

# Prince Bishop Support Services Limited

## Surrey Place

### Inspection report

132 Surrey Crescent  
Consett  
County Durham  
DH8 8DF

Tel: 01207580311

Date of inspection visit:  
28 February 2019

Date of publication:  
26 March 2019

### 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

About the service: Surrey Place is a residential care home that was providing accommodation and personal care to two adults with learning disabilities.

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and/or autism using the service can live as ordinary life as any citizen.

People's experience of using this service: Improvements had been made since the last inspection in 25 June 2018. People told us the changes had improved the service.

Changes to the environment had a positive impact on people. Improvements had been made to ensure medicines were managed, stored and administered safely by staff trained for this role.

New risk assessments were in place. Staff knew how to keep people safe and were trained in safeguarding.

Audits and monitoring systems were effective at managing the service and making improvements.

Robust recruitment and selection procedures ensured suitable staff were employed.

Staff received appropriate training and support to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink.

Appropriate healthcare professionals were involved in people's care and support as and when this was needed.

People spoke positively about the registered manager and the wider management team. There was an effective quality assurance system in place to ensure the quality of the service and to drive improvement.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings, phone calls and resident meetings.

People had strong links to the local community through regular access to local services.

People were supported to be independent and their rights were respected. Support was provided in a way

that put the people and their preferences first. Information was provided for people in the correct format for them.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The rating at the last inspection was Requires Improvement (report published 8 August 2018).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service. If any concerning information is received, we may re inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The Service was responsive

Details in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our Well-Led findings below.

# Surrey Place

## Detailed findings

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection took place on 28 February 2019 and was unannounced.

What we did: The provider had completed a Provider Information Return. 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

We looked at other information we had including notifications received from the service and other healthcare professionals including safeguarding and commissioners.

During the inspection we spent time with people living at the service. We spoke with one person, the registered manager, the deputy manager a director a local authority commissioner.

We reviewed two people's care records and two staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in June 2018 the provider breached regulations relating to safe care and treatment. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Systems and processes to safeguard people from the risk of abuse.

- Staff had received safeguarding training and could raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.
- People were aware of safeguarding and felt safe. One person told us, "The staff keep me safe, 100 percent."

Assessing risk, safety monitoring and management.

- People had individual risk assessments; these were regularly reviewed, where risks were identified, care plans showed ways in which staff could mitigate these risks.
- Regular maintenance checks, risk assessments and repairs kept the premises and equipment safe. These included regular checks on the premises and equipment such as the mobility equipment recently installed.
- People had updated personal emergency evacuation plans.
- A new fire risk assessment had been introduced and fire drills took place regularly; Risks relating to the environment and other hazards, such as fire and food safety, were assessed and regularly reviewed.

Using medicines safely.

- Improvements were made to, auditing and recording of medicines to check they were safe.
- Medicine administration records had been completed fully.
- People received their medicines as prescribed and at the right time.

Staffing and recruitment.

- There were enough staff to meet people's needs individually and safely; People told us staffing levels were right for them. One person said, "Yes always enough and on a night too. If I need them they are always there."
- Safe recruitment procedures were followed.

Preventing and controlling infection.

- Regular checks and audits ensured the home was clean and free from infections.
- All areas of the home were well presented, clean and odour free.
- Staff had a plentiful supply of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong.

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incidents. For example, the provider had changed medicines provider due to several errors.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in June 2018 the provider breached regulations relating to people and their capacity to make decisions and risks involved and the environment. During this inspection we found substantial improvements had been made and the provider was no longer in breach of regulations.

Adapting service, design, decoration to meet people's needs.

- The premises were modern, purpose built and provided a choice of communal areas.
- The building was specially adapted to needs of people with input from the occupational therapy team.
- Improvements made included; Hand rails, floor to ceiling rails and coloured steps and hand rails outside the building.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Health professionals completed capacity assessments to help people to make decisions.

