people's dignity and privacy were maintained. The home was in the process of undergoing a refurbishment and this had meant improvements to the entrance area and the old office area had been demolished. The positive changes being made to the home's environment which included the staff office and area used for medicines meant that people's dignity and privacy had been considered and people now had a private area where they could receive medicines or talk to staff without being observed by others.

People told us they liked the staff and felt that they helped them do the things they wanted to do. Some people living at Bishops Gate required structure and consistency to their day and could become anxious and agitated if changes were made to their expected routine. Staff understood people's needs and the way they liked their care to be provided. If an unavoidable change occurred, for example the time for an appointment was altered by an outside organisation or activity provider; this was explained to the person calmly without bombarding them with information. The person was given time and space to absorb the information and when they were ready to discuss the change they were involved in the plans from the beginning to ensure they were happy and supported and felt involved in the process.

When people became anxious we saw staff respond in a calm and kind manner, taking time to listen to the person and help them feel better. For example, when people were going away for a few days or were due to go out at a specific time a noticeable increase in their anxiety levels could be seen as they worked through all the things they needed to do before that time. Staff responded to this in a calm methodical way, offering support and distractions when appropriate. When one person wished to speak to staff on a one to one in the office, this was provided and time given to allow them to voice their worries.

Staff had an obvious affection for people living at Bishops Gate and were passionate about providing care that met people's needs. Staff told us, "I treat people how I treat my family, I care about people and I want them to be safe and happy." And, "The homes changed for the better, we are a team and we support each other. I love it here; things have really improved for people."

People's privacy was respected and considered. People had a key to their own bedrooms and told us that their bedrooms were 'their private space.' Staff did not enter rooms until they had been invited in by the person and always knocked before entering. When people accessed communal areas staff were available to provide support and people were happy and relaxed when support was provided. People were encouraged to be part of the care planning and had completed information in their care files about what was important to them and short term goals they wanted to achieve. For example, one person wanted to go out for walks with a dog. A member of staff had arranged to bring their dog into the home to make this achievable for the person.

When people developed friendships with others, staff were aware of the importance of allowing the person to discuss their feelings and supported them to attend activities with the person if appropriate. For example one person wished to go to the cinema with a friend who currently lived at another service owned by the

organisation. Staff were assisting them to arrange to do this supported by a staff member.

Systems to support and encourage people to be as independent as possible were seen. People went to the office with staff to request money to pay for activities and other items they wished to purchase. People signed for the amount of money they took and bought back change and receipts. This meant that people's independence was supported whilst monitoring people's access to money to prevent inappropriate items which could be consumed being purchased. People were encouraged to organise and arrange their days and were seen telephoning activity providers, friends and relatives during the inspection. One person had a list of things they wanted to do in town that day, they discussed this with the staff member providing support for them and went out shortly after with the staff member. People told us "I am busy, every day, I swim twice a day, I go out, I do all the things I want."

Peoples care plans, daily records and charts were stored safely within the locked office to ensure confidentiality was maintained.



## Is the service responsive?

### Our findings

At the last inspection we asked the provider to make improvements to ensure accurate information and documentation was in place in relation to people's care and welfare. At this inspection we found that people's care needs were assessed and reviewed regularly and people and NoK were involved in the planning and reviews. Care plans included information about people's likes, dislikes, hobbies and interests.

Care documentation reflected a person centred approach to care, and included information about the person that was specific to their needs. For example, specific health related conditions had care plans in place to inform staff and how these were monitored. Information provided by people's families had been recorded and further conversations with family documented to show a clear picture of people's care needs and how the home responded to meet these for the individual.

People living at Bishops Gate required assistance with their care and support needs. This ranged from designated one to one support during the day, to staff assisting people with personal care and daily tasks. For example shopping, attending activities, personal care and medicines. People were independent in many aspects of their day to day lives whilst in the home but required support when they went out to ensure they remained safe.

People who had anxiety or behaviours that may challenge had detailed information included in their care files. This included information of specific triggers which may lead to anxiety or behaviour that may challenge. Actions for staff were recorded and follow up information documented when incidents had occurred. This meant that staff were able to discuss what had happened and see if they could learn from the experience and take that learning forward and share with other staff. People who required one to one support had protocols in place to inform staff how this should be managed effectively.

