

# New Directions (St. Leonards On Sea) Limited

## Bishops Way

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

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

This comprehensive inspection was undertaken on 7 March 2017 and was unannounced.

Since the last inspection the registered manager had left and the home did not have a registered manager in post. Currently a manager registered at a sister service was in charge of the home supported by senior staff within the organisation. Recruitment was in progress for a new manager to work at Bishops Way. A registered manager is a person who has registered with the CQC 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.'

At a comprehensive inspection in January 2016 the overall rating for this service was Requires Improvement with four breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 identified. We asked the provider to make improvements to ensure care and treatment met people's needs and reflected their preferences; that care was provided in a safe way for people and risk had been assessed. Systems and processes needed to be improved to enable the provider to assess, monitor and improve quality and safety of services and ensure that accurate, complete and contemporaneous records were in place for each person. The provider needed to ensure that a system was in place to review risks based on people's individual needs and ensure staff were appropriately trained and supported to enable them to carry out their role safely.

The provider sent us an action plan stating they would have addressed these breaches of regulation by April 2016. At this inspection we found that improvements had been made and the provider was now meeting all regulations.

Although there was currently no registered manager at Bishops Way the acting manager had ensured there was clear and consistent leadership at the service.

All areas of documentation had been reviewed and new systems implemented if needed. Care documentation was person centred and included relevant information about people and their care needs. Systems and processes were in place to assess and continually improve the quality of care. Care planning was now done by people's keyworkers and the individual was involved and people signed the documentation to show they agreed to the information and any changes or updates. Care planning was written in association with risk assessments for individual or environmental risks identified. This included risks in association with specific health needs and nutrition.

Medicine procedures had been improved this included daily and monthly checks. Medicines were now

stored in locked cupboards in people's bedrooms. People told us they liked this way of having their medicines as they were able to talk to staff about them and were involved in the procedure throughout. Staff felt that this had improved communication and meant that people could be involved as much as was possible.

Plans were in place for an overall refurbishment of the home. Maintenance issues were reported and minor concerns had been addressed. Regular checks had taken place to ensure that water systems, electrical appliance and gas systems were safe and equipment servicing completed annually as stated. A fire risk assessment was in place and personal emergency evacuation plans (PEEP's) had been completed for people if an emergency evacuation was required.

Staff had a good understanding of safeguarding and the acting manager was aware of their responsibility for reporting concerns. There was a clear system in place in the event of accidents and incidents. Incident forms were completed and any information shared with the provider and reported to CQC or local authorities as required.

Staff felt there were enough staff to keep people safe and meet people's needs. Recruitment was on-going and clear systems were in place to ensure appropriate checks took place before people began work at the home. New staff completed a period of induction and all staff received regular support via staff meetings and one to one supervision. A training programme was in place, this included specific PWS training to ensure effective care to people. Mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS) training had been completed. Staff understood the restrictions in place for people in relation to PWS and individual needs and why these were in place. Staff told us that they felt they received the training they needed.

People were involved in the development of menu choices. Nutrition was monitored and managed to ensure that people received appropriate nutrition and support in relation to PWS. This included regular weight monitoring and reviews of people's daily calorie requirements.

Staff knew people well and displayed kindness when supporting people. People's dignity and privacy were protected. People's personal space was respected and staff did not enter people's rooms without knocking first. People were encouraged and supported to remain as independent as possible with staff were available to support people when needed.

A varied activity programme was available for people. People had access to activities they enjoyed and were supported by staff to attend. This included work placements, trips out and in house activities supported by the homes activity co-ordinator and staff.

A complaints policy was in place and complaints had been responded to by the acting manager or provider as required.

## 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 ●

Bishops Way was safe.

Medicine procedures had been improved. Regular checks and audits took place to ensure people received medicines safely.

Risk assessments were completed for identified risks. These were reviewed regularly and updated when changes occurred. This included risks in association with specific health needs and nutrition.

There was a clear system in place in the event of accidents and incidents.

Fire risk assessments and equipment and services were maintained. Plans were in place if an emergency evacuation was required.

Recruitment was on-going. Processes were in place to ensure appropriate checks took place before people began work at the home.

Staff had a good understanding of safeguarding and the acting manager was aware of their responsibility for reporting concerns.

