

Positive Approach Services Ltd

Prince Bishop Court

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	

Overall summary

We carried out this inspection on 3 and 8 September 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Prince Bishop Court provides accommodation and personal care for up to 15 people with learning disabilities.

The service is provided from within two properties that are run as three separate entities (Numbers 1 and 2

Prince Bishop Court and Belgrave House). All the properties are set together in a residential area near to public transport routes, local shops and community facilities.

At the previous inspection on 30 September 2014 we found two breaches of legal requirements. We asked the provider to:

- Make sure that people at the home were protected from inappropriate or unsafe treatment by following appropriate professional and expert guidance when carrying out their care.

Summary of findings

- Improve the way the service is monitored and checked by senior managers and the provider so that the safety and quality of care is upheld and mistakes are avoided.

The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. As part of this comprehensive inspection we found that they had followed their action plan, sustained these improvements and confirmed that they now met legal requirements.

The inspection was led by an adult social care inspector.

There was a registered manager in place who had been in their present post at the home for approximately nine months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was not on duty at the home at this inspection. Her place was taken by the company director supported by the deputy manager.

People who used the service, and family members, made complimentary statements about the standard of care provided. They told us they liked living at the home, liked the people they lived with and they got along with staff who were friendly and helped them. Some people communicated with us in sign language to tell us they were happy at the home. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

There were sufficient numbers of staff on duty in order to meet the present needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out background checks when they employed staff to make sure they were suitable to work with vulnerable people.

Staff training records were up to date and staff received regular supervisions, appraisals and a training / development plan was also completed, which meant that staff were properly supported to provide care to people who used the service.

The interactions between people and staff that were supportive and people got along well with each other and staff. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

We saw that people were supported to take part in interesting and meaningful activities. They took part in education, leisure and social events and staff were constantly looking for more opportunities for people to enjoy.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were always accompanied by staff to hospital appointments and emergencies.

People at the home were regularly asked for their views about the service and if there was anything they would like to improve. People we spoke with told us that they knew how to complain and found the registered manager approachable but did not have any concerns about the service.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

People told us they were offered a selection of traditional and contemporary meals. We saw that each individual's preference was catered for and people were supported to make sure their nutritional needs were met.

We saw comprehensive medication audits were carried out regularly by the management team and external agencies to make sure people received the treatment they needed.

Each of the houses were clean, spacious and suitably built or adapted for the people who presently used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the provider was following legal requirements in the DoLS.

Summary of findings

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who

used the service and their family and friends. The staff and registered manager reflected on the work they had done to meet peoples' needs so they could see if there was any improvements they could make.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

We found that action had been taken to make the service safe.

The provider followed appropriate professional guidance when supporting people who may challenge staff or others at the home.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular general and specialised training.

The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

We saw people were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

The staff were knowledgeable about people's support needs and their ways of communication and conversations and these were tailored to individual's preferences.

Good



Is the service responsive?

The service was responsive.

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements and regularly checked to make sure they were still effective.

We also saw the provider had in place signs and signals for staff to recognise when a person's mood might change. Staff were able to intervene to prevent a situation from escalating.

Good



Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

Is the service well-led?

The service was well led.

We found that action had been taken to improve how the service was led.

A series of checks and audits was now routinely in use at the home. These were robust, well established, used to monitor and improve the quality of the service provided and were overseen by the provider and senior managers.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency and an open culture.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



Prince Bishop Court

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 checked 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.

One adult social care inspector completed this unannounced inspection of Prince Bishop Court on 3 and 8 September 2015.

The provider was not asked to complete 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse.

During the inspection we spoke with ten people who used the service and two relatives. We also spoke with the company director, the deputy manager, two care staff and one senior care staff.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at five people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, bathrooms and the communal areas.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “It’s good, I know the staff are always around.” Another said “You don’t need to worry we are very safe here.” Staff told us they kept people safe by, “Making sure they had risk assessments and encouraging people to speak up if they had any concerns.”

