

# New Directions (Bexhill) Limited

## Bishops Corner

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Bishops Corner is a care home providing residential care for up to nine adults with learning disabilities. In particular they provide residential care for people with Prader-Willi Syndrome (PWS).

This comprehensive inspection was undertaken on 19 and 20 October 2015 and was unannounced.

The home had an acting manager who had been in post for approximately two weeks. The manager had applied to register with CQC as registered manager and received confirmation this had been approved during the inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The newly registered manager was in day to day charge of the home. People and staff told us that they felt supported by the manager and told us they were always available on call to support them when needed.

# Summary of findings

The provider had not ensured that audits and systems had been maintained to ensure that issues identified were responded to in a timely manner. Good governance had not been maintained.

With the exception of medicines and activities all areas of documentation needed to be improved. This included identifying people's choice and involvement in decisions. Generic care, support plans and risk assessments. In particular PWS information had not been written for each individual to ensure it was person centred and based on their individual care and support needs. People requiring one to one support did not have documentation in place for staff giving clear guidance regarding this.

People's nutrition had not been clearly monitored. Information was generic around nutrition and not based on people's individual health needs.

Peoples dignity had not always been maintained, we saw that people were weighed in the dining room in front of others and within ear shot of anyone in the vicinity. There was no documentation in place to show this had been discussed with people and they agreed to this.

It was not always clear if people had been involved in care planning decisions, or how consent to care and treatment had been sought.

Recruitment checks were completed before staff began work, however, not all references were available. Inductions for new staff were not clear. Supervisions had not taken place regularly. Appraisals had been completed in the last 12 months.

Environmental risk assessments had been completed. This included fire and legionella checks.

Fire evacuation procedures needed to be improved to ensure they remained appropriate following building and redecoration work.

Notifications had been completed by the provider to inform CQC and the local authority when notifiable events had occurred.

All staff received service specific training to ensure they had the knowledge and skills to meet the needs of people living at the service. Staff had received safeguarding training and were aware how to recognise and report a safeguarding concern. Staff had received safeguarding training.

Staff knew people well and displayed kindness and compassion when supporting people. Staff had a clear affection for people and responded promptly when people showed anxiety or became upset.

People told us they enjoyed the varied activity programme and that they were able to do activities they enjoyed and risk assessments were completed before people went out on trips, or carried out planned activities.

Medicines administration and procedures were safe. Policies and protocols were in place for all 'as required' medicines.

Referrals were made appropriately to outside agencies when required. For example GP appointments, dental appointments and hospital visits.

Feedback was gained from people this included questionnaires and meetings and a complaints procedure was in place. The manager told us there were no on-going complaints.

We found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not consistently safe.

Risk assessments identified risks but did not always include actions to prevent them from occurring.

Documentation did not show actions taken in response to a high number of incidents at the service.

Fire risk assessments needed to be reviewed and fire doors had been propped open.

Recruitment checks were completed before staff began work; however, not all references were available.

Staff were aware how to report a safeguarding concern.

Procedures for medicines were safe. Protocols were in place for all 'as required' medicines.

Risk assessments were completed before people went out on trips, or carried out planned activities.

Requires improvement



### Is the service effective?

The service was not consistently effective.

It was not always clear if people had been involved in care planning decisions, or how consent to care and treatment had been sought.

Inductions for new staff were not clear.

People's nutrition had not been clearly monitored. Information was generic around nutrition and not based on people's individual health needs.

Supervision was out of date for some staff, although a programme had started to address this.

All staff received service specific training to ensure they had the knowledge and skills to meet the needs of people living at the service.

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

Referrals were made to external health and social care professionals if required.

Requires improvement



### Is the service caring?

The service was not consistently caring.

People's dignity was not always maintained.

Requires improvement



# Summary of findings

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

People were involved in day to day decisions and given support when needed.

## Is the service responsive?

The service was not consistently responsive.

Care and support documentation had not been reviewed regularly to ensure information about people was current and accurate.

Evaluation notes, keyworker meeting notes and documentation to support transition between services had not been fully completed.

