

New Directions (Bexhill) Limited

Bishops Corner

Inspection report

23 Boscobel Road
St Leonards On Sea
East Sussex
TN38 0LX

Tel: 01424201643

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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 Corner is a care home providing residential care for up to nine adults with learning disabilities. In particular they provide residential care for people with Prader-Willi Syndrome (PWS). This comprehensive inspection was undertaken on 4 September 2017 and was unannounced.

At the inspection in January 2017 a number of breaches were identified and the service was rated requires improvement. The Care Quality Commission (CQC) took enforcement action and issued a Warning Notice after the inspection as the provider had not ensured good governance. We also found four further breaches in relation to person centred care, dignity and respect, safe care and treatment, and meeting nutritional needs. This inspection took place on 4 September 2017 and was a full comprehensive inspection to check the provider had made suitable improvements to ensure they had met regulatory requirements. We found that appropriate actions had been taken and issues had been addressed. The provider was now meeting the regulations.

There was no registered manager at Bishops Corner. 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.'

A new acting manager had begun working at Bishops Corner and was starting the process of registering as manager with CQC. Staff told us the current acting manager had made positive changes and impact during their time at Bishops Corner. The acting manager had previously worked at a number of services owned by the organisation so they knew staff and people living at Bishops Corner well. The acting manager was going to be registering as manager over three services owned by the provider. A clear structure was in the process of being implemented to provide consistent management cover. The acting manager had a timetable to ensure staff knew where they were and to enable them to provider management support at each of the three services. However, there needed to be a clear structure to support them with this and to make sure this was consistently maintained. At the time of the inspection some of the support roles had not yet been fully recruited. Therefore this is something that will need to be monitored to ensure continued improvement.

The provider had safe recruitment processes and appropriate checks took place before people began work at Bishops Corner. New staff completed a period of induction and all staff received training including safeguarding and PWS specific training to ensure they were able to meet the needs of people living at Bishops Corner. Supervision was taking place to support staff, as well as staff, resident and relative meetings and questionnaires to improve communication. There were enough staff to meet people's needs.

People's confidentiality was maintained and records were kept securely. People received care which was assessed, planned and reviewed to ensure their needs were met and to reflect their preferences. Support plans included advice about people's nutrition, medicines and support needs. Staff had access to relevant

information about people; this meant they knew people and their care needs well. Staff communicated with people in a caring and supportive manner. Staff knew people well and people were treated with respect and dignity. People's nutrition was monitored and reviewed based on their individual needs. Changes were introduced slowly to ensure this did not cause undue anxiety for people.

People were involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

People told us they enjoyed the activities provided and people were supported and encouraged to maintain their independence and attend work placements.

People spoke positively of the improvements which had taken place since the previous inspection and spoke highly of the new acting manager. Staff felt supported and people's views had been sought and responded to.

There was on-going maintenance for the home, servicing of equipment and fire safety checks had taken place. Individual and environmental risk assessments were in place when risks to people's safety had been identified. A structured system was in place for responding to and recording accidents and incidents. Protocols were in place for people who required one to one support. People were supported to attend health appointments and referrals were made to other health professionals if needed.

A complaints procedure was in place. People told us they would be happy to raise concerns if they needed to. Notifications had been completed appropriately to CQC and other organisations when 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 Corner was safe and was meeting the legal requirements that were previously in breach.

Individual and environmental risk assessments were in place when risks to people's safety had been identified. A structured system was in place for responding to and recording accidents and incidents and people's medicines were managed safely.

There were protocols for people who required one to one support. Staff had an understanding of recognising and reporting abuse.

The provider had safe recruitment processes; appropriate checks took place before people began work at Bishops Corner and there were enough staff to meet people's needs.

There was on-going maintenance and servicing of equipment. Fire safety checks had taken place.

Is the service effective?

Good ●

Bishops Corner was effective and was meeting the legal requirements that were previously in breach.

People's nutrition was monitored and reviewed based on people's individual needs. Changes were introduced slowly to ensure this did not cause undue anxiety for people.

People were supported to attend health appointments and referrals were made to other health professionals if needed.

Staff induction, training and supervision programmes were taking place.

Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

Is the service caring?

Good ●

Bishops Corner was caring and was meeting the legal requirements that were previously in breach.

Improvements had been made to ensure people's dignity and privacy were maintained at all times.

Staff communicated with people in a caring and supportive manner. Staff knew people well and people were treated with respect and dignity.

People were supported to maintain relationships which were important to them.

People's confidentiality was maintained and records were kept securely.