At the previous inspection on 30 September 2014 we found that the provider put people at the home at risk because staff imposed negative sanctions on people who had behaviours which challenged staff or other people at the home. This contradicted appropriate professional and expert guidance and did not protect those people from inappropriate or unsafe treatment.

At this inspection we looked again at how the provider supports people whose behaviours may challenge staff or other service users. We found that the provider had consulted present best practice guidance from authorities such as the British Institute of Learning Disabilities (BILD). They had also asked professionals such as psychologists and social workers about the best approaches to support people at the home. Staff had also received specific training and a system of support by giving positive reinforcement had proved to be successful in reducing the number of incidents at the home.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at three people’s care and support plans. Each had an assessment of people’s care needs which included risk assessments. Risk assessments included accessing the community, travelling and support in managing people’s distress. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting people to be independent and still

take part in their daily routines and activities around the service and in their community. For example some people accessed the local supermarkets and leisure facilities and they told us about these activities.

When we spoke with staff about people’s safety and how to recognise possible signs of abuse, these were clearly understood by staff. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of vulnerable people had been completed by all staff and they had easy access to information on the home’s safeguarding procedures and a list of contact numbers were available on notice boards throughout the home. The senior manager and deputy manager were fully aware of safeguarding procedures and the home’s responsibilities to report any concerns to the local authority.

Staff told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact management out of hours should they require support. Staff told us that strategies to support people who had behaviours which challenged staff or other residents were being successful which had resulted in a significant reduction in safeguarding concerns.

We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed ‘as and when required’, for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at two staff files and saw people were protected by safe recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment

Is the service safe?

decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which were in line with the provider's recruitment policy.

Through our observations and discussions with the deputy manager, company director and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Prince Bishop Court. The registered manager showed us the staff rotas and explained how staff were allocated in each house depending on people's needs and their chosen routine or activity. Some people needed staff with them at all times to help them stay safe and ensure their needs were met. We observed this taking place in practice. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe.

The provider had a policy in place to promote good infection control and cleanliness measures within the service. The service had an infection control lead to ensure there were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned each day. We saw some people who used the service were also encouraged and supported to take part in household tasks, which promoted their independence and formed part of their routine and lifestyle. We saw staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home's infection control procedures. We found all areas to be regularly cleaned and fresh.

Is the service effective?

Our findings

People living at the home said, “The staff ask me about everything - like what I want to do and that, I like my routine.” And “No complaints I get what I need here.” Staff said they felt the home was effective because they encouraged people to be independent and made sure their preferences and choices were promoted. A relative told us “They have become more effective in meeting my (relatives) needs as they have got to know (them) better.”

Staff we spoke with understood people’s routines and the way they liked their care and support to be delivered. The staff we spoke with knew peoples’ preferences and habits very well. Staff described how they supported people in line with their assessed needs and their preferences and they understood that these were important aspects of people’s lives without which they would be unhappy. We saw that staff took time to listen to what people told them, and explored ways to support them in the way that people wanted.

Each day there was a handover of all staff at each shift change and we observed this taking place. This was to make sure up-to-date information was shared between shifts about each person living in the home. This demonstrated how the provider met people’s health and welfare needs.

We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures. This approach supported staff to create meaningful interactions with the people they were supporting. Other people living at the home were involved in learning sign language to help ensure everyone was able to communicate. Care records contained guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to their care and support.

People had access to food and drink. Staff told us menus were based on people’s preferences and their likes and dislikes. If people didn’t want what was on the menu then an alternative was always available. Staff told us “People choose what they want on a weekly basis – everyone has their choice and we tend to get a good variety of meals

because some people choose traditional meals whilst others are more modern.” People could access the kitchen areas at the home at any time to make themselves to a snack or drink of their choice.

People had regular checks on their weight and a record of what they had eaten and daily records were kept. We saw guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the people to eat well. We saw the Speech and Language Therapy team had been consulted when required and every one had a nutritional assessment completed.