People's weights had not been documented appropriately.

People requiring one to one support did not have documentation in place for staff giving clear guidance.

A complaints procedure was in place.

A varied and person centred activity programme was available for people.

**Requires improvement**



## Is the service well-led?

Bishops Corner was not consistently well-led.

Audits had identified issues. However, documentation was not in place to evidence actions taken.

The provider had not carried out regular checks to ensure good governance had been maintained.

Notifications had been completed for all notifiable events.

Staff felt supported by the manager and told us that they were always available if needed.

Policies and procedures were available.

**Requires improvement**



# Bishops Corner

## 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 took place on 19 and 20 October 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed relevant information that CQC hold about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the Local Authority for any information they had that was relevant to the inspection.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We use the PIR to help us focus on specific areas of practice during the inspection. The PIR had been completed by a previous interim manager.

During the inspection we met and spoke with seven people who use the service and six staff members, this included care and activity staff, the registered and regional manager.

Not everyone living at Bishops Corner was able to tell us about their experiences of living at the home. We carried out observations in communal areas, looked at care files for three people and a further two to look at specific areas of documentation. We also looked at daily records, risk assessments and associated charts. Medicine Administration Records (MAR) charts and medicine records were checked. We read computer records regarding training and auditing, and looked at policies and procedures, accidents and incident reports, quality assurance records, staff, residents and staff meeting minutes, maintenance and emergency plans.

Recruitment files were reviewed for three staff and records of staff training, supervision and appraisals for all staff. We observed interactions between people and staff members to ensure that relationship between staff and people were positive and caring.

There were no relatives or personal visitors to the home during our inspection, however staff told us visitors were encouraged and many families and friends visited on a regular basis.

# Is the service safe?

## Our findings

People living at Bishops Corner told us they felt safe with staff. One told us, “Staff make sure it’s all alright.” And, “Someone’s always around if you need them.”

Despite this positive feedback we found areas which did not ensure people’s safety was maintained. Incidents and accidents were reported and the registered manager told us that once staff had completed an accident/incident form this was then left in their tray for review. This ensured they were aware of all incidents. A record of incidents was then sent to the head office and an overview completed by the provider. The registered manager told us they were implementing their own monthly analysis of all accidents and incidents to look for any trends. The registered manager had only been working at the service for a few weeks; they told us they understood the importance of learning from incidents to facilitate continued improvement within the service. For example, after falls, hand rails had been put into place to help prevent future incidents. Prior to the new registered manager starting their role a high number of incidents had occurred. This had been identified in overall analysis completed by the provider, but no clear actions had been put in place to address this. One person had a safeguarding care plan in place as the home had identified a specific area of risk for this person. Although this identified a specific risk it was not clear what actions were in place to prevent this from happening.

Staff told us that there had been occasions when people displayed behaviours that may challenge others. There were times when this impacted on staff and people living at Bishops Corner. People we spoke with confirmed that sometimes they had to leave an area or were not free to discuss certain topics. The registered and regional manager were aware of this and the impact this may cause to others. The newly registered manager told us they were in the process of reviewing people’s needs to ensure they were able to meet these appropriately. However, it was unclear what action had been taken to address this concern in the weeks prior to the new manager working at the service.

People’s safety in the event of an emergency or fire had not been protected. The fire risk assessment dated April 2014 had not been reviewed since this date. The risk assessment stated that a review was required when there had been any changes or works to the building. Personal emergency

evacuation plans (PEEPS) had been completed. However, staff told us this information should be in a ‘grab folder’ in the main reception area. We were unable to locate this file and the regional manager felt that this had been moved whilst redecoration work took place. This information was located in the manager’s office in another file. The registered manager told us this would be returned to the reception area to ensure staff were able to locate this in the event of an emergency. Fire evacuation plans needed to be clarified to take into consideration changes to staffing levels at night. During the inspection we saw that objects such as a fire extinguisher and a chair had been used to prop open doors which may put people at risk in the event of a fire.