Is the service responsive?

Good ●

Bishops Corner was responsive and was meeting the legal requirements that were previously in breach.

People received care which was assessed, planned and reviewed to ensure their needs were met and to reflect their preferences.

Staff had access to relevant information about people; this meant they knew people and their care needs well.

There was a varied activity schedule. People spent time doing the things they wanted to do.

There was a complaints policy and procedure. People told us they would raise concerns if needed.

Is the service well-led?

Requires Improvement ●

Bishops Corner demonstrated on-going improvements in well-led.

The management structure at Bishops Corner was not yet fully established. The acting manager was in post but not yet registered as manager with CQC.

Support systems were in the process of being implemented to ensure consistent leadership was maintained.

People spoke positively of the improvements which had taken place. Staff felt supported and people's views had been sought and responded to.

Notifications had been made to external organisations when required.

Bishops Corner

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 4 September 2017 and was unannounced. The inspection team consisted of one inspector.

At the inspection in January 2017 a number of breaches were identified and the service was rated requires improvement. The Care Quality Commission (CQC) took enforcement action and issued a Warning Notice after the inspection as the provider had not ensured good governance. We also found four further breaches in relation to person centred care, dignity and respect, safe care and treatment, and meeting nutritional needs.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We looked at information and notifications that 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. CQC had not requested a Provider Information Return (PIR) to be completed. The PIR 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.

At the time of the inspection there were nine people living at Bishops Corner. We spoke with five people living at Bishops Corner and four staff. This included the acting manager, acting deputy, senior and support workers.

We spent time looking at care records for two people to get a picture of their care needs and how these were met. We also looked at documentation in further care files 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 other medicine documentation and procedures. We read daily records, charts and handover forms and other information completed by staff. We reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

Is the service safe?

Our findings

At the last inspection further improvements were needed to ensure information for people who required one to one support was in place. Accident and incident reporting systems were not being managed consistently and risks were not being assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found clear documentation and protocols were used to ensure that one to one support was managed and assessed regularly. Daily records had been completed to show how one to one support was provided and highlighted any accidents and incidents that occurred. Accidents and incidents had been reported and forms completed by staff. This had led to risk assessments and reviews if needed. The acting manager had oversight of any incidents and this information was sent to the head office for appropriate notifications to be completed to external organisations including the local authority and CQC. The acting manager spent time reviewing accidents and incidents to identify any trends or themes including de briefs with staff to provide support and discuss learning from incidents, if appropriate.

People told us they felt safe living at Bishops Corner. We received positive feedback from everyone we spoke to, comments included that people would always ask staff if they needed anything and that they felt safe as staff were always available to help them.

Staff demonstrated an understanding around safeguarding and how to keep people safe. Staff received training on safeguarding and understood clearly their individual responsibilities. Senior staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. There were support plans and policies that included clear guidance on protecting people from abuse. Safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion.

Bishops Corner provided care for people with Prader Willi Syndrome (PWS). People's care needs varied. Some people required a level of assistance with personal care whilst others were independent or required minimal support and prompting by staff. Care plans included information regarding people's specific health and support needs. These identified any risks and how these were to be safely managed. For example, risks regarding PWS, and environmental, behavioural, personal and health/medical risks. Risks considered also included fire safety and evacuation information in the event of a fire or emergency evacuation. Practice fire alarm checks had taken place and any actions from this, for example who evacuated safely and the time taken to complete an evacuation were recorded. We saw that no issues had been identified in recent drills. Staff were provided with appropriate detailed information regarding risks and how these should be managed to keep people safe.

People were protected, as far as possible, by a safe recruitment practice. Interviews included service user interview questions and people living at Bishops Corner were involved in this process. Recruitment information included application forms, identification, references and employment history. Each member of staff had a disclosure and barring checks (DBS), these checks identify if prospective staff had a criminal

record or were barred from working with children or adults. This meant that as much as possible people had been assessed as safe and appropriate to work within a care setting.

Staff and the acting manager told us that staff turnover had reduced. Staffing levels were flexible and were determined based on people's needs, activities taking place and one to one support required. A new shift pattern had been devised and introduced. This change had taken place after consultation with staff. This had a positive effect on staffing and had meant the use of agency staff had reduced dramatically as the shift pattern left opportunity for permanent staff to cover shifts if needed. Staff spoke positively regarding the changes and felt this facilitated more staffing consistency for people living at the home and this impacted positively on staff morale.

