New Directions (Hastings) Limited

Bishops Gate

Inspection report

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Date of inspection visit:
11 August 2017

Date of publication:
19 September 2017

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 Gate is a care home providing residential care for up to eight adults with learning disabilities. In particular they provide residential care for people with Prader-Willi Syndrome (PWS). Whilst independent with many areas of their daily lives, people living at Bishops Gate require a high level of support to enable them to manage risk and remain safe.

This inspection took place on 11 August 2017 and was a full comprehensive inspection to check the provider met regulatory requirements. There were five people living at the home at the time of our inspection. One person was currently staying with family and another went to stay with family for a break during the inspection.

Bishops Gate was inspected in August 2016. Although no breaches were identified and it was rated as requires improvement as some recent improvements needed time to become embedded.
We asked the provider to continue to embed and sustain the improvements made. At this inspection we found this had taken place.

Bishops Gate had a manager registered with CQC. However they were no longer working at the service and had not been working in a registered manager capacity at Bishops Gate for some time. This meant that registration information did not reflect the current management structure at Bishops Gate. Since the inspection we have been informed that the process to de-register the registered manager and register the acting manager have been commenced. The acting manager worked full time at Bishops Gate and was supported by a senior carer/deputy manager who had just been appointed to this role.

An 'in house' and provider auditing and quality review system were completed, this included a number of regular audits and analysis of systems and processes. There were ongoing maintenance systems to ensure safety was maintained at Bishops Gate. Provider structure had been changed since the previous inspection and further improvements were planned to ensure a robust provider oversight was maintained.

Care documentation was reviewed to ensure it was relevant and person centred and people had been involved in the planning and review of their care. Risk assessments had been completed for identified risks and managed in a safe and consistent manner. These were varied and included environmental risks for people in relation to PWS. Risk assessments were individualised and person centred and had been reviewed and updated regularly, dependant on people's health related conditions, behaviours and activities attended. Keyworker meetings took place to discuss changes in peoples care needs and to enable a review of documentation. Support plans had been reviewed and information had been discussed with people and their next of kin if appropriate. People had signed when they had read support plans and felt involved in how their care was provided. Staff were aware of confidentiality and documentation was kept securely.

There were systems in place to manage people's medicines safely; this included a regular auditing of the medicines procedure People had chosen whether their medicines were stored in locked cupboards in their

rooms or in the medicine room. Medicines were given in the privacy of people's rooms or in the office as they chose.

Nutrition was managed effectively. Systems were in place to ensure people received appropriate nutrition to meet their individual needs. People had been involved in discussions at 'Your Voice' meetings regarding menus. Daily calorie intakes had been calculated for each person based on advice from health professionals and taking into consideration peoples specific health needs. Weights were monitored and changes made to nutritional plans if needed. Further changes to the menu were being introduced to facilitate healthier eating options.

Staff knew people's needs and had a close bond with people, most of whom had lived at Bishops Gate for some time. People were involved in decisions and staff respected their personal space and privacy. Staff offered support whilst encouraging people to remain as independent as possible.
A varied activity programme was available for people. People had access to activities they enjoyed and were supported by staff to attend, when people wished to attend a new activity staff supported them to arrange this. If people declined to attend an activity staff were aware this was the person's choice, however encouragement was given to try and ensure people were offered choices and alternatives to encourage them to participate.

Staffing levels were reviewed and staff felt levels were appropriate. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home and support was provided for staff in the form of regular supervision, appraisals and staff meetings.
An on-going training programme was in place to support staff; this included specific PWS training to ensure effective care for people. Mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS) had been completed. Staff understood the restrictions in place for people in relation to PWS and individual needs and why these were in place.

A complaints policy was in place and complaints had been responded to by the acting manager or provider. Notifications had been completed for notifiable events. The provider and management were working to continually improve communication with relatives and next of kin. People and relatives felt the improvements made to the service had been positive.

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 Gate was safe

Risk assessments were in place to ensure staff had a good understanding of the risks associated with the people they looked after. There was ongoing maintenance and servicing.

