

Longhurst Group Limited

# Bishopsfield Court

## Inspection report

Bishopsfield Court  
Mountsteven Avenue, Walton  
Peterborough  
PE4 6WD

Tel: 01733575761

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15 September 2022

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

Bishopsfield Court is a domiciliary care service and extra care scheme registered to provide personal care to people living in their own homes. The service supports older people some of whom were living with dementia and people who misuse drugs and alcohol. At the time of the inspection 30 people were using the extra care housing scheme which had 48 flats with communal rooms and gardens within one building..

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

Risks had been identified, but information for staff was limited in how to manage risks. Staff knew how to safeguard and support people to keep them safe. Enough suitably skilled staff had been safely recruited.

People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. The service and the staff team took on board learning when things went wrong.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

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.

Relatives told us staff were caring and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity and respect and helped promote people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. Complaints were used to help drive positive improvements. Procedures and policies were in place should any person suddenly become unwell or need end of life care.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People's views were sought and this enabled them to have a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service changed ownership and was registered with us on 6 May 2021 and this is the first inspection

under the current owner.

The last rating for the service under the previous provider was good, published on 03 October 2019.

#### Why we inspected

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

### 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 

# Bishopsfield 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. 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 Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 13 September 2022 and ended on 16 September 2022. We visited the office location on 15 September 2022.

### What we did before inspection

We reviewed information we had received about the service since it changed ownership. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

### During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We received feedback from one health professional and a member of the local authority safeguarding team. We spoke with eight members of staff including the registered manager, the team leader, senior care staff and care staff. The team leader was responsible for the day to day running of the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, complaints, quality assurance processes and various policies and procedures.

### After the inspection

We continued to seek clarity about incident reporting and actions taken.

# Is the service safe?

## Our findings

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

At the last inspection under the previous provider this key question was rated as requires improvement. At this inspection under the current provider this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Risks were identified but there was limited information for staff how to manage these. For example, how to use repositioning equipment, such as slide sheets, hoist and slings.
- One person had a pressure area being attended by a district nurse. However, there had been three occasions in September 2022 where there had been an excessive period of time between repositioning. This was at night-time and had been over five hours, and not four as required by the health professional's guidance. This meant the person was at an increased risk of their pressure area not healing as well, or as quickly, as possible.
- Other potential for harm and risks to people included a lack of records for staff checking bed rails and people's safety. Although no person had come to harm, the lack of consistent records meant there was a risk of this occurring. The registered manager immediately updated the records for staff to record bed rail checks.
- On another occasion a person who lacked the mental capacity to understand the risks they were taking, had been found leaving the extra care scheme. Staff who were aware of the incident had not informed the registered manager until we made them aware of this potential risk. The registered manager told us they would escalate this situation to the person's social worker. A risk assessment was in place for this risk.
- Staff did however, understand how to provide care and support to people to reduce the potential of risks. Staff had been trained on the use of people's equipment and had guidance from health professionals. However, for new, or agency, staff the lack of information put people at risk.

We recommend the provider should take action to ensure staff receive up to date information on how to manage risks and ensure repositioning is done within the required timeframes to avoid further risks of harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to keep people safe, identify and report any potential concerns. Staff took action when needed to help keep people safe.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safe. Records demonstrated safeguarding incidents had been reported and the safeguarding authority were satisfied with actions taken by staff.
- Staff knew what signs, symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the registered manager and the Care Quality Commission (CQC). One staff member said, "If I saw any unexplained bruising or a person being scared of certain people or staff, I would report it to the [registered] manager."

## Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. One relative said, "The staff always stay until everything needing to be done is done. They always ask before leaving if anything else needs doing."
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they had to provide previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character.

## Using medicines safely

- Staff knew how to manage and administer medicines safely whilst promoting people's independence to take their own medicines.
- Staff received training and support to help ensure they were competent to safely administer medicines including the application of topical skin creams.
- Where staff had made medicines administration errors. Actions were in place to help drive improvements. One person said, "[Staff] always sign the [medicines administration] record (MAR). They are careful when applying skin creams. They wear gloves and wash their hands, always."
- The provider's medicines administration policy was in line with national guidance, such as for medicines administration in community settings and protocols were in place for as and when required medicines.