There were systems to ensure the safe administration of medicines with medicine policies and procedures for staff to follow. Medicines were stored in a locked cupboard in the medication room. Medicines needed to be kept in a fridge where appropriately stored in a locked fridge in the medication room. Daily temperature monitoring had taken place to ensure medicines were stored appropriately. Medicines were given to people by trained care staff. Medication Administration Records (MAR) charts were completed after medicines were given to show they were given in accordance with peoples' prescriptions. When people refused or declined medicines this was recorded. For people who self-administered or were able to participate in the management of their medication, documentation showed this had been assessed and reviewed. Staff followed correct procedures to ensure people received their medicines safely. People were offered 'as required' or PRN medicines if prescribed for example, for pain relief. PRN protocols were in place to advise staff what the medicine had been prescribed for and the safe dosage. If PRN medicines were given, information was then completed to identify why they had been given, the dosage and time.

Bishops Corner had been well maintained. A number of areas had been redecorated or new furniture purchased, including new tables and chairs in the dining room. Maintenance issues were dealt with promptly and details of emergency contacts for example in the event of water, gas or electrical issues, were available. Systems were in place to ensure equipment and services were well maintained and checked regularly. This included water checks, legionella and electrical (PAT) testing.

Is the service effective?

Our findings

At the last inspection we found that people's nutrition was not being well managed. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements. At this inspection we found that improvements had taken place and were on-going to ensure that people's nutritional needs were appropriately monitored and managed and the provider was now meeting this regulation.

Bishops Corner provides care for people with Prader Willi Syndrome (PWS). People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. Effective monitoring of people's nutrition is particularly important as people's health needs differed dramatically. Some people participated in activities daily and some had identified health needs. Support plans included PWS specific information regarding nutrition and the appropriate calorific intake for each person had been calculated. This was reviewed and amended when needed based on people's weights. A lot of work had taken place to ensure that people were offered choice and healthy meal options. However any changes had to be managed carefully. Most people living at Bishops Corner had lived there for a long time. Many struggled with change and liked routine and structure. Therefore changes to menus and how meals were provided needed to be made very slowly and improvements introduced in such a way as to minimise the stress this may cause people.

One member of staff had taken the lead for nutrition supported by the acting manager. We saw that menus had been discussed during resident 'Your Voice' meetings. We were told how changes were being reviewed and the further improvements planned. People told us they chose their breakfast and meals and had packed lunches provided when they went out. People's weights were monitored regularly and their nutritional guidance updated accordingly.

Staff told us they felt supported and had the training they needed to meet people's needs. Training records gave a clear picture of training attended and booked. When staff training was out of date this was highlighted and steps taken to ensure this was addressed in a timely manner. Training percentages were monitored by the organisation to ensure they were maintained. Staff were provided with amongst others, PWS and positive behaviour support training, safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS) and medication. New staff completed an induction, which included shadowing a more experienced support worker, training and competencies. Whilst completing the induction programme they received support, training and supervision. The acting manager was clear that inductions were tailored to the individual dependant on their confidence, competence and skills.

There was a programme to provide staff with regular supervision. Staff confirmed they had this regularly and supervision gave them an opportunity to discuss any issues or further training and support they needed. Staff knew that there was a manager on call if they needed support and we received positive feedback regarding the acting manager as staff felt that consistent leadership was having a very positive impact on the home. We were told by staff that communication had improved as there was consistency in the leadership at Bishops Corner. Changes were discussed and staff felt involved in the changes taking place at

the home.

Significant improvements had taken place since the inspection regarding mental capacity assessments and DoLS. Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in residential care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Management and staff understood the principles of DoLS. Detailed information had been recorded in people's support plans regarding DoLS authorisations requested and authorised. Best interest decisions had been completed and when a DoLS was authorised this was referred to within their care file to support how people's care and support was provided.

People were supported to attend health related appointments. We saw that staff went with people to appointments and informed them when appointments had been arranged. Information was recorded in the diary to ensure all staff were aware when appointments were scheduled and the support that people would need to attend, including transport if required.

Is the service caring?

Our findings

At the last inspection we found that people's views had not been respected and when people had identified things that were important to them this and this had impacted on their dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements. At this inspection we found that improvements had taken place and people's privacy and dignity were being maintained.

People told us they had their own bedrooms and that this was their private space. Staff did not go into people's rooms without consent from the person. Some people had keys to their rooms, bedrooms were personalised with people's own belongings and they had been involved in choosing colour schemes.

People living at Bishops Corner told us they liked the acting manager and were happy that they were in 'in charge'. The provider had received positive feedback from families and we saw a number of positive comments from families which included, 'family atmosphere' 'caring relationships' and 'home from home'.