Staffing levels were reviewed and staff felt levels were appropriate. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

Accident and incidents were recorded. The acting manager was aware of how to report safeguarding concerns and staff had regular safeguarding training. There were systems in place to manage people's medicines safely.

Is the service effective?

Good

Bishops Gate was effective.

Support plans had been reviewed and information had been discussed with people and their next of kin if appropriate. People had signed when they had read support plans and felt involved in how their care was provided. Systems were in place to ensure people received appropriate nutrition to meet their individual needs.

An on-going training programme was in place to support staff; this included specific PWS training to ensure effective care to people. New staff received an induction and all staff received regular supervision and appraisals.

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

Is the service caring?

Good

Bishops Gate was caring.

People were involved in decisions and staff respected people's personal space. Staff knew people's needs and had a close bond with people.

People were encouraged and supported to remain as independent as possible.

Staff were aware of confidentiality and documentation was kept securely.

Is the service responsive?

Good

Bishops Gate was responsive.

Care documentation was reviewed to ensure it was relevant and person centred.

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

A complaints policy was in place and complaints had been responded to by the acting manager or provider as required. The provider and management were working to continually improve communication with relatives and next of kin.

Is the service well-led?

Requires Improvement

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

The provider had not ensured that the management structure at Bishops Gate had been appropriately updated to ensure registration was clear and accurately reflected the management structure at the service.

An 'in house' and provider auditing and quality review system were in place. Provider structure had been changed and further improvements were planned to ensure oversight was maintained.

Documentation was person centred and people had been involved in the planning and review of their care. People and relatives felt the improvements made to the service had been positive.

Bishops Gate

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 11 August 2017 was unannounced and undertaken by an inspector.

The last inspection took place in August 2016 no breaches were identified and it was rated as requires improvement as some recent improvements needed time to become embedded.
We asked the provider to continue to sustain the improvements made. At this inspection we found this had taken place.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to the inspection date being changed the date required for the PIR to be completed was after the inspection, we took this into account when we inspected the service and made the judgements in this report.

As part of the planning for this inspection we looked at information provided by the local authority and quality monitoring teams to gain feedback about Bishops Gate. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications, complaints and any other information that has been shared with us.

We spoke with four people using the service and gained feedback from relatives during and after the inspection. We met four staff; this included the acting manager and support staff. After the inspection we contacted the operations director and provider to gain further information regarding the day to day running of the service.

We looked at the care and treatment records for two people in full and a further two to look at specific areas

of documentation. We looked at people's daily records and charts in place to monitor areas of their health and individual support needs.

We reviewed all Medication Administration Records (MAR) charts. We also looked at staff recruitment files for two newly employed members of staff and looked at the services management and quality assurance records which included policies, procedures, accident and incident records and audits.

Good

Is the service safe?

Our findings

Bishops Gate provides residential care for people with Prader-Willi Syndrome (PWS). At the last inspection in August 2016 improvements had taken place to ensure people remained safe, however, there was a need for all the changes to embed and be maintained. At this inspection we found improvements had been sustained.

We spoke to four people living at Bishops Gate. Everyone spoke positively about living there and told us they felt safe and happy. We were told, "I live here and I like it here." And, "They all know me, they support me." One person had recently chosen a new keyworker and they spoke animatedly about how they had made the decision who to choose and how happy they were. They liked to spend time with staff and were looking forward to going out that day with their keyworker to work on some areas of their support plans. Relatives told us that they felt improvements were continuing and that their family member was happy living at Bishops Gate.

