New Directions (Bexhill) Limited

Bishops Corner

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

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 5 and 6 January 2017 and was unannounced.

Since the last inspection the registered manager had left and the home did not have a registered manager in post. Senior staff had been responsible for the management of the service and there had been a number of changes in leadership. Currently a deputy manager was in charge of the home supported by senior staff within the organisation. A new manager had been appointed and started their induction during the inspection. We were told that the newly appointed manager would be registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At a comprehensive inspection in October 2015 the overall rating for this service was Requires Improvement with two breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. We asked the provider to make improvements to ensure accurate, contemporaneous records were maintained in relation to peoples care and welfare. To ensure systems were in place to assess, monitor or improve the quality of services provided and to ensure people were safe living at Bishops Corner by assessing and reviewing risks based on their individual needs. Improvements were needed to peoples care and support documentation and we asked for improvements regarding the management of nutrition, ensuring peoples dignity was maintained and fire evacuation procedures.

The provider sent us an action plan stating they would have addressed these breaches of regulation by April 2016.

At this inspection we found although improvements had been made in relation to the fire safety, and improvements were on-going in relation to accident and incident process. Further concerns were identified which demonstrated that that the provider had not addressed issues previously found.

There had been a lack of consistent leadership at Bishops Corner. The provider had not maintained adequate oversight during this time. Although quality assurance systems were in place this had not identified all areas of concern found during inspection. When issues were identified actions had not been documented to show a timely response. There had been a high staff turnover and this had impacted on people and staff. Changes to management at Bishops Corner had led to inconsistent leadership and staff felt this needed to improve. People told us that they found the number of staff changes caused anxiety as they liked to receive care from people they knew and trusted.

Accident and incident processes needed to be further improved to ensure management were aware of all incidents that occurred within the home. We found incidents had occurred that had not led to the completion of an incident form which meant that management were not aware of the issue.

Care and support documentation needed to improve to ensure people received appropriate care and support at all times. Accurate, up to date documentation was not in place to ensure people received safe and appropriate care. We found issues which had not been addressed form the previous inspection. For example details around people requiring one to one support had not been updated to ensure staff had clear guidance in place regarding how this should be carried out. One to one support was not consistent and the decision making around how this was supported and provided to ensure people were safe at all times was not clear.

Improvements to nutrition had not been completed. People's individual nutritional needs were not being supported and staff gave conflicting information regarding one person's nutrition and how this was managed. Information had not been updated in support plans to ensure that peoples nutrition was appropriate. Specific health related information had not been included in support plans to show how this was managed.

Staff had a good understanding of Mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS) However, communication about decisions relating to peoples MCA and DoLS needed to be improved.

People's privacy and dignity had not been supported. Staff were seen to discuss peoples care and support needs in front of other people living at the home. Telephone conversations took place in corridors and could be overheard in communal areas. People living at Bishops Corner were able to tell us a lot of details regarding staff and other people's health and care needs. The provider had not demonstrated people's views were respected and responded to in a timely manner. When people had given feedback regarding the furniture in the dining room being uncomfortable and inappropriate this had not been responded to by the provider in a timely manner.

People told us they enjoyed the activities provided and people were supported and encouraged to maintain their independence and attend work placements and go out with staff when possible. People were supported to attend health related appointments when these were scheduled.

Recruitment was on going and a new manager had been employed. Recruitment systems were robust and staff now received an induction when they started working at Bishops Corner. Staff supervision and staff meetings took place and staff felt that they received the training they needed to meet the needs of people.

The provider sought feedback from people using the service, relatives and staff. Staff felt supported and meetings took place to gain feedback from people, relatives and staff. Staff knew people well and displayed kindness and compassion when supporting people.

There were safe and effective systems in place to manage people's medication. Policies and procedures were in place. Staff were trained and competencies assessed to ensure medication was given appropriately.

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.

We found a number of breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Accident and incident processes needed to be further improved to ensure management were aware of all incidents that occurred within the home.

One to one support was not being provided safely and consistently to ensure peoples safety was maintained at all times.

Maintenance and emergency procedures were in place.

Recruitment checks were completed before staff began work.

Staff were aware how to report a safeguarding concern.

Medication procedures were safe. Protocols were in place for 'as required' medications.

Risk assessments were completed for individual and environmental risks.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutrition was not monitored or managed effectively.