### Is the service effective?

Good ●

Bishops Way was effective.

Care plans had been reviewed and information had been discussed with people and their next of kin if appropriate. People had signed when they had read care documentation and felt involved in how their care was planned.

Induction training for new staff was in place. Staff felt supported and received regular supervision.

A training programme was in place, this included specific PWS training to ensure effective care to people. Staff told us that they felt they received the training they needed.

Nutrition was managed effectively. Systems were in place to ensure people received appropriate nutrition to meet their individual needs.

Mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS) training had been completed. Staff understood the restrictions in place for people in relation to PWS and individual needs and why these were in place.

### Is the service caring?

Good ●

Bishops Way was caring.

People's dignity and privacy were supported. People's personal space was respected and staff did not enter people's rooms without knocking first.

Staff knew people well and displayed kindness when supporting people.

People were encouraged and supported to remain as independent as possible. Staff were available to support people when needed.

Care plans and documentation was kept securely.

### Is the service responsive?

Good ●

Bishops Way was responsive.

A varied activity programme was available for people. People had access to activities they enjoyed and were supported by staff to attend.

Care documentation was reviewed to ensure it was clear, up to date and person centred and reflected differing care and support needs.

A complaints policy was in place and complaints had been responded to by the acting manager or provider as required.

### Is the service well-led?

Requires Improvement ●

Bishops Way did not have a registered manager. An acting manager from another service was providing leadership at the service supported by the provider.

Care provision and documentation was person centred. People

were involved in the planning and review of their care. People were involved in changes and kept informed in regular meeting held.

Staff felt supported and staff meetings and regular supervision was taking place.

Systems and processes were in place to assess and continually improve the quality of care.

Notifications had been completed for notifiable events.

# Bishops Way

## **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 which took place on 7 March 2017 and was unannounced. The inspection team consisted of one inspector.

The last inspection took place in January 2016 where four breaches of regulation were identified.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

At the time of the inspection there were four people living at Bishops Way. We spoke with all four people living at the home and five staff. This included the registered manager from a sister service currently covering as manager at Bishops Way, a second supporting registered manager from within the organisation and care and support staff.

We spent time looking at care records for two people to get a picture of their care needs and how these are met. We also looked at documentation in a further one care file to follow up on specific health conditions and areas of care for people, including risk assessments.

All Medicine Administration Records (MAR) charts were checked and medicine storage and administration was reviewed. We read daily records and charts and other information completed by staff. We reviewed two staff files and other records relating to the management of the home, such as accident / incident recording, training and supervision planning, quality assurance and audit documentation.

# Is the service safe?

## Our findings

At the last inspection in January 2016, the provider was in breach of Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicine practices needed to be improved. Individual risks to people due to their health and support needs had not been identified and managed to ensure people remained safe. Risk assessments had not been completed or updated regularly for people and the environment.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by April 2016. At this inspection we found improvements had been made and the provider was now meeting these regulations.

We spoke with everyone living at Bishops Way. They told us what it was like to live at Bishops Way and how they felt staff kept them safe. Telling us, "We choose what we want to do and one of the staff help me." And, "They make sure I am ok and they give me my medicines." Everyone living at Bishops Way had lived there for some time; they told us they liked it at Bishops Way as it only had four people and they liked this as they knew each other well.

At the last inspection we identified that improvements were needed to ensure that people received care and treatment in a safe way and to ensure risks were safely assessed and reviewed. Since that time improvements had been implemented to medicine procedures. We looked at each person's medication folder. This included medicine administration records (MAR) charts. We found that these had been accurately completed. As required medicines (PRN) had protocols in place to ensure they were given safely and consistently regardless of who was giving them. A staff based check had been introduced as part of the end of shift handover to identify any issues in medicine recording. This incorporated a check of all MAR charts to ensure there were no unexplained gaps or issues. This meant that any discrepancies were identified and responded to promptly and prevented further issues arising.