Staff were careful not to discuss people's care needs in communal areas. A new office space had been made on the top floor of the building. This was a locked area which staff could use to make telephone calls, discuss care needs and have meetings in private which could not be overheard by people living in the building. A staff office on the ground floor was also available and used to securely store people's care records and other documentation used by staff for the day to day running of the service.

Staff were seen to provide care in a kind and caring manner. Staff patiently listened to people's queries and requests and responded to people's concerns in a relaxed and supportive manner. It was clear that people felt comfortable approaching staff and the acting manager. There was lots of cheerful chat and conversation throughout the day. People spoke to staff about what they were doing, their plans for the day and who was going to accompany them when they went out.

People were happy to tell us what they were doing and talk us through how they spent their week, their activities, and hobbies and about their families and friends. Staff told us they actively supported people to maintain relationships that were important to them, and friendships had been built up with people living at other services owned by the provider. Staff were aware of the importance of supporting relationships that were important to the individual to ensure equality and diversity needs were considered and supported.

Staff appeared relaxed and happy in their work environment; staff were seen supporting each other and people living at Bishops Corner. The atmosphere was relaxed and happy. When people became anxious or upset, staff responded promptly with distraction techniques and conversation to alleviate the person's anxiety. This was seen to have a positive impact on the person.

When arrangements were made or appointments scheduled people were given clear information to enable them to understand and feel involved in what was happening. With people's consent, their families or representatives were involved in decisions about their care and changes to care and support needs. People

had the opportunity to discuss their needs and any changes they wanted with their keyworker at regular meetings. These included discussing short term and long term goals. For example, going out to specific places, attending concerts and trips. One person had set a goal that they wanted to work in the garden. They now worked alongside the gardener and were enjoying this immensely. Goals were set with the person and we saw that information was updated when goals were achieved, amended or changed.

Is the service responsive?

Our findings

At the last inspection we found that people did not receive person centred care based on their needs and care did not reflect people's preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements. At this inspection we found that improvements had taken place and people were receiving care and support based on their individual needs and preferences.

People told us they spent their time how they chose, one person told us, "I have things that I do each day, I know what I am doing and so do the staff." People went out to work placements and activities each week. People told us about the variety of activities they attended and there were weekly activity schedules in place for each person to ensure people knew what they were doing each day. These included cinema, gym, swimming, clubs, outings, trips to shops, attending church as well as specially arranged trips out to concerts and other tourist attractions people wanted to visit. People felt that they had access to enough activities to keep them occupied and were also free to spend their time in the way they chose. If a person refused to participate in an activity, information in support plans advised staff to consider why, for example, if the person had not slept well the night before this could impact on their day. Some people were able to go out alone; this had been assessed and reviewed with the person. The assessments included clear steps to be followed to ensure that the person remained safe.

Care and support plans were completed for specific health related concerns, for example diabetes. Information correlated across the support plans. For example DoLS information was included within appropriate support plans, and specific health concerns information was included in other support plans where this may be relevant. Care plans were personalised, for example for one person who could become anxious and display behaviours which challenge, information was very detailed to inform staff. Advice included 'if person approaches you to tell you something, use active listening, focus on them and maintain eye contact with them at all times'. Staff were given advice regarding ensuring information was clear and the need to use short sentences and repeat back what the person told them to avoid confusion. For another person advice included, 'If you speak to the person and they ignore you, this means 'leave me alone' step back and do not persist as this will cause them upset, respect their wishes.' This meant staff were provided with a good level of person specific information to enable them to consistently provide care in the most responsive way.

People's communication had been considered. Two people used Makaton (a form of sign language used to aid communication). One person had been assisting staff and had set up training for staff where they were teaching staff some of the Makaton signs they used to enable staff to be able to use this communication more effectively. This person had led training and really enjoyed being part of this. Care and support documentation included pictures to enable people to understand their care plans and be involved in them. Staff told us people had sat with them choosing appropriate pictures to add to the easy read format. Care and support plans were reviewed regularly, and discussed with people as part of their keyworker meetings. When changes had been made these were discussed with the person or their representative if appropriate.

People's life story was included to inform staff about their lives before they moved to Bishops Corner. There was information about their health and significant life events and people who were important to them in their lives. Hospital passports were in support plans; these included relevant information about the person's care and support needs. Staff told us these could be used and taken with the person if they needed to attend hospital or transfer to another care setting to inform other health professionals about the person's needs.