Management and staff had a good understanding of Mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS) However, communication about decisions relating to peoples MCA and DoLS needed to be improved.

Staff felt they received appropriate training to ensure they had the knowledge and skills to meet the needs of people living at Bishops corner.

People were supported to attend health related appointments when these were scheduled.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Improvements were needed to ensure people's privacy was maintained.

The provider had not demonstrated people's views were respected and responded to in a timely manner.

Staff knew people well and displayed kindness and compassion when supporting people. People were encouraged and supported to remain as independent as possible. Staff were available to support people when needed.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care and support documentation needed to improve to ensure people received appropriate care and support at all times.

The newly appointed manager had plans in place to review all documentation.

A complaints procedure was in place.

People were encouraged to access the community and attend activities.

Is the service well-led?

Inadequate

Bishops Corner was not consistently well-led.

There had been a lack of consistent leadership at Bishops Corner. The provider had not maintained adequate oversight during this time.

Areas of concern from the previous inspection had not been addressed.

Although quality assurance systems were in place this had not identified all areas of concern found during inspection. When issues were identified actions had not been documented to show a timely response.

Notifications had been completed for all notifiable events.

Staff felt supported and meetings took place to gain feedback

from people, relatives and staff.

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 5 and 6 January 2017 and was unannounced. The inspection team consisted of two inspectors.

The last inspection took place in October 2015 where two breaches of regulation were identified.

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

At the time of the inspection there were nine people living at Bishops Corner, one of whom was currently away staying with family. We spoke with the remaining eight people living at Bishops Corner and nine staff. This included the newly appointed acting manager, deputy and operations managers, head of quality for the provider, care and support staff and the registered manager from another service owned by the provider who was supporting the newly employed acting manager.

We also spent time looking at care records for six people to get a picture of their care needs and how these are met. We also looked at documentation in a further two 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 medicine storage and administration was reviewed. We read daily records and charts 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.

We also gained feedback from other health professionals involved with the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in October 2015 we asked the provider to make improvements to the management of risk to ensure people were safe living at Bishops Corner. This was because a high number of incidents had occurred and it was not clear how this was being safely managed. We also asked the provider to improve fire risk assessments and procedures. The provider sent us an action plan stating this would be addressed by April 2016. At this inspection we found that improvements had been made to ensure fire safety risk and procedure was in place. Some improvements were seen with regards to accident and incident processes. However further improvements were required to ensure systems were embedded into practice and that people received safe care and support in accordance with their individual needs at all times.

We spoke to people living at Bishops Corner and asked them if they felt safe. They told us. "Yes I am, I can go to the post box on my own and back, I'm risk assessed for that." And "We're looked after and supported with things." One person told us, I don't like it here, I like nice and peaceful, I don't like too much when people kick off, that's why I go to my room in the evenings, it's not me I don't like noisy". They told us they had discussed this with their keyworker and they were helping them sort things out.

People who were assessed as requiring one to one support, did not have clear care plans or guidance in place for staff to ensure this was provided safely and consistently at all times. There was no clear protocol in place to inform staff how one to one support should be provided. We asked staff to tell us how they provided one to one support for people and it was clear that staff interpretation of this varied. We were told one person needed one to one support at all times however this person was seen to be left unsupported in communal areas and walk around the home at various times throughout the inspection with no visible staff support. On one occasion they were asked by staff to show inspectors their bedroom on an upper floor and were not supported by staff when this took place. This meant the provider was unable to ensure this person was safe at all times. On another occasion a person requiring one to one support was taken into a staff meeting. Senior staff told us this was because there was no staff member free to provide the one to one support during the meeting. We were also told that this person had spent time in the office assisting a staff member with general administration as they were the only person at Bishops Corner on that day. It was unclear if this had been the person's choice or whether this fitted in with staff and meant that they were able to continue with their administrative tasks rather than providing meaningful one to one support for the individual. This meant people were not getting the support they had been assessed as needing to keep them safe and supported at all times.

Systems in place for the reporting and referring of accidents and incidents had been reviewed and information completed after accidents or incidents occurred was sent to head office for analysis. Monthly auditing had also been implemented to look for trends or themes. However we found that staff were not always completing the appropriate incident form when things had happened. For example daily log books included information regarding 'aggression towards service users' 'attempting to throw things' 'shouting and swearing throughout the day'. These incidents had not been recorded on an incident form and the acting manager was not aware this had occurred. Monitoring of incidents did not include all incidents that had occurred and therefore did not give a clear picture of events within the home; this could put people at

risk as information used to assess risk may not be made based on accurate reporting and information.