People told us they were able to do the things they wanted and staff helped them to achieve the short term goals and daily plans they made. People were offered choices around how they spent their time and were able to explore their own interests when possible. For example one person had a pet and staff supported them to attend vet appointments and purchase pet food. People had work placements in the community including a cat's home and people attended a number of activities. One person told us they now went swimming early morning and sometimes a second time later in the day. Others went horse riding, to Zumba and boxercise classes, to church services and a number of further trips out to do shopping and general tasks. All were supported by staff during these activities and excursions. One person had completed a charity walk accompanied by their family and staff and further group days and events were being planned. For people who did not wish to attend external activities they are able to spend their time in their rooms or communal areas and 'in-house' activities were available.

People were encouraged to do general housekeeping tasks around the home and were responsible for cleaning their own rooms. Everyone had a house day once a week where they did their washing and other household tasks. This was done independently or with staff support if needed. People independence was encouraged and supported. For example one person was in discussion with staff around writing their own daily records.

Staff felt that the home was responsive to changes in people's needs and that staff knew people really well. One told us, "Having less people living here has meant we can make really positive changes, Its lovely here, things are so much better and we can take people out on activities every day and that's made such a positive change for people."

A complaints policy was available. People living at Bishops Gate told us if they would always tell staff if there was something they were not happy about. Complaints received by the home had been logged and responded to by the acting manager or provider. We saw that communication with families had been recorded to ensure a clear audit trail of the homes response to any concerns. This included when an issue had been passed to the provider for investigation and a copy of any correspondence with the complainant or person involved. When families had given positive feedback to the home personally or by email this had also been recorded and shared with staff. For example relatives who attended a residents meeting thanked staff for their hard work and the improvements made. The provider and acting manager had met with relatives; we saw details of further meetings scheduled between relatives and the provider to discuss concerns. The acting manager told us they had worked hard to build relationships with family members and include families in any changes and plans. This was a work in progress and they had received positive feedback and told us this would continue. We saw that families regularly emailed the acting or deputy manager to share information or to raise queries and it was clear that channels of communication had improved.

When people moved to other services this was planned with the person and NoK to ensure this was done with the minimum of stress and anxiety for the person. Information was available in care files to inform other health professionals of their care and support needs, for example if they were admitted to hospital or other health services.

## Is the service well-led?

### Our findings

At the last inspection in December 2015, the provider was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to issues identified enforcement action was taken and warning notices were issued for this regulation. This was because the provider did not have adequate systems in place to assess, monitor and improve the quality of service provided. An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2016.

At this inspection we found that improvements had been made and the provider was now meeting this regulation. However, due to the high number of changes implemented since the last inspection and the reduced number of people currently living at Bishops Gate the home needed time to ensure all improvements were fully embedded into practice and fully established in to everyday care delivery.

People told us they liked their home and liked living at Bishops Gate. People told us about the staff and the things staff helped them with and that they liked the acting and deputy manager.

Bishops Gate did not have a registered manager at the time of the inspection. Not having a registered manager in post limits the overall rating of a service within well led. There was an acting manager who had been in post since immediately after the last inspection who was in the process of registering as manager with CQC. Staff told us that the change to the management meant there had been consistency and this had led to improved communication. This meant that staff felt supported and there was information and guidance for staff to maintain a consistent and structured support for people. Staff told us the home was well led. We were told, "I love the manager, they have made such a difference it's improved no end." And, "I used to go home in tears, now I look forward to coming to work, I love my job."

We had previously identified concerns in relation to poor quality monitoring systems and action taken to address concerns found, a lack of accurate and complete records for people, generic care plans for people in relation to PWS, nutrition and other care and support needs. Care documentation not being kept up to date and reviewed effectively. A lack of communication between staff and management and poor support and leadership for staff to ensure a clear consistent approach to the day to day running of the home. At this inspection we found improvements had been made and the provider was now meeting these regulations, although it was acknowledged that some changes take time to become fully embedded into practice and further improvements were on-going.

