Norse Care (Services) Limited

Bishop Herbert House

Inspection report

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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

This inspection took place on 2 and 3 February 2016 and was unannounced. At the last inspection on 25 June 2014 the service was meeting the legal requirements.

Bishop Herbert House is a service that provides accommodation for up to 14 people. It offers residential care for adults with a physical disability. On the day of our inspection nine people were permanently living in the service and five were on respite.

The service had a registered manager in post. 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.'

People living in the service were safe and benefited from the support of sufficient numbers of staff, who were well trained, supported and felt valued in their work.

Staff and the management team understood their responsibilities in safeguarding people from harm. When appropriate they contacted the local authority to report concerns. The home knew how to support people's needs without restricting their freedom.

Appropriate recruitment procedures were followed and pre-employment checks were carried out to ensure staff were suitable to work with people receiving care and support.

Medicines were managed and administered safely in the home and people received their medicines as the prescriber had intended.

Staff were skilled and motivated to support and care for people. Staff also knew people and their needs well. New members of staff completed an induction and all staff received appropriate training and were supported well by the manager.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager told us that all people living in the home had capacity to make decisions for themselves. However, the manager and staff were knowledgeable about the MCA and DoLS and knew what to do if there was some doubt about a person's capacity.

People had enough to eat and drink and the cook provided good quality food and catered for individual preferences. People also had access to local shops and had food and drinks in their rooms if they wanted.

People had regular access to healthcare professionals and were supported to attend appointments if needed.

All staff at the service were caring and supportive and treated people as individuals. The care provided was sensitive and person centred and people's privacy, dignity and wishes were consistently respected. Friends and relatives were welcome to visit as and when they wished and people were supported to be as independent as possible.

People were happy living in Bishop Herbert House and their interests and aspirations were encouraged and supported by staff. There was a positive atmosphere in the service and people had access to the community. Assessments were completed prior to people moving into the home, to ensure their placement would be appropriate for them and would meet their needs. People were also involved in planning their care and were supported to live the life they wanted to.

There was an open and positive culture at Bishop Herbert House. People using the service and their relatives were given opportunities to raise issues about the quality of the care provided and knew how to make a complaint if needed. People's comments were listened to, with appropriate responses and action was taken where possible.

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

There were a number of systems in place to ensure the quality of the service was regularly monitored and maintained. The manager carried out regular audits to identify and take action on any areas that needed improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff and the management team understood their responsibility in reporting safeguarding concerns. Identified risks to people's safety were recorded on an individual basis.

People's freedom was supported and protected.

The service ensured there were appropriate numbers of staff to meet people's needs and keep them safe.

Medicines were stored and given in accordance with good practice so people received them safely.

Is the service effective?

Good

The service was effective.

Staff were skilled and motivated to meet people's needs. New staff had an induction before they started working with people and all staff received training and supervisions.

People's consent was always sought and their rights were being promoted.

People's dietary needs were supported and people were given choices of what to eat and drink. Staff provided dignified support for those who required assistance with eating and drinking.

People had regular access to healthcare professionals and were supported to attend appointments if needed.

Is the service caring?

Good

The service was caring.

People were well cared for and treated as individuals. People were supported to express their own views and supported to make their own decisions about their lives. People's privacy and dignity was respected.

Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

Staff knew people's likes and dislikes and supported people to pursue interests they found enjoyable.

People and relatives could voice their concerns and were listened to, with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well-led

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

Systems were in place to ensure the quality of the service was regularly monitored and maintained. Regular audits were carried out and action was taken on any areas that needed improvement.

Bishop Herbert House

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 2 and 4 February 2016 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with people from the local authority's quality assurance team.

On the day of this inspection we spoke with six people living in the home, two healthcare professionals, a visiting advocate and nine care staff, including seniors. We also spoke with the chef, and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three relatives of people living in the service.