Staff turnover had been high. The regional manager told us that a number of experienced care staff had left after changes to the provider. However a number of new staff had been employed and there was a programme in place for on-going recruitment. Staff recruitment records contained the necessary information to help as far as possible, ensure the provider employed people who were suitable to work at the home. This included details of relevant checks which had been completed 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. Application forms included information on past employment and we saw that references had been requested before staff commenced employment. However, in two files not all references were available. The regional manager told us some information was stored at head office and that they would clarify this information had been received. Therefore the provider was unable to determine whether all references had been sought and received appropriately. This could put people at risk.

Contingency plans were in place in the event of an emergency evacuation. Fire alarm and emergency lighting checks had taken place regularly to ensure people’s continued safety. We saw that when the fire alarm had been set off accidentally an evacuation had taken place. However, one person had refused to leave the building. It was unclear what actions had been put in place to respond to this if this happened in the future.

## Is the service safe?

All the issues above meant that the provider had not ensured people received safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Bishops Corner provided care for people with Prader Willi Syndrome (PWS). People's care needs varied. Some people required a level of assistance with personal care whilst others were supported by staff in the form of prompting and encouragement. There were individual and environmental risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, people had been risk assessed to ensure that they were able to have their own key to their rooms.

Before people carried out planned activities, risks were identified for example, going to the gym, and trips out. Individual risk assessments were also in place, this included the risk of self-harming, weights, inability to control food intake, entering other people's rooms, relationships, tooth decay, eating food when too hot and a PWS risk assessment, although these were generic and not person specific. Staff told us, "Everything the service users asks to do is risk assessed. There is not one thing that a service user asks to do that isn't risk assessed." Other risk assessments for the individual included behaviours which may put them at risk of harm or injury.

As far as possible, people were protected from the risks of abuse and harm. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager at any time if they had concerns.

There were systems in place to ensure the safety and maintenance of equipment and services to the building. All maintenance and equipment checks had taken place with certificates available to confirm this. Redecoration was in progress and areas completed had been done to a high standard. Risk assessments had been implemented for new risks relating to the building work. For example the use of plug in heaters which were in short term use during maintenance work and the impact building work may have on people.

Staffing levels were allocated to meet people's needs. For example if a person required one to one care, a staff member would be allocated to this role each shift. Staff working at Bishops Corner are also asked to work in sister homes within a close locality all providing care for people with PWS. This meant that staffing levels could be flexible when people were out all day at work placements, or to provide support for people who wanted to go out and required assistance to do so. We looked at staff rotas and saw that these incorporated enough staff to ensure people who were identified as requiring one to one support had this provided. We asked staff whether they felt staffing levels were appropriate to meet people's needs. Staff told us, "Some days we were short staffed but since the new manager has been in post, there has been a lot more staff."

Staff had access to policies, including whistleblowing, safeguarding and medicines. Policies were reviewed and updated when changes took place. Staff told us they knew where policies were stored and that they were able to access them if they needed.

People received their medicines appropriately. Policies and procedures were in place to support the safe administration and management of medicines. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a high standard. We observed medicines being administered and saw that this was done following best practice procedures.

Protocols for administration of medicines were in place. This included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Staff were appropriately trained to administer medicines. Medicines were stored and disposed of appropriately. Medicines were labelled, dated on opening and stored tidily within the cupboard. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within appropriate levels. Medicines were administered from the medicine cupboard which was located in the medicine room, both were locked at all times when not in use. Medicines and topical creams were stored appropriately in line with legal requirements. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.



# Is the service effective?

## Our findings

People told us staff knew how they liked things done. Staff told us they knew people well and felt they had the knowledge and skills to look after them. People appeared relaxed and comfortable around staff and approached staff when they needed support or assistance.