## Preventing and controlling infection

- Staff were trained and supported to promote good standards of infection prevention and control (IPC). One person told us, "Staff wear their masks all the time when they are with me. They wear aprons for [personal] care. They keep my flat clean and take their personal protective equipment (PPE) away."
- Staff followed government guidance about COVID-19 testing for any symptoms, wore (PPE) and used it safely. They undertook regular and effective handwashing and this helped prevent the risk of infections.
- The provider's IPC policy was up-to-date, and staff adhered to this, to minimise the risks of infections.

## Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, ensuring safe medicines administration and providing additional staff where this was needed to keep people and/or staff safe. This helped reduce the risk of reoccurrences.
- Staff were reminded of their responsibilities and other actions were taken if there was a repeat of any incidents. One staff member told us, "I am not slow in coming forward. It is better to speak up than ignore something. [Registered] manager or the team leader are quick to resolve matters."
- The registered manager used a positive approach to improving staff performance and shared more general learning through e-mails, staff meetings or individual supervisions. They told us that if any trends were identified, such as increases in a person's distress or anxieties, this had resulted in a review of the person's care and support needs.



# 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.

At the last inspection under the previous provider this key question was rated as good. At this inspection under the current provider this key question has remained the same. This meant 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

- The registered manager together with the team leader assessed people's needs prior to providing care and support. The registered manager told us, "I liaise with the housing provider initially and then we assess how the person's needs could be met safely, and if this is the right type of service for them." This process helped ensure that people's needs could be effectively met.
- The registered manager kept up to date with current guidance and ensured that this was shared with the staff team. Guidance was implemented and included within policies and staff training. For example, medicines administration in the community, mental health, diabetes care and the use of people's equipment.
- The registered manager supported staff with guidance and knowledge based on people's needs. One staff member told us of their skills at caring for people with dementia. The staff member said, "We had a visit by the [local authority's 'dementia bus']. This gave us experience of what life living with dementia was like, it put me in the person's position. It really helped me understand the challenges people face. I know never to rush people."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as medicines administration, food hygiene, dementia awareness, moving and handling and how to communicate with people who have a sensory impairment.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that formed part of a robust induction programme. This also involved working with experienced staff to get to know people before they worked alone. One staff member told us, "I help mentor new or inexperienced staff. It takes time, but this investment is worth it, as they gain skills and confidence. Doing the job for staff would not help them learn."
- One person said, "During the pandemic, we had quite a lot of agency staff and I had to teach them how to cook beans on toast. Now, I have regular and permanent staff, they know my preferences well." The registered manager told us they had a full staff team and had not needed agency staff in over three months.

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice.

People could eat in the on-site dining facility or cook their own meals with or without staff support.

- Relatives were positive about the way that people were supported to eat healthily. One relative said, "My [family member] likes white coffee with a sweetener, but staff always ask what they want for breakfast, cereal or toast.
- Records were in place for people at an increased risk of malnutrition. One relative praised the staff for quickly identifying a risk of their family member not being able to swallow food or drink safely. Records showed the person was now able to eat and drink enough, by safely following the advice of a health professional .

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

- People were supported to see health professionals, such as community nurses and GP's when needed. Records showed us where staff had requested emergency or other healthcare support.
- Incident records showed how staff had responded to people falling or concerns about pressure sores. A relative said, "[The staff] are very, very good. [Family member is (age) but this doesn't stop staff ensuring they stay as healthy as they can."
- The registered manager worked closely with various health professionals. Guidance from them including occupational therapists and speech and language therapists had been effectively followed.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. One person said, "I did have a fall. I now have a walking frame. I use it and [staff] remind me if I forget."

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

The MCA provides a legal framework for making 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 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways, so their choices were respected.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said staff were respectful of their family member's decisions.
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us, "I always assume people can make a choice about what to eat, wear, or when to have their care and support. I can offer various options. It's up to the person."