We reviewed four people's care plans to see how their support was planned and delivered. We also reviewed the manager's records of checks that had been made to ensure people received a good service and a selection of other records that related to the management and day to day running of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe. One person said "I feel very safe here because the staff are so friendly and kind and will do anything you ask them to." Another person said, "Safe, yes". We spoke with some people who communicated with yes and no answers, one person said, "Yes" when we asked whether staff were kind to them and whether they were looked after well. We spoke with their relative, and asked them if they felt their relative was safe, they said, "Safe, oh God yes".

The service had a 'diversity and equality' policy to prevent discrimination and uphold people's rights. The manager said, "Discrimination is not an option here the aim is to create an inclusive community." There was also a safeguarding policy to prevent people living in the home from experiencing abuse. The manager had made a referral to the local authority about a recent issue and we could see they had taken appropriate action to protect someone's property. We could see from the staff training records that all staff had received training on how to identify a safeguarding issue and how to report it. One member of staff said, "I would suspect abuse or that something was not right for a person if their behaviour changed, or they seemed nervous or anxious around someone. Plus of course if they had unexplained bruising or marks…No, never seen that here. If I did I would report it to the team leader, deputy and manager and they would report it to the safeguarding team." This told us people using the service were being protected from harm and their rights were being protected.

There were risk assessments in place for people living in the home and needs were reviewed on a monthly basis. Some people had very complex medical needs. One person who was at risk of choking, had been referred and assessed by a specialist swallowing team from the NHS. However, this person had refused their recommendation. A capacity assessment had been completed with them to check they could make an informed decision and were able to understand the potential risks. The manager said, "This is about [Name] making a choice about their life and having control." This decision was reviewed on a yearly basis and the manager said, "We are always communicating with this person, we have an understanding of their insight about this issue." We suggested that with the persons consent, this issue and their capacity was considered as part of their monthly review, which the manager agreed to speak with the person about. This showed us the service promoted people's independence and their choice and control over their lives, even if they choose to go against certain recommendations or advice.

Due to the nature of some people's disabilities there was a greater risk of people developing pressure ulcers. The records we looked at showed this was monitored on a daily basis and checked at people's monthly reviews. The manager told us the district nurse provided good pressure care when needed.

Any incident or accidents experienced by people living in Bishop Herbert House or staff were recorded and passed to the manager or deputy manager who investigated the events. We were shown records, which evidenced this happened. For example, one person who was new to the area had gone independently to the local community. They become lost and a member of the police service needed to assist the person in returning home. It was subsequently agreed with the person that if they chose to go somewhere other than the immediate local area to the home, they would telephone the home so the staff would know where they

were.

There were plans in place to respond to an emergency, for example if there was a sudden loss of power or water or if there was a fire. We were shown an evacuation plan, which explained about taking people who lived in the home to a neighbouring residential care home, which was owned by the same provider. There were regular fire safety checks, with the fire alarm tested weekly and we noted that evacuation drills were carried out twice a year. In addition, the provider's property services and the fire service both complete yearly checks on the building. Staff we spoke with confirmed they had received fire safety training and had recently completed a drill. In addition to these safety checks, the elevating beds and hoists were serviced twice a year, which were confirmed in the records we saw.

The home followed the 'Herbert protocol', which helped people to be found and returned home safely, if they went missing. There was also a protocol in place in respect of people opening the door to strangers. The provider operated an 'on call' service for evening staff and weekend staff to call if they needed to seek advice about an issue or respond to an event. These measures ensured people remained consistently safe in the home.

People told us they felt there was enough staff to meet their needs. One person said, "I chose to come back here because I was so well cared for during my last visit." Another person said, "I do not have to wait long for assistance. The staff sometimes tell me they are with someone and will come back. Yes they do after a few minutes." A visitor said, "They always seem to have enough staff around." A staff member said, "There is a good mixture of ages of staff here and always plenty of staff." A further member of staff commented, "Everyone works together here and the care staff look after everyone very well and go that extra mile for people to ensure they are well cared for and lead the life they choose." We observed call bells ringing for short periods of time, with the most being three minutes before staff attended, which showed that there were sufficient staff to attend to people's needs in a timely way.