Regular auditing of medicines had taken place and one senior staff member had the overall responsibility for this, supported by the acting manager at the home. Medicines were now stored in locked metal cupboards in each person's room, this meant that people were given their medicines in private in a relaxed setting where the staff member could concentrate solely on that person. People who had specific medicines which needed to be stored in a fridge had a small locked fridge in their room. Staff felt that this had improved communication and meant that people could be involved as much as was possible. For example, one person needed staff to prepare an injection but was able to administer it themselves with staff guidance. Staff ensured they prompted them to rotate the sight of the injection and logged when this had been taken. For everyone able to self-administer risk assessments and guidance were in place within their care folders. This meant staff were clearly informed of a persons need, any associated risk and how to ensure the highest level of independence was maintained at all times.

Systems had been introduced to ensure that risks to people were identified, reviewed and managed in a safe and consistent manner. This included identified risks within the home and when people went out alone



if appropriate or with staff. This included attending work placements and activities. All risks were discussed with the person and reviewed and assessed regularly to ensure people remained safe. People who required one to one support during the day had clear guidance in place to inform staff why and how this was required. Risk assessments were individualised and person centred and had been reviewed and updated regularly.

When incidents occurred this led to a review of care and risk assessments and information was updated if needed. A fire risk assessment had been completed and people had personal emergency evacuation plans (PEEPS) in place for the day and night time. An emergency contingency plan was in place which included all emergency contact numbers and management on call details if needed.

People's nutrition was being reviewed and assessed. Safe systems in relation to nutrition were being implemented to ensure that each person's daily calorie requirements were met and reviewed. This is particularly pertinent due to the serious health implications which can arise if nutrition is not managed and planned effectively for people with PWS.

The acting manager had started a clear recording system to inform staff of people's meal requirements; how to increase or decrease calories if needed and how this corresponded to people's regular weight reviews and associated health needs. This included meal recipes and the calorie count for all ingredients. This meant that staff would be aware of and follow safe systems to ensure that people's nutrition was managed and reviewed safely. These changes were in progress and nutrition was being constantly reviewed to ensure the guidance within people's care plans met their individual needs. People's weights had been monitored and this information was used alongside people's level of activity and associated health needs to formulate appropriate daily calorific needs for the person. By regular monitoring and documentation it was clear how people's health needs were monitored and changes made to people's nutrition as required to keep them safe and healthy.

Information was in place to show that all systems and equipment used within the home were safely monitored and serviced as required. This included water checks and legionella, gas, fire and personal appliance testing (PAT) for all electrical items. Minor issues were reported by staff into the maintenance book and signed once resolved. Although there was no designated maintenance employee access to an appropriate person was available and we saw that minor issues were amended and fixed. Contact details were in place for all more serious issues and there was also emergency contact information for staff at all times if needed.

Bishops Way was due to have a refurbishment throughout the home. People had been involved in choices and had picked wallpaper and colours for their rooms. New furniture was in the process of being chosen for communal areas and people told us they were looking forward to the changes. Staff were aware that changes would have to be made slowly to ensure people's day to day lives were not overly disrupted. This would also prevent increased anxiety for people who struggled with change if this was not fully explained to them or they were not prepared for the changes.

Staff told us they felt that staffing levels were safe and appropriate to provide safe care for people. Staffing was reviewed and assessed based on people's needs and to ensure that people were supported appropriately during trips and activities. There had been a period of staff sickness which had meant that one person had needed to delay a trip out but the person told us they understood the reason for this even if they were not happy about it at the time. Agency staff had been used to cover shifts; the acting manager told us they tried to ensure that agency staff had worked at the service previously to ensure consistency for people. Staff rotas and allocations were clear for each shift and staff knew who was supporting people on a one to

one or two to one basis when people went out. There was on going recruitment taking place and we saw that new staff were in the process of starting work at Bishops Way. Staff recruitment records showed appropriate checks were undertaken 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. This ensured as far as possible only suitable people worked at the home. Application forms, confirmation of identity and references were also completed.

There was a clear system in place to document and report incidents or accidents when they occurred. The acting manager had oversight of accidents and incidents and information was also sent to the head office. Staff confirmed they completed an incident form and made sure that any information relevant was also documented in people's daily records. This was also handed over to staff and any issues discussed on a one to one basis or at meetings to ensure people were aware of any issues or changes. If any serious incidents occurred staff would be offered a de-brief and any follow up actions documented. When people had become distressed or anxious we saw that staff responded providing positive behaviour support. For example, one person had become anxious whilst out of the home. Despite this they had eventually returned to the home with staff. Rather than concentrate on the incident as a negative, staff had responded positively to the fact the person had returned to the home with staff safely. Staff told us that there would always be incidents involving people's anxiety and behaviours but that they felt they had better understanding and training to respond to these. All staff felt fully supported by the acting manager and felt that when things did happen it was dealt with and reflected on in a positive way.