# 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.

At the last inspection under the previous provider this key question was rated as good. At this inspection under the current provider this key question has remained the same. This meant 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

- The registered manager and staff team ensured as far as practicable that people had a consistent staff team or regular care staff for their care visits.
- People and relatives were positive about the care and support provided. However, care plans did not always contain sufficient details about how to use the equipment people needed as part of their care and support. The registered manager told us they would include this detail in people's care records.
- Staff did however fully implement guidance and training in using equipment safely. One person told us their regular care staff team were good and they knew how to communicate effectively. For some people this meant adapting the approach to care by using larger font print, speaking slowly and slightly louder or reading people information.
- People and relatives described the compassion staff showed when providing care and being respectful. One person told us how gentle staff were and how they always asked permission before doing anything. One relative said staff tried different strategies to provide compassionate care but also respected people's choices if they declined their care.
- Staff treated people with kindness and respected their choices. One relative told us their family member was cared for with compassion and respect and how they responded well to staff. Staff told us they would use a slightly louder voice, explain to people what was happening or read information to the person so they could make a choice.

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

- People were offered choices in their day to day support. For instance, with regard to the gender or age range of care staff. One relative said, "I was helped to be involved in determining my [family member's] care and support needs and am happy with the care plan."
- People felt involved in decisions about their care. One person said, "Staff supported people to retain, or gain further, independence. One relative said, "Staff are very professional. They don't just come in and rush off. The staff seem quite nice and get on well with [family member]. Communication is good and staff's approach enables good interactions."
- People and their relatives said the care was being provided as agreed, and changes in people's needs resulted in care plans being amended in consultation with people or their relatives. Staff told us they were made aware of these changes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives, enabled them to do things at their own pace and at a time

they chose to. Staff did this politely, respectfully and gave people time in private when people wanted this.

- Staff supported people to retain, or gain further, independence. One relative said, " Staff don't just come in and rush off. They seem quite nice and get on well with [family member]. Communication is good and staff's approach enables good interactions."
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. One staff member said, "I always cover people up as much as possible." One person's choices to have two flannels, one for washing their own face and staff used the other for areas of personal care. One relative said, "Staff are very professional and respect confidentiality."

# Is the service responsive?

## Our findings

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

At the last inspection under the previous provider this key question was rated as good. At this inspection under the current provider this key question has remained the same. This meant 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 knew how to respond to the finer points of people's lives based on individual preferences. For example, people's favourite drink, toiletries and gender of care staff. Some staff's daily notes were limited and more detail could have led to learning about how well the person responded to staff's input. The registered manager told us they would remind all staff to be more detailed when making daily care notes.
- People and relatives were positive about the support provided. One relative told us their family member's needs were gradually increasing. Work was in progress to reassess their needs. A staff member said, "We have one person who is regularly taking longer than the planned care visit. I have reported this, from past experience if this happens regularly we have been able to increase the visit time or the number of staff."
- People's care plans included appropriate information and regular care staff were knowledgeable about them, including people's favourite meal and the time people needed repositioning to prevent pressure sores.
- A health professional praised staff for adhering to their guidance and ensuring eating and drinking was safe. Care plans contained information about people's mental capacity, independence, equipment, diet, allergies and if people needed a soft food or pureed diet. This helped people's needs to be met in a person-centred way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as using a relative's or advocate's support if necessary. This also included staff giving people as much time as needed to be understood. People who were not able to communicate verbally had support in their best interests. A staff member told us how they knew if a person wanted to have information read out to them or people needing to have an emergency lifeline pendant within easy reach of their bed. This helped people to be more independent.
- Staff knew how to communicate with people and training was being organised to support staff to improve further in this area. Another staff member said, "Sometimes you have to take longer to explain things. People who have [impairment] need you to use different means of communication so they know they are being listened to."
- Policies and procedures, such as those for complaints and compliments were available in accessible

formats as required. The registered manager was aware of when to provide information to people in an alternative format such as larger print if needed.

#### Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise any concerns, and compliments were used to identify what worked well. One person had praised the staff team for resolving a complaint to their satisfaction.
- There was a complaints procedure in place, and the provider had followed this when resolving concerns. People and relatives told us that, in the main, concerns were acted on before a complaint was needed.
- Complaints were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences. Compliments were used to identify what worked well. For example, increasing permanent staff, finding a person's favourite spoon and how all the staff always had people's interests at heart.