The manager told us they did not use agency staff, because they had a sufficient combination of regular casual staff and contracted staff. The manager also said they retained staff well, which we saw in the staff's employment and learning and development records. Sickness was generally covered by staff wanting to work additional hours and one staff member said, "Yes staff absence is mostly covered and if cover cannot be found then the team leaders and deputy help us on the floor and even the manager will help if needed… No, this does not happen often. We mostly can cover between ourselves."

We checked the recruitment records for three members of staff. These had references, proof of their identity and appropriate police checks carried out before they had started working in the home. This assured us that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home.

One person told us, "I am assisted with my medication and yes it is always available and correct and given to me to take at the correct time." We found that a local pharmacy trained staff in safe medication administration and they carried out a yearly audit of the medication procedures in the home. The manager told us there was a daily audit of medication carried out by staff and the deputy manager completed a monthly audit. The manager also explained, if there were issues at night or over the weekends with medication, staff could contact the 'on- call service for advice and guidance.'

People's medication was stored in their bedroom within a lockable cupboard secured to their bedroom

wall. For some people, following a risk assessment, some or all of their medication was stored in the lockable medication trolley that was stored in the locked dispensing room. We found that only senior staff had access to the keys to where the medication was kept. The keys to access medication were securely stored when not in use. Staff told us that people came to their bedroom when medication was to be administered or they took the individual medication to the person. This was confirmed by people we spoke with and by our observations.

We saw that a photograph and personal details were held with the medication administration record (MAR) sheets and that guidance and body maps from an appropriate health professional were in place for some people. This covered people using insulin, PEG feed, a controlled drug, as required (PRN) medication or homely remedies. We saw that the MAR sheets had been signed when medication had been administered or a code used when it was declined and noted that there were no gaps in the records seen. We saw that for some people capacity assessments were in place if the person requested PRN medication. Our counting of a sample of controlled drugs established that the drugs held matched the records which had been signed by two staff each time administered. We noted that creams and eye-drops contained the date of opening and a staff member said that they were returned to the pharmacy when the new monthly order was delivered. The 'returns book' records confirmed this. We looked at a record of the temperatures of the fridge used to store medication and found that it was within the range of 18-21 degrees. Medication was ordered from each person's doctor every month and delivered to the home by the pharmacy. This ensured that people's medication was constantly available for them to take.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to do their job effectively. One health professional told us, "Staff here are very helpful. I have been impressed by the knowledge they have of the people living here." A staff member said, "Yes, we have completed training and do some updates. I have completed first aid, fire safety, moving and handling, infection control, medication, PEG, food hygiene, safeguarding, mental capacity training and deprivation of liberty safeguards, epilepsy, dementia and I have a National Vocational Qualification (NVQ) level 2 and 3 in care." We looked at the staff training records and could see staff had received training in these areas. The manager showed us that most staff members needed to have updated training on food and hygiene which was going to be carried out later this year.

Members of staff told us they received regular supervisions every twelve weeks and appraisals yearly. Staff meetings took place monthly and we could see this from the records of minutes taken from staff meetings. New members of staff received two weeks' induction, which included time in the 'class room' and shadowing other carers in the home. Staff were encouraged to give feedback about their training and after this period the manager or deputy manager would decide whether they were ready to start working more independently. Staff we spoke with confirmed that when a new member of staff started working in the home, they were monitored by a team leader and also completed work based assessments. The manager also confirmed staff sickness was monitored and every staff member returning from sick leave had a back to work interview, to ensure they were well enough to be able to meet people's needs.