The above issues above meant that the provider had not ensured people received safe care and treatment. This is a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff turnover had been high. The operations manager told us that a number of staff had left including the previous registered manager. Staff had worked together to cover shifts and agency staff had been used when needed. When possible regular agency staff were requested to provide some consistency for people.

New staff had been employed including a new manager and there was a programme in place for on-going recruitment. However, the provider was not able to show us what they had done to establish the reason for the high staff turnover and whether there were any actions that could be put in place to try and reduce this. We were told that staffing levels were assessed and reviewed and were dependant on how many people were at Bishops Corner each day. Some people went to stay with family for short periods or out to activities and this reduced the number of staff required. Staff rotas were in place however these were not always updated to show when a staff member had been unwell and staff had been bought over from other services owned by the provider to cover.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation including photo identification, written references and evidence that a Disclosure and Barring System (police) check had been carried out to ensure people were safe to work in the care sector. Whilst interview notes were kept, for two staff members there was very little information recorded to demonstrate how the staff members had been deemed suitable to work in the home. One person had a gap in their employment history between June 2010 and February 2011 and it was not evident that this gap had been explored with them. This was an area that needed to be improved.

There were systems in place to ensure the safe administration of medicines with medicine policies and procedures for staff to follow. Medicines were given to people by trained care staff. Medication Administration Records (MAR) charts were completed after medicines were given to reflect they were given in accordance with individual 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 was needed to ensure this information was recorded. For example, one person was able to take their own medicines with staff prompting and support. This detail needed to be recorded to make sure all staff were aware of this to maintain the person's level of independence and ensure this was supported safely.

people received their medicines in a safe and consistent manner. We saw medicines being given to people and saw that staff followed correct procedures to ensure this was done safely. People were offered 'as required' or PRN medicines if prescribed. 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.

Medicines were stored in a locked cupboard in the medication room. Stock items and those requiring refrigeration were locked in an allocated fridge within the medication room. Daily temperature monitoring had taken place to ensure medicines were stored appropriately.

Since the last inspection redecoration had been completed and further improvements to the building were

on-going. The building was suitably maintained with repairs carried out when required. Minor maintenance issues had been responded to 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.

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 supported by staff in the form of prompting and encouragement. There were individual and environmental risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, people had been risk assessed to ensure that they were able to go out on their own, or attend specific activities. Further risk assessments for individuals included risk of physical aggression towards staff and other people living in the home, accessing the community and using public transport.

Senior staff were aware of the correct reporting procedure for any safeguarding concerns. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the duty manager or regional manager if they had concerns. Staff told us that they had training around safeguarding and information was available around the service to inform people of actions to take if they suspected abuse.

Requires Improvement

Is the service effective?

Our findings

Bishops Corner provides care for people with Prader Willi Syndrome (PWS). The organisations PWS policy stated 'there may be serious health implications for service users if weight management is not acknowledged and planned effectively'. People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. This meant that food and toiletries needed to be stored securely to prevent people having unlimited access. Effective monitoring of peoples nutrition is particularly important as people's health needs differed dramatically. Some people were very active throughout the day and attended a number of activities which meant their calorie intake and weight needed to be carefully monitored. Others had health related conditions for which a healthy nutritional intake was important.

We found that monitoring of peoples nutrition at Bishops Corner was effective. Support plans included PWS specific information regarding nutrition and the appropriate calorific intake for each person (based on their weight at that time) had been calculated. The support plan said it was essential that 'nutrition was managed safely and meals needed to be calorie controlled'. However, this was not being done. Peoples' daily calorie intake was not documented in their care files and there was no other evidence that people's nutrition had been monitored individually other than when weights had been documented. Meals were prepared by staff but they were not aware of specific calorie information for the meals being provided. People chose from two options for their meals each day and all portion sizes were dished up by staff in identical portion sizes.