Monitoring of people's nutrition was not clear. People had PWS specific information in their care files regarding nutrition and calorie controlled meals. However, this was generic and not based on people's individual health needs. Every care file we looked at contained the same PWS information. Although support plans stated meals were to be calorie controlled we did not see any evidence that this had been assessed for the individual. For example, some people had health related conditions and some were physically active throughout the day. The registered and regional managers told us everyone had the same portion sized meals. Therefore it was unclear how people's nutritional needs were individualised. Care documentation stated that people with PWS required calorie controlled nutrition. People's calorie intake was not documented in their care files or evidence seen that people's nutrition had been monitored individually other than when weights had been documented. This was an area which needed to be improved.

People took turns to be involved in meal preparation supported by staff. Two meal choices were available each day and people chose in the morning which they preferred. Meal times were set times and people sat together in the dining room alongside staff to have their meals. People had access to a choice of drinks with meals. Support plans informed staff that people's access to food was to be restricted to prevent them eating inappropriate or excessive amounts of food.

Staff told us that the home worked on a principle of healthy eating, as well as keeping a careful eye on the calories consumed to ensure people received a balanced and varied diet. However, we did not see any information in people's care files to evidence that this was being assessed on an individual basis. The kitchen door and food cupboards were kept locked to protect people from gaining access when not in use or when people were unsupervised. People had their own named food boxes with a variety of their food preferences, staff told us that these were always

locked away and could only be accessed with a staff member present. One person had a risk assessment in place for toiletries to be locked away to prevent consumption of potentially dangerous substances.

The regional manager told us there had been a high turnover of staff in recent months. Newly employed staff had a period of induction. We saw that induction information was not clear in staff files and we were unable to find information regarding one newly employed staff member who had moved to Bishops Corner from a sister service. This was an area that needed to be improved to ensure all staff had appropriate support and training when they started work at Bishops Corner.

Not all staff received regular supervisions. The newly registered manager had only been in post for a couple of weeks. In this short time they had identified that supervisions had not taken place regularly and a supervision programme had been implemented. Staff we spoke with told us they had not received supervision yet but knew this was planned. All staff felt they could speak to the registered manager if they had any concerns. Annual appraisals had taken place before the registered manager started employment. The registered manager told us they planned to ensure staff received regular supervision and staff meetings to ensure staff have the opportunity to have their say and felt supported.

People's involvement in care planning and reviews was not clear. There was limited information to show people had consented to support plans. In one care file we saw a gap of three months between the date the plan was written and the date the person had signed it. Staff told us that people did not always agree to sign and this led to a delay. This meant it was not clear whether people had been involved in decisions and chosen not to sign or refused. There was no evidence in care files to show that families and significant others had been involved in decisions or when changes to care had taken place. We saw one file where the person had signed some of their support plans; however a number of these were out of date and had not been reviewed in recent months. This was an area that needed to be improved.

We looked at training records, these were on a computer system and it was difficult to navigate the system to get an overview of training attended and when it was next due. The registered and regional manager told us that they were aware when training was due and they looked through the



## Is the service effective?

system to see who needed to attend. Future training had been booked and information regarding this was displayed in the manager's office. This included positive behaviour support (PBS) and first aid. The newly registered manager told us they were aware that some training needed to be updated and they were in the process of ensuring this was booked and those staff who required updates attended. Staff told us that they found the 'hands on' training effective.

People received care from staff who felt they had the knowledge and skills to look after them. Training included PBS, managing challenging behaviour, medicine administration and PWS specific training. Staff told us the training they received enabled them to understand people, for example, staff had a good understanding of person centred care. Staff told us "We talked through person centred approaches to enable us to provide active support". And, "The training is helpful, we looked at the way we deal with service user's behaviour and see things more clearly from their point of view, to support people with boundaries and positive support."

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards 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. The registered manager understood the principles of DoLS, how to keep people safe from being restricted unlawfully and how to make an application for consideration to deprive a person of their liberty. The registered and regional managers understood the principles of DoLS, how to keep people safe from being restricted unlawfully and how to make an application for consideration to deprive a person of their liberty. At the time of the inspection a number of DoLS applications had been made. The manager had followed correct processes and made referrals appropriately. Staff understood why people may require DoLS to be in place and that this may place specific restrictions on them. For example, restrictions in place regarding people's access to food items in relation to PWS.