Staff told us that the communication in the team was good. We observed staff members updating each other in the deputy's office and discussing the needs of some people. We raised one person's needs with the deputy and both the deputy and the key worker spoke very clearly and effectively with one another about the person's situation and their needs. When there were updates about policy changes these were e-mailed to staff and a copy printed out and put on the staff notice board, to ensure all staff were aware of the changes.

The manager said because the home was small they had a good understanding of people's changing needs. These were identified by staff and at the end of each shift they were documented and verbally passed to the next team of staff. One staff member said, "The capacity of some people living here does fluctuate at times. New risk assessments are made and we discuss at handover and staff meetings." However, during our inspection we did find some gaps in the recording of information on two people's files. When we spoke to the manager about this, she was able to tell us what action had been taken and what was happening next. The manager said she would speak with staff to ensure this information was recorded appropriately and we felt confident this would happen.

During the inspection we observed staff on many occasions communicating clearly and effectively with people who lived in Bishop Herbert House. On one occasion we observed a staff member discussing with a person when they wanted to take their PRN medication, to ensure their pain levels were controlled. Another member of staff was seen supporting someone whose specially adapted cutlery had become faulty; they talked about the issue and made a plan to solve the problem.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The manager told us that all people using the service had the capacity to make their own decisions. Where there was some doubt about whether a person had capacity to make a major decision, assessments were carried out appropriately. Staff were able to tell us about people's capacity to make decisions and knew what to do if a person's capacity changed. When we spoke with the manager they were able to demonstrate to us they had a good knowledge of the MCA and Deprivation of Liberty Safeguards (DoLS). The manager told us that no person using the service was subject to a deprivation of liberty safeguards authorisation.

People's consent to care and treatment was sought in line with the legislation. People told us that staff always asked for their consent to do anything. One person said, "Yes I am consulted about everything. The staff always ask me and I get the chance to make a choice. Every day they ask me what I would like to wear and I say the same." Another person indicated "Yes" to the question of whether staff asked what they would like to do and "Yes" to the question of whether they could choose when they wanted to go to bed. During our inspection we observed that staff regularly sought people's permission before doing something. At tea time, when one person said they would like a particular cake for dessert, the Chef brought the cake to the person, so they could choose which slice they wanted. Earlier in the day we observed that a person using an electric wheelchair had become stuck in a doorway. A member of staff asked the person if they could put the electric wheelchair into a manual setting and reposition them, which the person agreed to. The staff member then repositioned the person so they could complete the manoeuvre independently.

People told us they had plenty to eat and drink. One person said, "Staff are very good and we get good, fresh food every day. Yes I am asked what I would like to choose from the menu each day at breakfast time. Yes I can change my mind or pick something not on the menu if they have it. They do good omelettes here." When asked if the food was good, one person indicated "Yes". A further person said the food was, "Very acceptable, there are two choices, the kitchen staff are very accommodating." For people who found communication or reading difficult, there were picture cards alongside the menu.

We observed lunch time and people appeared to really enjoy their food, often electing to have a second portion of dessert. When people asked for a second portion a staff member said, "Why not?" Indicating that the people could have second helpings whenever they wished. We also observed people having plenty of drink throughout the day. One person was asked if they wanted the remainder of their meal reheated as they had taken a long time to eat it and it may have gone cold. Some people chose to have their main meal in the evening, whilst others chose to have it during the day. This showed that people's individual preferences were consistently respected. Some people had additional needs with eating and drinking. For example, one person who was at risk of choking when eating or drinking was always supported by a staff member, in order to eat and drink safely in the way they wanted to.

People had access to a variety of healthcare professionals and healthcare services. One person told us, "Yes, they have called the doctor if I am not feeling well and have checked with my physio if my pain seems to be getting worse. Yes, they arranged for my physio to visit me and they included me in the conversations about the best way to help me without hurting me. Only I know how much pain I have and they respect that." A visiting health professional said, "Yes, staff work very well with the people who live here and they let me know of any changes or problems straight away." They also said, "The staff participate in the multi-

disciplinary meetings I arrange and contribute appropriately."