One person had been identified as at risk due to their low weight and were being weighed weekly to monitor this. Information in their support plan instructed staff that if their weight dropped below a stated amount then a referral should be done to the dietician. However, documented weights for this person indicated that their weight was below this level on more than one occasion and no referrals had taken place. We asked staff how this was being addressed and received conflicting information. The deputy manager told us that staff fortified the meals for this person. However when we spoke to the staff member assisting with the cooked lunch that day they told us they gave this person an extra scoop of mashed potato. Another staff member told us they put butter in the mash and another said that they did not give extra portions as this would cause an issue as people generally ate together. No information had been documented to show how people's specific dietary needs were being managed and reviewed. It was therefore unclear how people's nutritional needs were being met.

The above issues above meant that the provider had not ensured peoples nutrition was appropriately monitored and managed. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff had a good understanding with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS and MCA processes and documentation needed to be improved to ensure all staff were aware of decisions in place regarding each person's capacity and any restrictions in place. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The DoLS concern decisions about depriving people of their

liberty, protecting people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option.

Management and staff understood the principles of DoLS. However there was some confusion with regards to who had a DoLS authorisation in place and regarding people's capacity to make specific decisions. We asked staff if one person had a DoLS authorisation in place and were told that they did. The support plan for this person said that they lacked capacity in relation to medication issues, had some capacity issues regarding food and finances and that if decisions needed to be reached best interests meetings would need to be held. We looked at the DoLS information for this person and found that an application had been made for a DoLS authorisation, but this had not been granted. Best interest's decisions had referred to an informed contract about restrictions in relation to food, finances and medicines. However, staff were unable to locate any contract or documentation that related to this. Staff told us that the person did not have capacity in relation to food, finances and medicines. There was not enough information in support plans to ensure that staff understood why some people had and others did not have restrictions in place.

There was also conflicting information regarding people's finances and whether they were solely responsible or required support to manage their finances safely and effectively. One support plan stated. 'I am the only one that can withdraw or deposit money into my account so I am not left vulnerable.' However, within a financial support assessment it stated that the person could not lodge or withdraw funds unsupported. Staff told us that the home held all bank books and that the person would always be supported with their finances. Whilst they supported the person to gain greater independence, they said the person needed guidance to understand the concept of money. People's capacity and any DoLs applied for or authorised needed to be communicated to staff more effectively to ensure they were all aware of people's specific restrictions and capacity decisions in place. This was an area that needed to be improved. We recommend that the provider consider current guidance on Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) legislation and take action to update their practice accordingly.

Staff training records showed an on-going training programme to ensure staff were appropriately training to meet people's needs. This included specific PWS training and Positive Behaviour Support (PBS) to ensure staff were able to manage challenging situations and incidents that occurred within the home. Staff told us they felt the training they received meant that they understood people's needs better and they were able to respond more effectively. Staff knew people well and were able to tell us about peoples specific support needs and what situations may trigger increased anxiety levels for people. Staff felt that people worked together as a team to support each other.

New staff completed a period of induction, this included completion of essential training. Whilst there had not been a registered manager at Bishops Corner some staff had not received a full induction, however, steps had been taken by the provider to address this and two staff members induction had been completed retrospectively.

There was a programme in place to provide staff with regular supervision. Staff confirmed they had this regularly and were told in advance to enable them to prepare. Staff knew that there was a manager on call if they needed support and we received positive feedback regarding the new manager as staff felt that consistent leadership would have a positive impact on the home.

People were supported to attend health related appointments. We saw that staff went with people on dentist and doctors 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.

Requires Improvement

Is the service caring?

Our findings

At the previous inspection we raised concerns regarding people's dignity. At this inspection we found that this still needed to be improved. Staff needed to be aware of confidential information that was shared and discussed in front of people. We saw that telephone conversations and staff discussions regarding peoples care and support needs took place in communal areas within hearing range of other people living at Bishops Corner. When talking to people living at Bishops Corner it became apparent that they knew a lot of confidential information about other people and staff. They told us that staff told them a lot of information or they listened to conversations held in front of them. This was an area that needed to be improved to ensure people's privacy and dignity was maintained at all times.