Staff received safeguarding training and understood they had a responsibility in relation to safeguarding in order to protect people from the risk of abuse. Staff told us they would report any issues to the senior or manager. Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place. The acting manager understood the local reporting procedures and discussed safeguarding alerts that had been made in the past.

# Is the service effective?

## Our findings

At the last inspection in January 2016, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff support, training and supervision needed to be improved.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by April 2016. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Staff training records were available. This was in an easily accessible format which identified who had completed training and when future training was due. Information was also held on the organisations system and a percentage produced to show the level of training compliance within the home and the organisation. Training records showed that as well as other mandatory training staff received specific PWS training and managing behaviours that may challenge. Staff told us they had received all the training they felt they needed and that they were aware that further training and updates were planned, to ensure they could continue to carry out their roles effectively. We identified that night staff had not completed medicine training as currently no one living at Bishops Way required medicines at night. On discussion with the acting manager they immediately booked training for night staff to ensure that if anyone required emergency or PRN medicines at night this could be provided. After training had been completed staff competencies were reviewed and discussed to assess their understanding when providing support to people, any updates or changes were also discussed at one to one or staff meetings. Staff knew people well and were able to tell us about people's specific support needs and what situations may trigger increased anxiety levels for people and how to manage this when it occurred.

New staff completed a period of induction, this was an in-depth induction programme and included completion of the induction workbook, shadow shifts and mandatory training. This newly enhanced induction also included questions around people's care plans to ensure new staff understood people's individual needs and how best to support them. We spoke to a staff member who had worked at the home for approximately eight months; they told us this had been their first job within the care field. They had worked with other staff until they felt confident working on their own and had received support and supervision.

The acting manager had been carrying out supervisions to bring them up to date and a programme was in place to ensure that staff knew when their supervision was planned. There was a supervision contract and the organisation set out to provide supervision at least twice within the first two months of employment then every six to eight weeks. Before the acting manager had begun working at Bishops Way supervisions had fallen behind schedule but these were now taking place. Staff felt that they could speak to the acting manager or other management within the organisation if they needed any support or guidance.

People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. This meant that food items and some toiletries needed to be stored securely to prevent

people having unlimited access. Care plans included specific detailed information about people's nutritional needs and daily calorie requirements in relation to PWS and individual health needs. This information was reviewed and updated when changes occurred. This was used alongside monitoring of people's weights and health.

People told us how they chose their meals and how they were able to be involved in new items which were put on the menu. We saw that in regular resident meetings the menu was discussed and requests were considered with new recipes put in place when appropriate. People were encouraged to eat healthily and activities and exercise were promoted and encouraged. For people who had specific health related needs which may be affected by their nutrition, guidance was in place for staff to ensure that this was monitored effectively. People had choice each day regarding meals and staff provided a choice of drinks regularly throughout the day. People ate together in the dining room with staff at designated meal times. When people went out to activities or work placements a packed lunch was provided by the home to ensure that meals were appropriate and met people's individual nutritional requirements.

People living at Bishops Way had DoLS in place. Staff understood why people required these and that this placed specific restrictions on them. For example, restrictions in place regarding people's access to food items and money in relation to PWS or going out unsupported for their personal safety. Staff had received training around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The DoLS 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. Management and staff understood the principles of DoLS and the specific restrictions in place for people living at Bishops Way.

We saw that throughout people's care plans and documentation information had been discussed with them and/or their next of kin if appropriate, to ensure people were aware of and felt involved in any decisions or plans set involving them. People had worked with their keyworkers and had signed their care information and any updates if possible. Relatives had been contacted and involved when possible and decisions had involved appropriate health care professionals when needed. People were supported to attend health appointments to maintain good health. This included GP and hospital appointments and reviews for specific health related needs including diabetes.