People's health needs were considered at their monthly reviews. The manager told us staff had identified, through general observations and by weighing a person, that they had lost weight. This was discussed with the person, their GP was informed and relevant health professionals were involved in reviewing the person's wellbeing, as a result of the referral. One person was going to the dentist during our inspection and this person told us that staff sometimes went with them to a health appointment if they felt they needed support. We saw in one person's records that a staff member had noted a mole on their body had become darker, so they had contacted the surgery and made a referral to the nurse to have it checked.

One person in the home had difficulty removing secretions from their mouth which could lead to a chest infection and result in a hospital admission. The manager said the hospital had told them a 'suction machine' would reduce the risk of chest infections and generally improve the person's health. We saw that the home had since purchased a 'suction machine' and the manager said "[Person]'s safety is paramount." We were told that the provider was in the process of writing a policy on how to use the machine and staff were due to receive training in the near future. We spoke with this person's relative who said both they and their relative, "Can't wait, it will make such a difference." The manager also told us that sometimes rather than approach the GP, they contacted people's consultants or specialist nurses directly, in order to receive specific responses more quickly. The manager showed us an e-mail they had sent to a specialist neurological nurse about someone living in the home. The nurse had in turn e-mailed the relevant consultant at the hospital, who agreed to review the person's medication.

Good

Is the service caring?

Our findings

People were cared for by staff who treated them with kindness and compassion. One person told us, "This is where I want to spend the rest of my life." Another person said, "It's like having eight aunties looking after you; they all come and check on me, including the night staff." Someone else said, "Yes we have a laugh and a joke together with the staff. I like that it makes me feel as if they treat us as someone they want to be with and care about." The manager showed us two letters from different GP surgeries written in December 2015. Both spoke of high quality care and one said, "The care you offered to [Name] as an individual and as a team was outstanding."

During our inspection the manager spoke in detail about the people who lived in the home, demonstrating to us they knew all the people really well. Most of the people we spoke with told us about their personal histories, their backgrounds and their likes and dislikes; these were also recorded in the care plans we looked at. We observed that people responded very fondly towards the manager and saw many examples of positive caring interactions between staff and people who lived in the service. For example, one staff member was supporting someone to eat their lunch and, during a break from eating, the staff member put their arm reassuringly around the person. Another staff member asked a person if they wanted something wiped from their mouth and we saw that their action and approach was very respectful and treated the person in a mature and dignified way.

People we spoke with gave us examples of how staff responded to their needs in a caring way. One person said, "I could not sleep last night and I asked the night staff for a cup of tea. They soon got me one despite it being 3.30am." Another person said, "They [staff] understand if I am not so happy today. They check I am okay by talking to me and then leave me in peace. They come back later to check on me." People also told us how staff resolved issues for them and one person said, "Yes, they understand when I am getting upset or worried. "Yes, they ask me what's wrong and try to put things right."

During our time at the home a member of staff came into reception and was greeted by staff and people who lived in the home with real affection. We spoke with this member of staff who said they had been off work due to a health issue. The care worker said they had a physical disability and when they were well, they enjoyed working in the home. The member of staff went on to say, "I can bring a lot to this role, I know what it is like to live with a disability." The manager said to the staff member, "You know what life is like for our residents, day to day."

We found that people were involved in their care decisions. One person told us they completed their own monthly review, using the home's paperwork, which was then reviewed by their key worker. The home also had a dignity audit, which some people also chose to complete independently.

The home made use of advocacy services and people accessed an independent advocacy service that also supported people with financial issues. A visiting advocate said, "It's a very good home. Kind staff who know how to get the best out of people." Some people also attended disability related groups and community centres.