The dining room had been furnished with heavy tables and chairs which we were told had been selected by head office. We sat at the tables and found that due to the style of the table and chairs it was impossible to get your legs and feet in front of you and be able to pull the chair close enough to the table to use it comfortably. We asked people if they felt involved in choices regarding the way the home was decorated and furnished. One person told us that they had no say in the choice of furniture for the dining room and lounge but had been involved for choices in their room. In relation to the tables and chairs they said, "We're not happy about it, we didn't choose them." One person at lunch time sat with their legs sideways and body twisted to eat their meal. Another two people were positioned away from the table as it was not possible to get their legs and feet comfortably under the table. This seating position did not afford dignity and would not have aided digestion. Staff confirmed that the chairs and tables were not appropriate for the needs of the people living at Bishops Corner. We discussed this with the senior management for the organisation. We looked at feedback from people living at Bishops Corner in their 'Your Voice' meeting minutes. These were monthly service user run meetings, attended by people living at the home supported by staff if needed. The issue regarding the dining tables and chairs had been raised in the minutes three times dating back to October 2016. The lack of a timely response made people feel their views were not listened to feedback had not been responded to in a timely manner to show respect for people's views. We were informed that this issue had been raised by the quality lead to the provider during the inspection and would be addressed promptly.

People had been involved in care discussions and meetings with keyworkers. One page profiles in peoples support plans had been written by people during meetings with their keyworkers. These included what people admired about themselves and others, what was important to them and how best to support the person. One person had stated that it was important to them that staff, "Listens carefully as I can get upset when I think people don't understand me." They also said 'When it's noisy I have to use Makaton.' There was no information in the support plan about signs known to the person. We asked a staff member what signs the person used. They referred to one sign but said that the person only knew basic signs and that as far as they knew they had never needed to use Makaton as they were able to make their needs known. As this was something that the person had said was important to them and it was included in their support plan it was not clear why this had not been explored with the person further.

The above issues above meant that the provider had not ensured people's privacy had been maintained

and they were treated with dignity and respect at all times. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Peoples bedrooms were their personal space, people had keys to their rooms to enable them to lock them when they went out. Staff told us they did not go into people's rooms when they were out without permission. People's rooms were personalised and they had been involved in choices and colour schemes when they had been decorated. Staff offered support to people in a caring manner. One staff member was seen to make sure that a person was dressed appropriately for the weather. When the person came downstairs ready to go out it was noted that the coat they had put on did not fit them. Staff gently suggested that as it was cold outside an alternative coat might be more suitable. The person was then supported to find a different coat to ensure they kept warm.

Staff told us that people built very strong attachments to staff and that this had to be carefully managed to ensure that people understood that their care and support may need to be provided by different staff dependant on who was on duty. The deputy manager told us that when rotas were planned attempts were made to vary staff providing one to one support for people. However, due to staff turnover and the use of agency staff this was not always possible. People told us they found it difficult getting to know new staff and we saw in documentation that changes to staff had caused some anxiety amongst people living at the Bishops corner.

People had a clear affection for staff members and actively sought them out to chat about their day and planned activities. People told us about particular staff they liked and who supported them when they went out on trips or to attend activities. Staff knew people well and were able to tell us about peoples specific support needs. One person struggled with timescales leading up to events or specific dates. To help them understand the time period leading up to Christmas staff had given them a card every day to enable them to have clear milestones in the lead up to Christmas.

Staff interacted well between themselves and people living at the home and it was clear that people felt comfortable with staff. People came to the office to speak to staff or sat with them in communal areas chatting and catching up. Many people had lived at Bishops Corner for a long time.

People's independence was encouraged and supported. People were encouraged to seek work placements as a stepping stone to gaining greater independence and learning new skills. One person told us that they loved animals and enjoyed their work placement. A progress report that had been written by the work placement demonstrated that the person had been given greater responsibilities and that they were building upon their skills.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in October 2015 we asked the provider to make improvements to ensure records were maintained in relation to peoples care and welfare. The provider sent us an action plan stating this would be addressed by April 2016. At this inspection we found that although work had been started to improve documentation this had not been completed. Therefore improvements did not address all the previous concerns. Due to the changes in management and high staff turnover changes implemented to documentation had not been completed to a consistently high standard.

Support plans included information to reflect people's preferences and included things people liked doing, didn't like doing and a list of things that they didn't know if they liked or not. One person had highlighted that they wanted to try ironing. No information was available to show whether this had been discussed with management, reviewed or was planned for the future. When we asked staff they did not know if the person had been given opportunities to try this. Although people were meeting with keyworkers and signing care and support plans when appropriate to demonstrate their involvement in decisions. Daily notes were very basic, stating, 'went out for one to one', and 'went to the panto' but there was no information about whether the people had enjoyed the activities and what they had actually done.