A number of people were waiting to be collected from the home to go on holiday for a few days. When people became anxious about waiting for the vehicle to arrive staff dealt with this calmly and appropriately.

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. For example on the day of the inspection one person was being supported to attend their GP surgery to have a flu injection.

# Is the service caring?

## Our findings

People told us they liked the staff. One told us, “Staff are good, I get to do lots of different things. If you need to know something you just ask.” Staff told us the most important thing about working at Bishops Corner was, “To make sure the service users’ needs are being met, that they are safe and happy, to support service users to attend medical appointments and activities so that their health and wellbeing is up to scratch.”

Despite this positive feedback we found that people’s dignity and privacy had not been maintained. We observed people being weighed in the dining area. This was done in front of other people and anyone in the vicinity could hear the discussion around whether someone had put on or lost weight. We discussed this with the regional manager who told us that weights had always been a group task and everyone usually got weighed together. However, we found no evidence in people’s care and support plans regarding how they wished to be weighed. It was unclear in people’s care and support plans whether being weighed in front of others was something they had agreed to or any information to support the rationale behind this decision. This was an area that needed to be improved.

People were able to lock their bedroom doors and staff asked permission before they entered people’s rooms. People told us, “Their room was their own space and they were able to keep things the way they wanted to.”

Staff interacted well between themselves and people living at the home. Communication was open and positive and it was clear that people felt comfortable with staff. Many people had lived at Bishops Corner for a long time, and there was an obvious affection between staff and people. Staff knew people very well and this was apparent when people showed anxiety and asked questions. A number of people were going on holiday escorted by some staff members. People were waiting to be collected and this was causing great excitement. One person needed reassurance that the vehicle picking them up was not running late. Staff

told them that the vehicle was due soon and offered further explanation including what the driver would be doing at that time, for example filling up with petrol, checking the water and tyres. This information led to a discussion and the person visibly relaxed and appeared content with the explanation given.

People were able to access their rooms and spend time in the communal areas. People were clearly encouraged to spend time how and where they chose. People were actively encouraged to make choices, the emphasis of the home was to safely promote and encourage independence. Staff told us, “The home is good for giving people as much independence as possible and they have the freedom here, people’s quality of life with regards to food and health has improved such a lot, one person has lost over ten stone whilst living here.” Daily house tasks were included in people’s weekly rota to encourage and support independence. We saw that one person was dusting and Hoovering. We spoke to people about household tasks. One told us, “I do my jobs in the lounge and then I move on to my own things. Today I am doing my laundry, I have one lot of washing in the washer and one in the dryer. I know it’s important to do my washing or I won’t be able to wear the things I want to.”

A number of bedrooms were in the process of being redecorated. One person showed us their bedroom. They told us that they chose the colour on the walls and that they were happy living in the service. People told us they had been involved in choices and decisions about colour schemes and new items being purchased for their rooms. Redecoration had been timed to take place whilst a number of people were away on holiday to cause minimal disruption for people. We saw that people had been involved in moving their belongings out of their rooms whilst this took place. People’s belongings were treated with respect and people told us that when they had become anxious about moving their things staff had helped and supported them to choose where their items would be stored.

# Is the service responsive?

## Our findings

People told us they felt staff were responsive and that staff listened to them. We were told, “I put a list of my decorating requests in the office, I’m having my room painted blue and I’ve chosen my bedding and curtains.” Despite this positive feedback we found that the service was not always responsive.

People may be put at risk if documentation is not always complete and accurate. We looked at three people’s care and support folders. These included support plans, activity planners and risk assessments. Some information in support plans was generic and not tailored specifically for individual needs and preferences. This included people’s PWS support plan. We found that there was a high volume of paperwork within the support plan. This made it difficult to establish people’s current support needs without reading through a vast amount of documentation.

People were at risk of receiving inappropriate care and treatment as documentation did not provide staff with information about people’s current support and care needs. We found a number of care and support plans which needed to be reviewed to ensure the information was up to date and accurate. Forms and documents such as risk assessments and reviews did not have review dates on them, so it was unclear what timescales for review had been determined in relation to people’s individual needs. Progress and evaluation notes had not been completed. Keyworker meeting notes had not been completed. In one file the last documented keyworker entry was dated February 2015.