We found people's privacy and dignity was promoted in the home. One person said, "Yes the staff are good at making sure my dignity is preserved. They keep me covered when helping me to have a wash or bath and always close the door and curtains first." A relative told us that often their friends and family would see their relative out with a carer in the city; they said they always commented on how well the person looked and how the person was treated with dignity. Another relative said, "Yes from what I have seen and heard the staff here speak to and treat everyone well. You know, as friends. They appear to really care about people and are so polite to them. Even when they [people] are not polite to them. You need a lot of patience to do this job and the staff have it."

We observed that people's rooms were individualised, expressing their personal tastes and what they liked to see around them. There was a real sense of people's rooms being their own private space. One person said, "I am very comfortable in my bedroom. Yes I can lock my bedroom door if I wish to." Another person said, "My privacy is very important to me." A further person indicated "Yes" when we asked if they were happy with their room. The manager told us that when contractors were servicing someone's over bed hoist she said to them, "I hope you respect the fact this is someone's room." which they duly did."

Relatives and visitors were able to visit the home without restriction. One person we spoke with said, "My family are made very welcome by the staff when they visit. They make them a drink and have a chat with them." A relative told us, "I feel they [staff] are like my friends too." A further relative said they could come all day if they wanted to.

Good

Is the service responsive?

Our findings

The care people received was individualised and met their needs. One person told us, "The staff here, really know how to look after me and in the weeks I have been here my [health issue] is getting better each day." The assessments and care plans were person centred and the actions taken responded directly to people's needs.

One person needed a lot of intensive physiotherapy in order to maximise their independence and enable them to increase their mobility. The manager felt this person would benefit from being in a different home where there was an on-site physiotherapist and the person had agreed with this. The manager had since been in regular contact with the relevant professionals, in order to make this happen as soon as possible. One person had recently left the home and moved into their own property, with support. The manager said this was what the person had wanted to do, "It took some time, but it was important that the accommodation and care was right." Another person living in the home also wanted to move out of Bishop Herbert House into their own accommodation, with care and the manager told us that she, the staff and other relevant professionals would also support this person to achieve their goal.

The home was adapted to maximise people's independence. For example, some people chose to do their own laundry and there were washing machines and tumble dryers at wheelchair level to enable people to complete this task themselves. Some people bought additional food and drink which they kept in fridges in their rooms. There were also various 'social rooms' including a kitchenette in the home. However, people who lived in the service and staff said these were often not used, as people preferred to go out or spend time in their rooms.

People were supported to follow their interests and take part in social activities. One person followed a particular football club and the manager told us that extra staff were provided to support this person to attend games, which were out of the county. People had one to one support to access the community and we noted that one person liked visiting 'tea rooms', whilst another person liked to go to the coast. We saw a board filled with photographs evidencing various social events in and outside the home and we could see how big events like Christmas and Halloween had been celebrated.

One person currently living in the home was due to be celebrating a birthday soon. With support from staff, a party had been planned with a particular theme, music chosen, food planned and invitations sent out. To enable this to happen, the manager had accessed some money from the home's amenities fund to contribute towards the cost. One person was recently invited to a special ceremony which included an evening meal. We noted that this person had wanted a female member of staff to attend with them, rather than their regular male member of staff and this had been arranged. One person told us they often went out with friends and had people visit them at the home. They added, "This is our community, this is where we live."

Some people attended places of further education and community centres and some belonged to specific organised groups. One person said, "They are arranging for me to attend [community centre] so that I can

go out more. Yes we discussed what I would like to do and I said it would be nice to go there." Some people carried out certain tasks in the home, such as one person who used to assist with deliveries and another person sometimes prepared the dining room for lunch. However, some people we spoke with felt there could be more planned events in the home on a weekly basis. We raised this with the manager who said she would speak to people and address this issue.