## Is the service caring?

### Our findings

People told us they felt that staff were caring. One told us, "They make sure I can do the things I want." And, "They go on holiday with me, I like that."

Due to the small size of the home people had built strong bonds with some of the staff. They told us this was because staff members had been there a long time and they knew them well. Staff confirmed that Bishops Way was 'part of their life they had worked there so long'. There was a clear affection between staff and people and staff were greeted warmly when they arrived for work or returned from taking someone out.

Conversation between people and staff was relaxed and friendly and staff knew people well. They talked about family and friends and trips and activities. When people showed triggers that they may be feeling anxious or upset these were picked up quickly by staff and diversion tactics used. We saw how staff alleviated a possible issue with conversation or offering to do something for example, 'shall we take this to your room'. Staff responded positively to people's requests and even when this information needed to be repeated a number of times to enable the person to absorb the information; this was done calmly and with kindness.

People's privacy was respected and considered. People told us if they wanted some time on their own they went and sat in their room. People had a key to their own bedrooms if they wished and told us that their bedrooms were 'theirs and no one goes in without asking'. Staff did not enter rooms until they had been invited in by the person and always knocked before entering for example when giving people medicines. People were seen to go to their room or sit in communal areas as they chose. Staff were available to support them if needed. People called out to staff if they wanted them or walked to find them if they wanted to talk to a specific staff member.

The staff had worked hard to involve people in short term goals. This was discussed during keyworker meetings or during day to day conversation when people shared with staff things they would like to do. Boards were put up on the wall in the manager's office and people came in with notes to pin under their name when they had thought of a new goal. One person had previously identified they wanted to build a bird table. They had planned and done this with the help of staff. Photographs were taken to show how this was achieved. The bird table had been decorated by the person and now stood outside in the back garden. This short term goal had led to further goals as the person now bought the bird food and ensured that they were fed regularly.

Although people needed staff to be responsible for their finances; people were still involved and came to the office when they needed money to purchase items or to pay for activities. This meant that people's independence was supported whilst monitoring people's access as they could be vulnerable. One person went out with staff to buy new boots, their enjoyment and delight when they returned was obvious and they had been supported throughout by staff.

Staff were aware of the importance of privacy and confidentiality with regards to information in care records

and conversations. Staff ensured that office doors were closed before telephone calls were answered and people's care records were kept securely within this office.

## Is the service responsive?

### Our findings

At the last inspection in January 2016, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care and treatment did not always meet people's needs or reflect their preferences.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by April 2016. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Care documentation reflected a person centred approach to care, and included information about the person that was specific to their needs, risk assessments and goals. People who had health conditions which needed to be monitored had detailed information within their care plans to ensure staff were aware of all aspects of the persons care needs and how these should be provided. This included clear guidance to support people with diabetes. Care documentation was regularly assessed and reviewed and any appropriate changes documented. People's keyworkers were involved in the writing and review process and this was overseen by the acting manager. Information was up to date and relevant and this showed that staff were well informed of people's needs and any changes as they occurred.

Care and support was person centred and based around the person's specific support and care needs. People had the opportunity to chat and engage with staff throughout the day. This was alongside structured keyworker, resident and 'Your voice' meetings which were resident led meetings attended by people living at Bishops Way and staff. These gave people the opportunity to discuss short term and long term goals, any issues or plans they wished to make, including future holidays. People told us they were able to do the things they wanted and staff helped them to achieve the short term goals and daily plans they made. People were offered choices around how they spent their time and were able to explore their own interests when possible. Although people needed support and guidance from staff the level of support required varied amongst those living at Bishops Way, one person had been able to travel unsupported to their work placement. This was carefully monitored in ways which had been discussed and agreed with the person. Staff were aware that although this was closely managed, this supported the person's independence and was a positive goal for them. Some people were independent in many aspects of their day to day lives whilst in the home but required support when they went out to ensure they remained safe. When people had identified a goal or expressed a wish to do something specific for example going shopping, swimming or visiting friends, this had been encouraged by staff.