People’s weight records did not have sufficient dates to identify what year they had been recorded. Some weights had been written on scraps of paper when charts were full. These did not have people’s names on them and were loose in the plastic folder with other charts. Graphs which were included on weight charts had not been completed. This meant that it was not clear whether people’s weights were being monitored effectively. There was no information to show how people’s individual weights were being reviewed and monitored. Staff told us people’s weights were taken regularly, but they were unclear what was done with the information after this.

People’s transition between services had not been supported. Support plans had ‘my hospital passports’ in

them. This was a separate document which staff told us was to provide information about people their health and support needs should they need to be admitted to hospital. However, these had not been completed in the care files. This meant that in an urgent situation or when people transitioned between services, information about their needs was not instantly available. However people’s medication information was listed and available in the event of a person being admitted to hospital.

These issues meant that the provider had not ensured people had accurate, contemporaneous records maintained in relation to their care and welfare. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they had a keyworker. People knew who their keyworker was and when they would be working. They told us “They are there if I need them.”

There was a day service in a wooden cabin within the garden. This had been named by people using it as ‘the shed’. The shed is used by people living at Bishops Corner and at the sister homes in the area. People were given a choice of a wide variety of activities tailored to meet their individual needs and preferences. We asked people how they spent their time. They told us, “I went out shopping this morning to buy the things I need, I go to computer club twice a week. And, “I do my house day, I go to the day services, to the gym and I watch TV in the evenings.”

People had activity folders called “look what I have done” and personal work boxes. We spoke to one of the activity co-ordinators who told us how people are given tokens as a motivational and incentive tool. These were received when a person had finished a project or tried something new. Once a person received ten tokens, they were offered an extra activity of their choice such as bowling, swimming or a manicure. The day services provided support for people to access the wider community including work placements such as working in a factory and dog grooming. Each person had a structured activity programme in place.

The staff completed a monthly report to show what activities people have taken part in and if they enjoyed it. This meant they were able to see what had been a success and helped in planning future activities for people.

When we arrived, five people were getting ready to go on holiday. We spoke to two people about their holiday; they told us that they were excited about going away. We spoke

## Is the service responsive?

to a further two people about their activities. We were told, “I go to the pub on a Friday night. Staff take us up there, I love going to the pub.” And, “I have a free time session too, I like to play on my play station with staff.” Free time was provided to enable people to complete an additional activity of their choice. People also had a ‘house day’ included in their activity plan. House days included cleaning, hoovering their room and communal areas, washing and drying their clothes and bedding. This meant that people were encouraged to participate in everyday life skills to support and maintain their independence as much as possible.

A complaints policy and procedure was in place. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the

inspection. The manager understood the importance of ensuring concerns were documented to ensure all actions taken by the service were clear and robust. Everyone we spoke with confirmed they would be happy to raise any concerns with the manager if they needed to.

People had the opportunity to share their views and give feedback by completing resident questionnaires. People who were unable to complete these had been assisted by relatives. Feedback from people had been reviewed by the provider and analysis of the results had been completed. We were told that monthly day services meetings should be carried out. These could be attended by people living at Bishops Corner. We were told that only five meetings had taken place so far in 2015. The newly registered manager told us they planned to carry out meetings regularly to ensure people’s views and feedback was sought.

# Is the service well-led?

## Our findings

The previous registered manager had moved to another role within the organisation some months previously but had remained as registered manager until just before to the inspection. An acting manager had been employed; however, they too had left the service a few weeks before the inspection. A member of care staff had been covering as manager in the interim until a new manager was employed.

The new manager had worked at Bishops Corner for a few weeks and received confirmation that they had been registered as manager during the inspection. The registered manager was in day to day charge of the home. People and staff told us that they felt supported by the new manager and told us they were always available on call to support them when needed.