We found that people felt confident to raise their concerns and complaints. One person told us "I am very happy with the quality of service I get. I would soon tell them if I was unhappy. Yes I believe they would listen to me and do their best to sort out any problems." Another person said, "No complaints and if I was concerned about anything I would tell the staff or manager. No, never had to do this but I am sure they would take me seriously." The manager told us a person living in the home had recently complained about a member of staff. Their complaint was that the staff spoke to them in a 'childish' way. The person said they felt this was not becoming of a home which championed disability rights. The manager said she agreed and had spoken to the member of staff and resolved the issue.

People were encouraged to also give their views in a yearly survey conducted by the provider. We were shown the results of the last three years, so we could see the views of people who took part in the survey. We were also shown short written feedback forms that had been completed by people staying for respite and their relatives, which also included very positive comments. People's needs were reviewed monthly and this was another opportunity for staff to listen to the views of people living in the home.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and the communication between the manager and staff was frequent and effective.

People living in the home were also invited to come to part of the staff meetings to raise and respond to any issues relevant to them. The manager told us people chose not to have a 'residents meeting' as they felt able to talk to staff and raise issues when they happened.

The people we spoke with were very complimentary about the management team in the home. People felt listened to and said the manager was very approachable. People commented about how friendly and inviting the home was and one visiting professional said, "This is a lovely home, I always say it because it is true." People spoke very strongly of a real sense of community and the fact they considered it to be, their home. Staff did not wear uniforms; they wore their own casual clothes. One person said, "I love the place." Another person said, "I don't know where I would be without Bishop Herbert House." A relative told us their relative, "Refers to it as home now."

The manager said choice and control was so important to the ethos of the home. "We are not just about providing care, we listen and enable people to live the life they choose to live." The manager gave the example of the person declining a PEG feed. "We support [Name] to live the life [Name] wants… No one tells me how to live my life!" To ensure these values were shared by the staff, the manager said she lead by example by, "Being fair and supporting one another." The manager said these values were reflected in their daily actions, during team meetings and in one–to-one conversations with staff and people who lived in the home. For example, one person living in the home had made a complaint about another person using bad language. Although this issue had been addressed with the person directly, the manager said she had also tried to help the person making the complaint understand why the other person may behave in that way.

We found that staff and people living in the home were actively involved in developing the service. The manager told us she was the lead for the MCA in the home and, when giving training to staff, she said, "We use real people. A past resident comes to part of the training to talk about their experiences of people assuming they do not have capacity, because of their disability." The manager also told us about when a person living in the home had made a complaint about a member of staff. In addition to the manager addressing the issue with the staff member, she had also encouraged the person to speak with the staff member themselves. "We are all peers here" she said.

We observed people being very supportive to one another and one person told us, "We look after each other." Another person said, "We are all in the same boat." People and staff felt there was an open culture and the manager said, "My door is always open." When speaking with one person, they raised some issues about wanting some more one-to-one care. We asked if they felt able to talk to the manager about this and they said, "Yes I do, can you go and get her?" People told us they would speak with the manager if they had an issue about anything. The manager said they encouraged open communication with people, "I'm always talking to staff, and people who live here, that's my job, and I love it."

People had good links with the local community, either accessing this independently or with the support of staff. We observed people waiting for their transport to go out, as well as professionals and relatives visiting the home. The manager told us that a local 'youth group' wanted to spend time in the home and that this had been discussed with people living in the home. Although most people felt they would not gain much from the experience, they decided to participate in order to support their wider community. There were also strong links with local health services and people had regular access to the local authority's social care teams.

The manager, deputy manager and the provider had completed various audits to ensure the service was safe and met people's needs. There were examples of improvements to the home in terms of the decoration and all bedrooms had new flooring.

Following our observations and conversations with the manager we concluded the manager knew what her responsibilities were and how to achieve them. All the staff we spoke with were also aware of what they had to do in order to meet people's needs. We could see from the information we held about the service that the manager reported incidents to the CQC as required.

The manager spoke to us about the service and the people who lived in Bishop Herbert House with real enthusiasm. The manager demonstrated a real commitment to keeping people safe and enabling them to have choice and control in their lives.