To ensure staff knew people well, staff had been given 'person centred plans questionnaires' to complete. These included questions about people they provided care to, to test their knowledge of people's care and support needs and preferences. These were used to develop staff knowledge and share information.

A complaints policy and procedure was in place. People told us that they would be happy to raise concerns. People said they spoke to staff or told the senior if they had any issues. Everyone we spoke with confirmed they would be happy to raise any concerns if they needed to. There were no concerns currently being investigated by the acting manager.

Is the service well-led?

Our findings

At the last inspection in January 2017 the provider did not have systems to assess, monitor or improve the quality of service provided. There was inconsistent leadership and the provider did not have adequate oversight of the home and the day to day running of the service. Audits had not addressed issues found including concerns in relation to documentation and person centred care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC took enforcement action against the provider to ensure this was improved.

An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we found improvements had been made and the provider was now meeting this regulation. However, these improvements now needed to be sustained and reviewed as the service continued to develop and improve.

Bishops Corner did not have a manager registered with CQC. An acting manager was in post and but at the time of the inspection was not yet registered as manager. A registered manager is a person who has registered with the Care Quality Commission (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. We were told during the inspection that the manager registration at Bishops Corner would be rectified. However, Bishops Corner had not had a registered manager in post for over six months. The previous acting manager did apply to register with CQC but did not continue with the registration when they left the organisation. Providers are required to ensure that registration is in place. This was an area that needed to be addressed as soon as possible.

The acting manager was aware of their role and responsibilities and felt the previous inspection had led to the home making vast changes and improvements. They were supported by senior staff and a new structure had been implemented by the provider. In April 2017 there had been changes to the provider structure. This has led to a number of staff changes within senior roles. A new operations director was employed to provide support and guidance to a number of services over a wider geographical area. The operation director role includes visits which focus on environmental, financial and business development issues primarily. In addition a new quality improvement lead role has been developed. We were told by the senior management that this role will focus on quality improvement and be safeguarding focused. The acting manager told us they received support from the provider and staff confirmed that there was clearer more consistent leadership. One said, "The left hand now knows what the right hand is doing, so as staff we are getting clear messages and that's really improved things." There was a management structure and an 'on call' system in place at all times. This meant that staff had support when needed.

A robust quality assurance process had been implemented. Organisational and location specific quality assurance systems were in place to identify and address shortfalls found. This included audits and spot checks to ensure the level of service provided was assessed and improved if needed. This process had been reviewed and developed over previous months to ensure that all areas of the home were incorporated. This increased level of management and provider oversight needed to be maintained and managed.

As the acting manager was to be registering as manager over three services owned by the provider a clear structure was needed to evidence how the provider was ensuring consistent management was in place at Bishops Corner. The acting manager had a timetable in place to ensure staff knew where they were and they told us that once further support staff were employed there would be full time management cover at the three services. At the time of the inspection some of the support roles had not yet been fully recruited to. Currently the acting manager was dividing their time over the three services supported by senior staff within the service and organisation. As the management structure had yet to be fully recruited to and embedded into practice this is an area that will need to be monitored to ensure continued improvement is maintained.

Continuity of staff and consistent management had led to a reduction in notifiable incidents within the home. Staff told us, "It's so much better here now, we all know what we are doing, it's meant happier staff and happier service users, we are settled and happier in our jobs." Another said, "I feel totally supported, we get good support, you have meetings, catch up on the phone, get de-briefs, this never happened before, we are finally getting there. It's positive all round."

People had the opportunity to share their views and give feedback by completing resident questionnaires. People who were unable to complete these had been assisted by relatives. Families had the opportunity to share feedback, and we saw a number of emails from relatives providing positive feedback or when they had a query. Feedback from people had been reviewed by the provider and analysis of the results would be completed to ensure that the provider demonstrated learning from information and feedback received. People living at Bishops Corner had their own 'Your Voice' meetings where they met and discussed any issues or concerns regarding the home. Family members had also completed quality questionnaires and had been encouraged to be involved in care reviews, multi-disciplinary meetings and informed of any changes to peoples care and support needs.

Staff had regular meetings to ensure they were kept informed and involved in decisions. Minutes were taken of meetings and any actions identified and taken forward. For example changes to the rota were discussed at the staff meeting and after positive feedback these changes were implemented. Staff told us this had a positive effect on the staffing levels and consistency at Bishops Corner.

Notifications to CQC or other outside organisations had been completed when required. All notifications were sent to the organisations head office and sent through to the relevant organisation. This meant that the provider had oversight of all notifiable incidents.