People were supported by staff who had the opportunity to undertake training to develop their skills and knowledge. Staff told us the training was relevant and covered what they needed to know. Staff told us they had received training on supporting people who may challenge them and other people living at the home. They said they felt confident with these skills and felt, following their training they were better able to diffuse tensions and avoid incidents.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. The company director showed us how they liaised with the national organisation “Skills for Care” for learning and development support and practical resources for the training of staff at the home. We looked at records which showed all staff except those recently appointed at Prince Bishop Court had received relevant training which included National Vocational Qualifications (NVQ) in care. For new staff, as part of their induction, time was spent shadowing more experienced team members to get to know the people they would be supporting. They also completed an induction checklist and specific training to make sure they had the relevant skills and knowledge to perform their role. All the staff were up to date with mandatory training and condition specific training such as working with people with learning disabilities. Plans were in place for staff to complete other relevant training such as the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), Positive Behaviour Support and supporting people with epilepsy. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid and food hygiene.

All staff training needs were monitored through supervision meetings which were scheduled every month. Staff we

Is the service effective?

spoke with during the inspection told us they received regular supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices, training and opportunity was given to discuss any difficulties or concerns staff had. We saw records to confirm that supervision and appraisal had taken place.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, psychologists and occupational therapists if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of

Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The company director explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward.

Is the service caring?

Our findings

During our inspection, we saw staff respected people wishes and listened and acted upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there was lots of friendly interactions between staff and people who used the service. People told us, "I've lived here for many years and it's my home; I like the staff a lot, they're kind and funny as well, (staff name) makes us all laugh with her jokes and singing," "If we're not happy about something we just say to the staff," "They help me keep my room tidy and going places." Other comments included, "I'm happy here" and "Staff (signed thumbs up – very good)." When asked about how they saw 'caring' staff said things like 'giving people a voice,' 'a caring nature' and 'always taking an interest in what people have to say.'

We saw staff interacting with people in a caring and professional way. The deputy manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood sometimes using the same language and phrases which gave people reassurance. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions.

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke about their desire to deliver good quality support for people and were understanding of their needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were involved in the running of the home and were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounge and what

activities to take part in. We also saw people were comfortable to assert their views and preferences and were empowered and encouraged to be in control of their lives. We found the home spent time supporting people with their lives outside of the home for example using the local and wider community facilities such as shops and restaurants. Staff also regularly supported people to meet and take part in activities and social functions with friends, acquaintances and family members.

We spoke with the company director who gave examples of how they respected people's choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. For example staff ensured people's personal care was conducted in private and helped people to maintain their personal appearance. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

The company director told us the people who lived at Prince Bishop Court had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person's best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held every month so people could decide and agree about decisions affecting their home such as bedroom locations, activities, meal choices and holidays.

The staff showed excellent skills in communicating both verbally and through body language. One person who used sign language to communicate was supported by staff who were skilled at interpreting their prompts and gestures. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly. For example seeing when people wanted to go to a different room, or have more food or drinks. Staff acted promptly

Is the service caring?

when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. The staff were also skilled in encouraging people to take part in activities which they appeared to enjoy a great deal.

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go out, take part in activities, what to have for their meal,

or whether to spend time in the lounge or another part of the home. Care plans also included information about personal choices such as whether someone preferred a shower or bath. The staff said they knew people very well but made sure they read the care plans to find information about each individual or to update themselves and check their needs.

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. Where possible family members, advocates, social workers and people themselves were involved in identifying their needs, choices and preferences and how they would be met. In a survey carried out by the home in July 2015 one relative said “I am confident that needs are met to a high level and correct standard.” One relative we spoke with told us “They are tuned into any changes and recognise the symptoms that (my relative) has when (they) are unwell so that support can be put in place and psychologists etc. involved very quickly.” People’s care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person Centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

We looked at five care records of people who used the service to see how their needs were to be met by care staff. The care plans we looked at included people’s personal preferences, likes and dislikes. We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people’s needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called ‘Person Centred Portfolio.’ This told staff, in detail, all about each person’s needs and preferences, using pictures and photographs.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at people’s care plans which confirmed these ways of working had been

written so staff would be able to give consistent support. For example, staff had specific ways of using positive language and phrases, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw examples of how staff had taken action to promote one person’s independence and take calculated risks so they could have a more independent lifestyle.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. These reviews included a meeting which had been attended by relatives, care staff and people’s social workers. We saw each person had a key worker whose role it was to spend time with people to review their plans on a monthly basis. Key workers played an important role in people’s lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes. There was evidence a great deal of thought, consideration and care had gone into people’s care plans.