Although support plans showed that people had been involved in discussion no information had been documented to show how people's requests and goals they wished to achieve had been followed up. Some documentation in care files was not dated and in one file we found three pieces of documentation that had the wrong name on them. When information had been updated or reviewed, this had not been updated in corresponding areas of the care file. This meant that it was not apparent what the persons current care and support needs were. There was a small lounge area which we were told was originally designed as a quiet area away from the main lounge for people. However we saw that this was predominately used for one person. Staff confirmed that this area was used when this person became anxious or displayed behaviours that may be challenging. Other people living at Bishops Corner told us that they did not use the room as it was for this person and staff. This information was not in the support plan so we were unable to establish any decision making around this or whether this was the persons preferred area of the home.

Care and support plans were not in place for specific health related concerns. One person did not have a support plan for their health need, or how this should be managed for them although generic information was in their medication information. On discussion with senior staff it became clear that there had previously been a support plan for this health condition, but during the implementation of new documentation this had not been included in the persons care file. Due to the high staff turnover and the use of agency staff this lack of up to date relevant information regarding people's individual care and support needs meant that people may be at risk of receiving inappropriate care which did not meet their needs. Work was ongoing to make improvements to all aspects of documentation and the newly appointed manager told us that they planned to review each care file fully and ensure that all information was relevant and up to date.

These issues meant that the provider had not ensured people received person centred care which was

appropriate, based on their needs and reflected their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities were provided in a purpose built wooden cabin within the garden. This was used by people living at Bishops Corner and at the sister homes in the area. People were given a choice of a wide variety of activities tailored to meet their individual needs and preferences. We asked people how they spent their time. They told us, "We go to the gym when there is a driver on duty, sometimes we can't go." "We had a Christmas party a Halloween party and a birthday party all at a club. They were brilliant. I like living here."

We spoke to the activity co-ordinator who worked at Bishops Corner five days a week. They told us how people were encouraged and supported to access the community and attend work placements. People also went with staff on trips, swimming and appointments. People told us they attended a number of clubs and activities and visited friends and family. Holidays and short breaks were also arranged each year, one person said, "We decide where we go on holiday, staff told me, you wouldn't like X and you wouldn't like Y so I chose to go to centre parcs in the New forest. I go there every year, I know my way around and I like it. The (deputy manager) decides who I'm going with." They said, we get three one to one's and I go to the smuggler's caves and the blue reef aquarium. I love going to these."

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. One person told us that they had spent time playing on their games console and staff had spent time with them playing the games as this was something they enjoyed.

A complaints policy and procedure was in place. People told us that they would be happy to raise concerns telling us, "If I have worries I can talk to any of the staff, they sort it." The newly appointed manager told us they understood the importance of ensuring concerns were documented to ensure all actions taken by the service were clear and robust. Everyone we spoke with confirmed they would be happy to raise any concerns if they needed to.

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. Feedback from people had been reviewed by the provider and analysis of the results had been completed. The newly employed manager told us they planned to carry out meetings regularly to ensure people's views and feedback was sought.

People's transition between services had been supported. One person's monthly meetings with their keyworker showed that since January 2016, each month they had requested to move on to alternative accommodation. It was documented that this would be explored. A staff member told us that they were working with them through day services to increase their daily living skills but this was not documented. We were told that multi-disciplinary meetings were scheduled with the person and their representatives to discuss this.

Inadequate

Is the service well-led?

Our findings

At the last inspection in October 2015 we asked the provider to make improvements to systems in place to assess, monitor or improve the quality of services provided. And to ensure records were accurate. The provider sent us an action plan stating this would be addressed by April 2016. At this inspection we found that although work had been started, areas of concern highlighted at the previous inspection had not been addressed in a timely manner.

There was no registered manager in post at the time of the inspection. The previous manager had de registered with CQC and in the interim period before a new manager was employed the home had been managed by senior staff. The newly employed manager began her induction during the inspection and informed us that they will be registering with CQC as manager in the near future. They had worked for the organisation previously and knew some of the staff and people living at bishops Corner and were greeted warmly when they arrived.