The provider, management and staff had worked hard to improve the culture, vision and values at the home and this process of improvement was on-going. Staff had a clear understanding of their roles and responsibilities and the importance of being open and sharing information with people and families. Including when things did not go well and the lessons that could be learnt to make future improvements.

Steps had been taken to maintain management oversight, a deputy manager now worked alongside the acting manager. The acting manager had taken steps to improve morale at the home, staff meetings had taken place, with ad hoc meetings more often when needed. Meetings had been used to discuss any

incidents that had occurred and actions afterwards to discuss what went well and what could be improved, changes and improvements and to give positive feedback to staff. There was a clear approach by management with support in place for staff to share learning and experiences. Staff felt the consistent response to the way the home ran on a day to day basis had made a huge improvement. One told us, "The improvements have reduced staff anxiety and this has led to a calmer environment, when things do happen we can respond better" And "There is much better communication now." Staff were clear that they wanted to continue to improve and felt that they were working as a team to make this happen.

Staff meetings were minuted and staff invited to share ideas and give feedback. People living at Bishops Gate met with the managers and staff to regularly to discuss issues when they wished and they carried out their own 'Your voice' residents meeting. We saw minutes of meetings which showed that changes to the staff and building work to the home had been discussed with people.

Staff also completed an employee engagement survey. This gave staff the opportunity to feedback anonymously if they wished and included whether staff enjoyed their work, felt encouraged to suggest new ideas, able to manage workload and whether there was effective communication by the manager. The scores for these were 100% positive. This demonstrated the clear improvement in staff morale since the last inspection. Staff were aware of the regulatory requirements and had been looking at the five key areas included in CQC methodology and how they could incorporate these into every day processes.

The provider and acting manager had met regularly with families at meetings and individually to discuss the changes to the home and the improvements being implemented. There had been some concerns raised by relatives in relation to the timescale for the structural changes and some concerns previously regarding staff and support. These had been responded to by the manager or provider and we saw that relatives had contacted the home to share their support and thank staff for making the improvements that they had implemented. The home had recently had a fete in the garden and pictures had been taken of people and families who attended and participated in the event and bbq.

Improved communication meant staff had been involved in changes and understood what was happening and why things needed to improve. This was backed up by further training and support if needed. Team building trips had been arranged to improve and strengthen team work at the home. Staff felt they could approach the manager or deputy to discuss ideas or any issues if they arose. This approach meant that there was always management available or on call at all times. Staff felt that they were provided with a good support network.

A system had been implemented to ensure that auditing and monitoring of the service took place regularly. Some audits were weekly, others monthly. This included maintenance, medicines, housekeeping, incidents and accidents, monthly safety checks and kitchen audits. Regular reviews were completed of care documentation and risk assessments. Some audits were completed by the deputy, others by the acting manager. Staff were involved in checks to the medicine documentation on a daily basis and further auditing of medicines and competency checks were completed by the deputy manager. The acting manager also completed monthly reviews and looked at a number of areas of how the service was provided. The provider had visited to carry out provider audits and there was evidence of input at the home since the last inspection. We discussed with the acting manager the importance that the provider maintained this level of oversight to ensure the large number of improvements made are reviewed and sustained to the level currently achieved. The acting and deputy managers were aware that auditing and systems were an ongoing plan which may need to be amended to ensure that all areas are incorporated and to maintain checks to the appropriate levels and may take time to become fully embedded into practice.

Improvements to documentation including person centred care planning and changes to policies and

procedures were on-going. Documentation now focussed on the individual rather than being generic documentation used by the provider. Staff had received further training and support to ensure they had a clear understanding of PWS and how to manage behaviours that may challenge. Records about people were more person centred and written with the involvement of the person and Nok if appropriate. People had been involved in the care documentation including signing assessments, having changes discussed with them and being involved in setting their own short term goals and plans for the future. Some information was written in easy read format and people had been supported to read and complete information about themselves and their lives.

The acting manager demonstrated a good understanding around what needed to be reported and required notifications had been completed in a timely manner. They had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The acting manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.