The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs. For example, some people preferred to take part in several shorter activities throughout the day whilst others preferred one activity. Sufficient staff had been provided to enable people to consistently access community facilities and also to support people to attend health care appointments.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people’s cultural backgrounds and their faith were valued and respected. The service recently converted a spare bedroom into a further lounge for people to use. People told us they enjoyed this facility very much as it was a ‘quieter’ area to spend time in and

Is the service responsive?

they found this to be relaxing. The way that activities were planned and carried out at the home was effective and an asset of the home. People enjoyed taking part in these and there was evidence that staff had researched people's preferences. The deputy manager showed us records of the activities and throughout the home there were photo mementoes of these taking place. People referred to these in their conversations and with smiles when we talked to them. Activities ranged from bingo to fancy dress themed parties and cake making classes.

When people used or moved between different services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure people were not unduly stressed by this experience.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the company director and deputy manager when asked could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People we spoke with said they would make a complaint to the manager if they were not happy with any aspect of the home or their care. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Is the service well-led?

Our findings

At the previous inspection on 30 September 2014 we found that the provider had not protected people at the home from the risk of inappropriate or unsafe care. This was because restrictive sanctions had been put in place for some people at the home but the provider had not checked and monitored the service to make sure these responses were appropriate.

At this inspection we looked again at how the provider assessed and monitored the support staff give to people whose behaviours may challenge them or others at the home. We found that the number of incidents at the home had significantly reduced in the last six months. We found that the provider had revised policies to ensure these were clearer for staff to understand. The managing director told us that restrictive interventions were no longer used at the home and each intervention and incident was thoroughly examined afterwards to ensure company policy had been followed. Documents to record where incidents had taken place had been revised and these were now immediately examined by the registered manager. The company director told us that a review of the incident involved an analysis of the circumstances leading to was used to identify any 'lessons learned' which could be incorporated into care plans and help avoid future incidents. The company director showed us how these analyses had led to staff having particular ways of working. For example having organised routines, set verbal responses and specific staff allocated.

Some people had moved on from the home in recent months where services had been found which were more suitable to meet their needs. The company director and staff from the home had worked alongside the new provider to help ensure a smooth transition between services. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including the community nursing service, GP's, community psychiatric services, social workers and speech therapists in order to ensure people's received a good service at the home.

The company director told us that there was a notable 'shift in culture' at the home and that following training staff were more competent and confident in the approaches they were taking to support people with behaviours that challenged them.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

At the time of our inspection visit, the home had a manager who had been registered at the home for over eight months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The service also had a recently appointed deputy manager who was conducting a review and making changes to the management procedures at the home.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing surveys. The outcome of the survey was presently being collated.

During the inspection we saw the company director was active in the running of the home. We saw she interacted and supported people who lived at Prince Bishop Court. From our conversations with the company director it was clear she knew the needs of the people who used the service very well. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The company director and deputy manager showed us how they carried out regular checks to make sure people's needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of care. For example, as well as the general environment, health and safety issues such as fire risk assessments to make sure these were up-to-date, bath water temperatures to make sure they were not too hot or cold, were all looked at.

Is the service well-led?

Audits also included checks on care plans, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

The company director showed us how information from all of the providers' services was used to develop the 'Positive Approach Development Plan.' This includes areas such as

staff training, best practice / procedures development, quality assurance questionnaires and describes progress made and targets that each service is expected to achieve. These are updated every two weeks and are researched through the provider's visits to the homes each month.

All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people. We found that the company director understood the principles of good quality assurance and used these principles to critically review the service.

The registered manager and provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.