

Prince Bishop Support Services Limited

Prince Bishop Court

Inspection report

3 Eureka Terrace
Tan Hills
Chester Le Street
County Durham
DH2 3PZ

Tel: 01913719263

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22 May 2019

23 May 2019

03 June 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service.

Prince Bishop Court is a care home for up to 15 people who are living with learning disabilities.

The service is provided from two adjacent properties. The larger of the properties was separated into two smaller homes, the second property was a smaller, separate terraced house. Both properties are within proximity of each other and situated in a residential area.

The service is registered for the support of up to 15 people. At the time of the inspection 12 people were using the service. The larger property is bigger than most domestic style properties and provided support for ten people within the two separate homes.

The size of the service having a negative impact on people was mitigated by the building design promoting current best practice guidance promoting people living in small domestic style properties to enable them to have the opportunity of living life to the full.

The design of the properties fitted into the residential area where there were other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service.

People were observed to be happy and told us they liked the care and support they received from the provider.

The registered manager ensured people received a safe service with systems and processes in place which helped to minimise risks. Staff effectively reported any safeguarding matters. All incidents were critically analysed, lessons were learnt and used to improve practice.

Medicines systems were organised and people were receiving their medicines when they should. The provider was following national guidance for the receipt, storage, administration and disposal of medicines.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. For example, people's support focused on them having choice and control over the care and support they received and as many opportunities as possible to become more independent.

Staff treated people as individuals and respected their privacy and lifestyle choices.

Staff were skilled and knowledgeable in the care and support people required. They provided flexible care and support in line with people's needs and wishes. The staff team was consistent with some staff working at the service for many years.

People, their relatives and health and social care professionals were actively involved in decisions being made about the care people received.

The provider and registered manager monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements to the services. Relatives told us if they were worried about anything they would be comfortable to talk with a member of staff.

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

Rating at last inspection and update.

At the last inspection the service was rated requires improvement (published 14 June 2018).

Previous breaches.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Prince Bishop Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team.

One inspector carried out the inspection.

Service and service type.

Prince Bishop Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection.

This inspection was unannounced.

Inspection activity started on 22 May 2019 and ended on 3 June 2019. We visited the service on 22 May 2019 and made telephone calls to professionals and relatives on 23 May 2019 and 3 June 2019.

What we did before the inspection.

We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service.

We sought feedback from Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Suitable health and safety checks were carried out to ensure people had a safe environment.
- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. The service promoted positive risk taking without applying restrictions on people's lives.
- Care and support plans were in place to guide staff on how to support people's health needs and actions necessary to prevent situations that could result in some people becoming distressed.

Systems and processes to safeguard people from the risk of abuse.

- Effective safeguarding systems were in place and staff had completed safeguarding training.
- Relatives told us they felt the service kept people safe. One said, "[Person's name] is absolutely safe. They know [person's name] so well and their ways, I don't worry at all."
- The service worked closely with other relevant authorities to protect people from abuse and avoidable harm. One healthcare professional told us, "The service is really very proactive, one person I am working with has health needs and the staff have been really supportive and taken action."

Staffing and recruitment.

- At the time of inspection suitable staffing levels were in place to meet the needs of the people living at the service. People were supported on a wide range of activities both within the house and the wider community.
- An effective recruitment process was followed to ensure suitable staff were employed.

Using medicines safely.

- Medicines records were completed accurately. These showed people received the medicines they needed at the correct times and with the correct level of support.
- Managers and staff were aware of a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour.

Preventing and controlling infection.

- The service was clean and tidy. The service employed a handyman and there was an ongoing plan in place to ensure the houses were maintained and updated.
- Staff supported people to maintain the cleanliness in each of their houses.
- Staff had access to and used personal protective equipment such as disposable gloves and aprons to prevent the spread of infection. The registered manager undertook regular checks to ensure staff were following good standards in hygiene.

Learning lessons when things go wrong.

- Effective arrangements were in place to learn lessons when things went wrong.
- Where accidents and incidents had occurred, the provider and registered manager looked for any patterns or trends ensuring any lessons to be learned were shared with the whole staff team.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they had moved to the service and introductory visits arranged to ensure compatibility with other people living at the home.
- People's health and social care needs were assessed, and the care and support people received reflected national guidance to achieve the best outcomes.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager monitored DoLS applications to ensure they were submitted on time.
- Staff understood their responsibilities regarding MCA and best interest decisions. We observed staff continually seeking people's permission whilst supporting them.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices.

Staff support: induction, training, skills and experience.

- Training, supervision and appraisals were up to date. Staff told us they felt well supported. One staff member told us, "The training is really good. I've been really well supported to professionally develop myself allowing me to take on other roles."
- Staff were supportive of each other. One member of staff said, "We work well together, each of us brings different skills which makes us a good team."

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

- People were encouraged to be actively involved in planning their weekly menu and were observed taking part in making drinks, preparing and cooking homemade, healthy meals.

- Support plans outlined people's preferences and the support they required with their food and drinks. Assessments from speech and language therapists were in place to guide staff where necessary.
- Where there were concerns about people's diet and weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.

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

- Records showed people had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns. Health action plans had been implemented which identified people's health and care needs. Healthcare professionals told us the service worked closely with them to ensure positive outcomes for people.

Adapting service, design, decoration to meet people's needs.