Areas of the home had not been managed to ensure that standards of care and documentation had been maintained. Staff told us there had been a number of changes to staff and managers over recent months and this had caused some anxiety and tension for staff. The provider had not ensured that a clear support system was in place for acting and interim managers to ensure a consistent management and leadership was in place to support staff and ensure standards of care were maintained. This meant that issues had not been identified and responded to in a timely manner.

The regional manager carried out regular compliance visits to the service. We saw that issues had been identified at previous visits and in audits. For example, that people's care reviews had not been completed. This information was sent to the provider, however, no action had been taken to rectify the issues identified and these had been carried forward and identified again in future audits.

Care documentation had not been audited to ensure that it was fully completed and reviews undertaken. For example, poor documentation of people's weights had not been audited and identified over a number of months. During the changes to management the provider had failed to maintain an oversight of the home. It was unclear how the provider had ensured that good governance had been maintained when there had been no registered manager at the service on a daily basis.

A number of audits were completed. These included a monthly safety check and medicines audit. After the inspection the regional manager sent us information regarding the monthly auditing which was produced by the provider. This was called 'e-compliance' and analysed information completed by the registered and regional managers to assess and monitor the service. This included information of incidents that had occurred. However it was unclear what actions had been taken in response to this information.

Staff told us one person required one to one support during the day. We looked at this person's care folder. It was unclear as to the amount of one to one support they should be receiving and how interactive the one to one staff should be. For example should this be one to one be within the same area, or just ensuring the person was in view. We saw examples throughout the morning when this person was out of sight of the staff member providing one to one support, although this was brief, this could put the person or others at the home at risk.

Deprivation of Liberty Safeguards (DoLS) information was seen in people's care folders. However this was not current. People's most current DoLS information was in a separate folder in the manager's office. Staff told us they knew about people's DoLS applications but did not know where the information was stored if it was not in the care folders.

We saw clear evidence of information about people's behaviour that may challenge including possible triggers and early signs of presentation but it was not clear on how to manage behaviours if or when they occurred. People and staff told us that when one person became upset and displayed behaviours that were challenging, the response was to ask other people to leave the area or move away from their activity during this time. People were also aware that they should not discuss certain topics or discuss their activities in front of them, as they may become anxious or upset on hearing this information. People and staff felt that this impacted on them and other people who use the service. The newly registered manager had identified this issue and had raised this concern with the regional manager. However, this was not a recent issue and it was unclear what actions had been taken or whether there was a plan in place to respond to this. Staff told us, "There have

## Is the service well-led?

been times where I have been targeted verbally and physically, it is mentally draining, this can happen up to three or four times a day, the previous manager has supported me with coping.

These issues meant the provider did not have systems in place to assess, monitor or improve the quality of services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the short time the registered manager had been working at Bishops Corner they had identified areas of concern and written an action plan to address these. We saw that they had prioritised the need for up to date audits for support plans to identify and review people's needs.

There were policies and procedures in place to ensure staff have the appropriate guidance, staff confirmed they can access the information. However, not all policies and procedures were reviewed and up to date to ensure the information was current and appropriate. This meant that staff were not always supported with up to date information to facilitate safe practice. This was an area that needed to be improved.

Staff complete incident report forms when they observe any behaviours or issues but they do not complete the daily report forms. When incidents occurred within the home, we saw that these were documented; however, we did not see any formal debrief documentation to show staff were supported after the event.

Staff meetings had taken place with minutes available for staff to view if they had not been able to attend. The registered manager told us that these would now take place regularly to ensure staff felt supported and listened to.

Notifications had been completed when required. The registered and regional manager both displayed a good knowledge of when and how notifications to CQC or other outside organisations were required. Information was displayed in the manager's office regarding 'duty of candour' and the newly registered manager was able to tell us how this would be followed and actions that would be required to ensure the organisation was open and transparent.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Care and treatment must be provided in a safe way to mitigate risk.**

12 (2)(a)(b)(d)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Systems and processes must be maintained to assess and monitor the quality of service and maintain accurate records about people.**

17 (2)(a)(b)(c)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.