Organisational and location specific quality assurance systems were in place but had not addressed all the shortfalls we found during the inspection. This included issues relating to care and support needs and documentation. The provider had not addressed all areas of concern identified at the previous inspection to ensure they were providing consistent safe, effective care delivery. Previous issues we had identified as areas for improvement included nutrition and the monitoring of peoples calorific intake, improvements to care and support plans including one to one support and how this was to be met and managed. During a period where management and leadership had changed at Bishops Corner the provider had lacked oversight to ensure that the safe and effective day to day running of the service had been maintained. They had not ensured that adequate improvements had been made and embedded into day to day practice. This repeated breach stemmed from a lack of consistent leadership and lack of provider oversight during this time. This had impacted on both people living at Bishops Corner and staff. People therefore were at risk of receiving inappropriate care and support.

Documentation including daily notes, log books, care and support plans still needed further improvement to ensure they reflected people's current needs. For example, there was conflicting information in one person's support plan regarding one to one support, work arrangements, capacity to consent and communication. The support plan stated that the person had two hours one to one support daily. However, staff told us that this support had stopped at least two years ago.

Auditing of care and support plans was on going including auditing as part of practice workshops by the organisation. We saw that these were identifying issues that needed to be rectified. However, actions were not being documented to show how these were being addressed. The head of quality and operations manager had been spending time at the service over recent weeks and were carrying out some auditing and reviews, however there was still some way to go to ensure that documentation was in place and accurate, one support plan which we looked at had been audited in December 2016 but still had a number of discrepancies. Actions in place had not been timely. This demonstrated a lack of responsive actions by the provider to strive to improve the care provided to people. There was no evidence that the provider had

taken forward concerns and themes which CQC had identified across the service provision to evaluate and improve practice.

Information regarding peoples DoLS applications and authorisations needed to be updated in peoples support plans and shared with staff to ensure all staff were aware of any restrictions in place or any best interest meetings regarding people's mental capacity for specific decisions.

Staff confirmed there had been a lack of consistent leadership at the home and this had led to a number of staff leaving. This high turnover had upset people living at Bishops Corner as they had become fond of staff and built a trusting relationship with them. People told us "I miss (staff member) they left, and it's not the same." And, "(Staff member) was my keyworker, now they have gone." Staff told us that staff leaving and repeated changes in leadership at Bishops Corner had made the job challenging, with a number of people acting as manager or in charge during the registered manager's absence. Staff were concerned that this had impacted on people living at the home. Telling us. "The guys have done very well, I'm chuffed to bits with them, they have adapted so well. Staff have had to pull together. Not sure if recruitment problems are national, or a local problem. People don't want to work long hours and the guys need consistency." And, "The clients need routine and the constant change unsettles them."

Although new staff were being recruited it was taking time for the people living at Bishops Corner to get to know them and trust them. Staff said, "Staff turnover has had a major effect. Long serving staff have had enough. Changes to staff work patterns meant lots have left. A senior started and lasted a week. They (the provider) made poor management choices." However staff felt that the care staff had worked really hard to maintain good levels of care for people, telling us, "When it comes to the people it's the best. We talk to them." And, "Things are improving, I am glad we have a new manager." And, "Despite the hard work, I still love my job; you feel you can make a difference."

We acknowledge that a number of issues identified during inspection were responded to and addressed during the inspection. However, this was a reactive response to the findings during the inspection and did not demonstrate that a robust quality assurance system was in place. Therefore the provider was not able to demonstrate good governance had been maintained.

The above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured systems and processes had been maintained to assess and monitor the quality of services and maintain accurate, complete and contemporaneous records about people. The provider had not monitored progress against plans to improve the quality and safety of services and take appropriate action without delay where progress was not achieved as expected.

People were asked for their feedback about the service, and staff were supported by regular meetings and training. Staff also confirmed that they were supported and had the opportunity for a 'de brief' when incidents occurred at the home. The newly appointed manager had completed some initial questionnaire feedback from people and told us any negative responses would be followed up and addressed.

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.

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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users must be person centred, appropriate, meet their needs and reflect their preferences. 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's privacy had not been respected and maintained. Service users must be treated with dignity and respect 10 (10(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. The provider must do all that is reasonably practicable to mitigate any such risks. 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The nutritional and hydration needs of service users must be met. Assessment should include risks related to people's nutritional needs.

14(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems and processes had been maintained to assess and monitor the quality of services and maintain accurate, contemporaneous records in relation to peoples care and welfare. The provider had not monitored progress against plans to improve the quality and safety of services and take appropriate action without delay where progress was not achieved as expected. 17 (1)(2)(a)(b)(c)(f)

The enforcement action we took:

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