- Each home was spacious and homely. Each home had their own separate communal living rooms, quiet areas and safe outside space where people could go to when they were experiencing anxiety or distress. Some areas of decoration looked tired however there was an ongoing plan in place for redecoration.
- Bedrooms were personalised and decorated to each person's individual choice.
- Occupational therapy assessments were undertaken when people's mobility needs changed to ensure the service was adapted to continually adapted to meet those needs.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy in the company of staff. Many positive and respectful interactions were observed between staff and people living at the service at the time of inspection.
- Relatives told us staff were kind and caring. One comment included, "The staff really care about [person's name], they always seem happy when I visit. A lot of the staff have worked there years so know everyone and relatives really well."
- One healthcare professional told us, "Staff genuinely care and know people well."
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- The provider and registered manager monitored staff engagement with people to ensure they were always kind and caring.

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

- Care and support plans emphasised people's choice and the support they required to make decisions about their support and the activities they took part in.
- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- People and their relatives were involved in all decisions about their care and support. One relative said, "Staff keep me up to date about [person's name]. When I visit, staff always update me on how [person's name] has been and if they have any concerns."
- No one was using an advocate at the time of inspection. The registered manager told us that all people had relatives who advocated on their behalf if they needed any external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.

- Staff were observed throughout the inspection ensuring people's right to privacy and dignity was respected and upheld.
- Staff supported people to remain independent. People were respectfully encouraged to do things for themselves to enhance their independent living skills.
- People received care and support from a consistent staff team. One member of staff said, "Most of the team have worked here years, some as since the day some people moved in. It's a lovely place to be, we are one big family."
- Confidential information was stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Staff had a good understanding of people's lifestyle, likes and dislikes, preferences and needs.
- Care and support plans reflected people's choices, wishes, preferences, life aspirations and what was important to them.
- Positive behavioural support plans were in place which provided detailed information on how staff should support people when showing signs of distress and possible triggers to avoid. One healthcare professional told us, "Staff support people who have some quite complex needs, the staff know people really well and know what to do to support them if they become distressed, really well."
- The service ensured people were supported to access local community services and activities to prevent isolation.
- One person had access to their own transport which allowed staff to meet their needs and arrange activities and outings each day. Public transport was accessible in the area and frequently used by staff on outings to shops and the wider community.
- Care and support plans showed people and their relatives were fully involved in planning their own support; where changes were needed people were supported with this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans included people's needs such as their sexuality and any specific diets, in line with their religion or cultural needs.
- Staff were knowledgeable about people's life histories, care needs, likes and dislikes. They were aware of how people preferred to communicate including people's non-verbal signs of communication.
- The service had a range of information in an accessible format to support people using the service to raise concerns and share their feedback. This included pictorial and easy read complaints records.
- One relative said, "I wouldn't hesitate to go and speak to [registered managers name] if I had anything I was concerned about. I have been worried about [person's name] not eating much but I am being kept up to date on everything and know [registered manager] is working with health professionals. They are doing everything they can to support [person's name] and keeping an eye on them."

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

Staff supported people to follow their interests, take part in activities that were appropriate to their needs and access a range of activities both in the houses and the wider community to prevent isolation. Pictures of trips to Heartbeat, Gretna Green and the seaside were displayed throughout the homes. One person proudly showed us a postcard they had sent from a holiday to they had been on to Scotland with staff.

- Staff worked closely with people, their relatives and external health and social care professionals to identify people's interests, goals and life aspirations.
- People were supported to maintain relationships with people that mattered to them. Relatives told us how they were warmly welcomed and encouraged to visit the service at any time.

End of life care and support

- The service was not providing any end of life support at the time of our inspection. End of life care plans were in place and clearly recorded people's views and wishes.
- The registered manager informed us that when required they would work with people, their relatives and other professionals to ensure the person experienced a comfortable, dignified and pain-free death with their end of life wishes respected.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager demonstrated a commitment throughout this inspection to provide meaningful, good quality, person-centred care that met people's needs in a timely way.
- Staff praised the support from the registered manager. One healthcare professional said, "[Registered manager's name] fosters a nice culture. They are hands-on and work alongside staff, so they know exactly what things are like for people and respond very quickly when anything is needed."

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; Continuous learning and improving care.

- Policies, procedures and best practice guidance were in place to support staff and continually raise standards.
- The management team were clear on their responsibilities for ensuring quality monitoring standards within the service, focussing on achievable outcomes for people.
- Monitoring and review systems were in place for each person accessing the service, to ensure their needs were continually being met.

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

- The registered manager was clear about their role, responsibilities and led the service well. Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support.
- The management team carried out observations and a range of audits to monitor quality and individual staff performance. This helped to ensure people received a consistent level of support.
- The registered manager had submitted timely statutory notifications to CQC following any significant events at the service.

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

- Feedback on the quality of the service was actively sought from people, relatives, staff and healthcare professionals.
- Annual reviews involving people and other important people in their lives were planned. This gave an opportunity to evaluate the previous year and set new goals for the year ahead.
- Regular house meetings took place and all people were asked for feedback on the quality of the service they received. This was undertaken using various accessible communication methods.

- Staff meetings were held regularly. Staff told us they felt listened to and they enjoyed their work at the service.

Working in partnership with others.

- The service worked well with a range of external health and social care professionals. The registered manager told us they had positive working relationships with healthcare professionals and were able to phone for advice or request a visit for someone because of the working relationships they had built, this resulted in better outcomes for people.