- Staff involved people in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people lacked capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- Where people gave consent to their care and treatment, we saw this was recorded in their files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's preferences, care needs and health needs were assessed before they began to use the service.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs.



- Essential training was up to date; specialist training was delivered to ensure staff had the skills necessary to support everyone.
- New employees completed an induction programme; they shadowed more experienced members of staff to get to know people before working with them.

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

- People spoke highly of the food. They told us, "We can have what we want, it's all good."
- People's nutrition and hydration needs were met and they were provided with a varied and nutritionally balanced diet.
- People planned a weekly menu of their choices with staff; they helped shopping and preparing the meals.
- Staff were aware of people's dietary needs and kept up to date records.

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

- The service worked regularly with external professionals to support and maintain people's health, for example GPs and specialist nurses.
- Staff supported people to attend health appointments.
- People attended annual health checks with their GP; this included a medicine review in line with the national drive called 'STOMP' (Stop Over Medicating People with Learning Disabilities).

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in June 2018 we found the provider was not creating a caring culture, and care records did not contain relevant and accurate information. During this inspection we found improvements had been made.

Ensuring people are well treated and supported; equality and diversity.

- Staff treated people with kindness and respect always. One person said, "The staff are great couldn't ask for better."
- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships; they were supported to face time relatives and to visit family and friends.

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

- People were supported to exercise their rights; they were empowered to speak up in situations where they felt they needed to.
- Independent advocates supported people to speak up in difficult circumstances.
- Staff supported people to make decisions; they knew the people they cared for very well.
- People were involved in regular monthly meetings about the service. The deputy manager told us, "Normally, have them whenever and we have informal chats, they get documented in the notes, house meetings can be about anything, decorating or holidays."

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to remain as independent as possible. One person said, "I am independent, they help me when I need it, they are my tower of strength."
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully. One person told us, "Yes they know if I am feeling down I go to my room for time on my own, play on my lap top they give me that space."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection in June 2018 we found care plans lacked person-centred detail and were not written in a people first way. We found that the provider had made improvements in this area.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were more personalised and had been developed to cover all aspects of people's care.
- Management had worked with people to improve the care plans. 'One-page profiles' are a one-page document with photos that give an oversight of the person from their point of view. It was agreed these would be added to improve the care plans further.
- People had hospital passports to share important information if they were admitted to hospital.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.
- People could plan and set themselves goals. For example, one person told us they wanted to learn more cooking skills and this would be their next goal.
- The support people received was individual to their needs and delivered in a person-centred way. The deputy manager told us, "The support is all about the person and is centred around the individual and their needs and what they want."
- People could pursue social and leisure interests. One person told us how they were wanting to plan a holiday; staff were supporting them to look at ways of achieving this.

Improving care quality in response to complaints or concerns.

- A complaints procedure in place, however no complaints had been received. People knew who to go to if they had any concerns or a complaint to make.
- Information was available to people in different formats; for example, easy read information regarding health advice, as well as support for people who could read.

End of life care and support

- People were supported to discuss any wishes they wanted to make.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in June 2018 the provider breached regulations relating to good governance. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager adhered to company policy, improved risk assessments, monitored incidents.
- The registered manager had introduced more robust and frequent audits.
- Analysis of incidents reduced the risk of any further incidents happening.
- New medicines policies and procedures were now being followed; these were regularly reviewed in line with current legislation.
- All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.
- The provider had made timely notifications to CQC about significant events that had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider had a business continuity plan to ensure minimal disruption to care in case of an emergency.
- The registered manager conducted a programme of regular audits effective in identifying and making improvements.

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

- There was a good system of communication to keep staff, people and their families informed of what was happening within the service.
- The registered manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked for their views on the service.

Continuous learning and improving care.

- People spoke positively about the management team, including the registered manager, deputy manager and the provider.
- The registered manager took on board people's opinions and views to make improvements.

Working in partnership with others.

- People were encouraged to be active citizens within their local community by using local services regularly. This included volunteering at the local luncheon club and attending coffee mornings.