The activities attended by people were varied. This included shopping, walks, swimming, clubs and evening trips to a local pub or meeting with friends and family. Some people attended work placements which they told us they really enjoyed. All activities were chosen by the person and appropriate staff support was provided. There were also in house activities including games, arts and crafts that were facilitated by a full time activities co-ordinator who worked at Bishops Way. When people had reached a short term goal, or attended a specific activity this was recorded in their records. This meant that the service demonstrated how people were encouraged and supported to remain active and do day to day things that they enjoyed.

People's cultural and religious needs had been supported. We saw that one person's religion had specific requirements regarding their food. A clear process was in place to show how staff sought and stored food appropriately. Staff were aware of the specific needs and told us how these were met. If people wished to attend church or religious services staff supported people to do this.

People were encouraged to do general housekeeping tasks around the home and were responsible for cleaning their own rooms. Everyone had a house day once a week where they did their washing and other household tasks supported by staff if needed. This meant that people were able to maintain a level of independence on a day to day basis.

The complaint policy was displayed in the home and accompanied by pictorial versions for people to ensure everyone had access to relevant information. We looked at the complaints policy and procedure and the acting manager told us that they were available for families. The acting manager had an 'open door' policy and ensured that people were responded to even if the concern was minor. They told us that families often chose to email if they had any questions and that these were responded to promptly. This meant that communication between relatives and the service had improved and no formal complaints were on-going within the home. However the acting manager was clear of the response and action they would take if any were received. When previous issues had occurred that required escalation these had been dealt with by the organisation if appropriate. People told us they would be happy to tell any staff if they had any worries or concerns and we saw people ask staff for a chat if they felt they needed to clarify things or were worried.



## Is the service well-led?

### Our findings

At the last inspection in January 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have adequate systems in place to monitor and address maintenance concerns and people's safety had been compromised.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by April 2016. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Since the last inspection the registered manager had left and the home did not have a registered manager in post. Currently a manager registered at a sister service was in charge of the home supported by senior staff within the organisation. Recruitment was in progress for a new manager to work at Bishops Way. A registered manager is a person who has registered with the CQC 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.'

Everyone living at Bishops way told us they knew who was in charge and that they liked the acting manager and all the staff. People had been kept informed and knew that the organisation was looking for a new manager. The acting manager knew people and the home as they had worked for the organisation for a long time, this meant people felt comfortable as this gave consistency and they were happy with the leadership. Staff told us that there had been a lot of changes but that the home was organised and they felt supported at all times.

The acting manager had implemented a number of positive changes. This had been done by working with staff to improve the culture, vision and values at the home and this process of improvement was on-going. A system had been implemented to ensure that auditing and monitoring of the service took place regularly. Some audits were weekly, others monthly. This included maintenance, medicines, housekeeping, incidents and accidents. Regular reviews were completed of care documentation and risk assessments. Some audits were completed by the acting manager and some had been delegated to appropriately trained staff, this included medication auditing. The acting manager had oversight and ensured that audits had been completed accurately. Further improvements were in place with daily documentation checks, this included MAR checks, overview of daily documentation and reviews of care plans. All information collated in audits was cascaded up to the provider to enable them to have a clear picture of the service and any actions or improvements in place.

Improvements to documentation included person centred care planning. Documentation now focussed on the individual rather than being generic documentation used by the provider. Staff had received training and support to ensure they had a clear understanding of PWS. Records were more person centred and written with the involvement of the person and relative or next of kin if appropriate. People had been

involved in the care documentation including signing assessments, having changes discussed with them and being involved in setting their own short term goals and plans for the future. Some information was written in easy read format and people had been supported to read and comment on this.

There were systems in place to ensure that maintenance was assessed and reviewed and an improvement plan was in progress for planned refurbishment of the home.

People were kept informed of any future changes during regular resident, relative and 'Your Voice' meetings. These were minuted and any actions identified and signed to show how and when these had been addressed. Staff meetings were minuted and took place regularly; this was backed up by regular supervision. Staff told us they felt supported and that the home was 'nice and runs well'. Staff had a clear understanding of their roles and responsibilities and the importance of being open and sharing information with people and families. Including when things did not go well and the lessons that could be learnt to make future improvements.

The acting manager demonstrated a good understanding around what needed to be reported and previous notifications received had been completed in a timely manner. The organisation had notified the Care Quality Commission (CQC) or local authority of significant events which had occurred in line with their legal obligations. The acting manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.