

New Directions (Hastings) Limited

Bishops Gate

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

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. The home was formed of one adapted residential building.

People's experience of using this service and what we found

Right Support

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. One person said, "There are good choices, it's just great living here." Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. 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 supported this practice.

Right Care

People received kind and compassionate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained management and staff could meet their needs and wishes.

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 19 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bishops Gate on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bishops Gate

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Bishops Gate is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bishops Gate is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who were using the service about their experience of the care provided. We spoke with 6 staff members including the Registered Manager, Deputy Manager, and 4 support workers. We contacted 3 relatives to seek their feedback on the care and support provided to their loved ones. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to achieve this. One person said, "I've got my friends and staff who make me feel safe."
- Staff had reported incidents appropriately, while the registered manager had escalated concerns to the local authority and relevant bodies, according to their safeguarding policy.
- Staff had received training on how to recognise potential abuse and how to report this appropriately. Staff were knowledgeable about people at the home and recognised that signs would be different for individuals. One staff member said, "The residents have different ways of showing that something may be wrong. Some may be withdrawn and quiet, while others (anxieties) will be heightened. You get to know the triggers."
- People were protected by staff who understood the risks to their wellbeing and supported them to mitigate these. For example, risk assessments and capacity assessments had been completed to ensure that people's finances were appropriately managed. Support plans were in place to support individuals in areas such as relationship boundaries and stranger awareness.
- Staff worked with people to understand safeguarding issues. Records showed that easy reads documents had been used to help some to stay safe from abuse, while one person had been supported to better understand the risks around participating in social media.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, people at the home lived with Prader-Willi Syndrome (PWS). PWS is a rare genetic condition that causes, amongst other symptoms, an excessive appetite and overeating, which can easily lead to dangerous weight gain.
- Risk assessments included safety measures in place around the kitchen area that maintained people's safety while ensuring that least restrictive measures were in place.
- People's safety was well managed and ongoing risks had been assessed and reviewed in relation to areas such as their health, the activities they undertook and relationships they formed.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans were in place to and provided details about people's individual support needs and how these should be met in an emergency. This included support that may be required to manage emotional responses to emergency alarms.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient staff to keep people safe, provide one-to-one support for people and to take part in activities.
- Some people had been assessed as requiring one-to-one support and we observed this taking place. Staff supported people when they needed it and were responsive when people made requests for information and help throughout the inspection. One relative said, "Yes they do have enough staff. (The person) is on a one-to-one and he's always got someone there. There's always lots of staff when I go."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Most people had medication stored securely in their rooms and there were systems and practices in place to ensure this was done safely. Medication Administration Records showed people received their medicines as prescribed and these records were completed accurately.
- People were encouraged, where possible, to be involved in the administration of their own medicine. Staff provided support and observation for these practices.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- Management and staff managed incidents affecting people's safety well.
- Staff knew what incidents to report and these were followed up appropriately by the registered manager.
- Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support had been provided to those affected.
- When incidents had occurred that had involved the management of people's anxieties, positive behaviour support plans had been reviewed and updated if necessary. Staff were knowledgeable about PWS and people's needs and consistently looked to improve people's support.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, we found that CQC registration information had not reflected the management structure at the home. At this inspection, registration information was up to date and reflected the leadership at the home.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service.
- The registered manager and provider had continued to develop systems to improve oversight of the service and to monitor the quality of care people received. Regular audits of people's nutritional plans, medication, care plans and activities were all completed. These checks identified where improvements were required and plans were in place to implement them.
- Staff were clear about their roles and responsibilities. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support.

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

- The registered manager and staff expressed an ethos for providing good, quality care for people, based around their needs, wishes and future aspirations. They continued to provide care and support practices that ensured good outcomes for people.
- People were supported by leadership that understood their needs. The registered manager and deputy manager were both qualified positive behaviour support leads and demonstrated good knowledge of the support that people sometimes required. One person said, "When I calm down, they chat with me afterwards. They ask me what was wrong. It's very helpful."
- People and staff spoke warmly of the registered manager and their approach. One person said, "She is very good at what she does to make the home all good and safe." One staff member said, "They are very friendly and approachable. I can have a laugh with them, they have time for you, both of them. If I don't know anything, they'll explain it to me."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. One relative said, "They're absolutely brilliant. They inform me of what's going on. (Staff)

phone me if there's been any incidents, the slightest thing I get a phone call."

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

- Staff encouraged people to be involved in the development of the service. Meetings were held with staff to seek their feedback while people had keyworker meetings to review their support and determine what outcomes they wanted to achieve. One person said, "We have great key worker meetings. I get involved in this totally." Another person said, "We talk about general stuff, if we are happy, what's going well, activities. We plan things and then (staff) look into it."
- People were involved in decisions around who supported them. The provider encouraged people to take an active part in interviews to choose new support workers.
- One relative said, "They are absolutely brilliant. They inform me of what's going on. I'm involved all the time. It feels like an extended family unit rather than a residential home."

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care, such as psychiatrists, chiropody, dentist and GPs.
- Partnerships were formed with relevant health and social care agencies. Links with local authority learning disability teams were positive. When staff identified changes in need for people, appropriate referrals and notifications were made for external health support.