#### End of life care and support

- People were supported, where needed, to make end of life decisions such as to stay at home, have support for pain and anxiety, and to maintain dignity.
- The registered manager sought people's views about end of life care and emergency support if needed. People wishes about their end of life care decisions were respected and recorded in their care plans. People's choices, including religious beliefs and values were respected.
- Although at the time of inspection no person was in receipt of end of life care. The registered manager had previously involved health professionals as soon as the need arose and had supported relatives with bereavement. One staff member told us how they had contacted the family so they could say their farewells. The staff said, "Within an hour [person] had passed. I made them comfortable. They weren't eating or drinking, just a teaspoon of liquids to wet her lips. I was there to make sure they had dignity."

# 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 the last inspection under the previous provider this key question was rated as good. At this inspection under the current provider this key question remained the same. 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; 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 understood when to notify us about incidents occurring and also when to report these to the local safeguarding team. They took action to keep people safe. They said, "I review all the incidents and if there are any trends, such as falls, or people's anxieties. I then take any actions needed." Following incidents, staff were reminded of their responsibilities to report incidents when they occurred.
- A team leader supported the registered manager in the day to day running of the service. The registered manager had oversight of the service by reviewing various records as well as observing staff. We found however, that the registered manager had little oversight of staff recruitment. This meant the process was not as robust as it could have been. They told us, going forward they would sample audit some staff files to ensure the process was more robust.
- Areas monitored included feedback from people, complaints and reviews of various records. The registered manager acted promptly when improvements were needed. For instance, by escalating concerns about people's wellbeing, changes in risks to people, such as their mental capacity, to social services and health professionals.
- The registered manager understood the need to be open and honest when things went wrong. For example, if staff incorrectly administered medicines or forgetting to record bed rail checks. Action taken included reminding staff of their responsibilities and providing refresher training. One person said, "I don't need to complain as such, I ring the [team leader] who sorts the matter out swiftly." A relative told us, "There was an incident with my [family member]. I am waiting to hear from social services about a more suitable placement."
- Staff were clear about their roles and explained these to us in detail. One staff for instance, was able to describe how to de-escalate situations where a person was showing signs of distressed behaviour by offering the person a cup of tea and a chat.

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

- The registered manager and staff team were passionate about supporting people to remain as independent as possible. Staff spoke with enthusiasm about how they supported people now, and their plans for the future. One staff member was proud of their strategies preventing people making unwise choices.
- A consistent theme throughout our inspection was that all people and relatives would recommend the

service. Staff also felt very supported to be open and would recommend the service as a good place to work. One staff member said, "I have the [registered] manager's contact details. When I have spoken with them, they have always supported me. I know I am listened to."

- Relatives spoke about the caring attitude of the staff and management team, and how changes made which people were pleased with. One relative told us their family member had regular care staff which had made their family member less anxious and more settled.

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

- People were involved in all aspects of their support including day to day discussions with staff. Relatives feedback about the service was sought through contact with the management team.
- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board. Staff meetings evidenced how improvements had been made after comments from people, relatives or staff.
- One person told us, "You can raise things openly, like getting a GP appointment. Staff help arrange appointments and if needed, taking you to the surgery, or being there during a telephone consultation."

Continuous learning and improving care

- The registered manager recognised when staff needed support and was able to delegate another member of staff to support them when appropriate. They used feedback from various sources to identify what worked well and what needed improving.
- People's, staff, relatives and others involved in people's care and their views were sought in a way including going in person to the staff office in the scheme, by telephone or e-mail. One feedback stated how satisfied a relative was with repositioning of furniture which increased a person's safety.
- The registered manager took action to improve the service based on the findings of their monitoring processes. For example, they had plans to introduce an electronic care planning system to improve monitoring as well as taking prompt action addressing the times staff needed to be available for people's repositioning needs.

Working in partnership with others

- The registered manager and staff team worked well with health professionals and other organisations such as safeguarding authorities and social workers to support good outcomes for people.
- A proactive approach helped ensure better outcomes for people. One health professional told us how quick staff were in alerting them to changes in a person's wellbeing.
- An occupational health professional told us staff always watched and learned how equipment should be used. They said, "If people's needs change, [staff] are quick to respond if the equipment is no longer working and contact the occupational therapist department to request a review."