Medicine processes were safe. People could choose if their medicines where locked in individual medicine cupboards in their rooms or stored in the main medicine room. This meant that medicines were given in the privacy of people's rooms or in the office dependant on people's preference. We saw that throughout the day people were involved in decisions around how they received their medicines. People approached staff to ask for their medicines when they knew it was time to take them. Medicine administration records (MAR) charts had been accurately completed. Regular checks and auditing had taken place to identify any errors. A relative told us there had been an issue when a medicine dosage had changed and this had led to an error with the prescribed amount, but this had now been resolved. People who had topical creams prescribed had charts completed to ensure staff knew how and where these needed to be applied. 'As required' or 'PRN' medicines prescribed by a GP to be taken when needed were clearly documented on MAR charts. PRN protocols had been completed and staff had documented when and why these had been given. People who took homely remedies for example, vitamin tablets or hayfever relief, documentation was in place to inform staff how these should be taken. When people went on holiday or to stay with relatives, medicines were signed out to show what amount had been given to the family and documentation completed during their absence from the home to show the person was away.

Risk to people's health and safety was monitored and reviewed. Risk assessments had been completed for identified risks and managed in a safe and consistent manner. These were varied and included environmental risks for people in relation to PWS. Risk assessments were individualised and person centred and had been reviewed and updated regularly, dependant on people's health related conditions, behaviours and activities attended. People were involved in the writing and reviewing of their care information. We saw that one person was working with their key worker looking at their care planning and risk assessments. They had recently decided to attend a new activity and came to the office to speak to the acting manager to ask if they could write a support plan with their key worker for this activity. We were told once the support plan was completed the keyworker would write an associated risk assessment for this activity. This demonstrated that people's safety was being monitored and reviewed, whilst supporting people to have a safe level of independence and involvement.

Fire safety and evacuation plans and procedures were in place. Personal emergency evacuation plans (PEEPS) were completed to inform staff and fire services of people's individual support needs in the event of an evacuation. This included information regarding the likelihood of people becoming distressed in the event of an emergency evacuation and how this may present itself. Information was in place to inform staff of actions to take to assist people with a prompt evacuation by reassuring and supporting them. Fire safety and evacuation information were available to inform staff. Staff received regular fire safety training. Fire safety checks had taken place, this included emergency evacuation plans, records of fire safety and lighting testing and fire safety guidance. Fire drills had been completed at various times of the day including early morning. The acting manager explained how these were completed and that staff were not aware when they were to take place. A report was completed after each practice to ensure that evacuation was assessed and improvements could be made if needed. Environmental risk assessments and checks had been completed to monitor the building and services used that may affect people's safety, this included as well as others, water, appliance and maintenance checks, personal appliance testing (PAT), gas safety and legionella. Since the last inspection the refurbishment of the building had been completed. Communal areas and peoples rooms had been redecorated. People told us they liked the way the home looked and that they had been involved in choosing how their room had been decorated.

People's dependency levels and care and support needs were assessed and reviewed regularly. Staff felt that staffing levels were appropriate to ensure people's needs were met. Staff were available to take people out to activities and to do the things they wanted to do. We saw where staffing had been reviewed to enable people to attend activities and extra staff had been needed.

Staff supported people throughout the inspection. One person required one to one support, this was provided. Staff understood the importance of ensuring this was carried out safely, but without making the person feel that this was intrusive. At the start of each shift staff were allocated to provide one to one support. We saw that this was planned to ensure that each staff member spent time providing one to one support and it was not just one staff member throughout the entire shift.

People interacted freely with staff, discussing events taking place that day. People needed constant reassurance as to the day's arrangements, and we saw in care plans that unexpected changes to routine could lead to behaviours that challenge for people living at Bishops Gate. People needed to be reassured repeatedly regarding times they would be going out, who was taking them and how they would be travelling, for example walking or by car. People told us they liked to know who was accompanying them. We saw that staff provided information and reassurance consistently to ensure people felt safe and reassured.

Staff recruitment records showed appropriate checks were undertaken before staff began work. For example, disclosure and barring service (DBS) checks. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. This ensured as far as possible only suitable people worked at the home. Application forms, confirmation of identity and references were also completed, some information was held on the system and accessible by the head office and some was stored in staff files. The acting manager told us staff morale had improved and this had led to a reduction in staff turnover.

The acting manager had oversight of accidents and incidents which occurred. Incident forms were completed by staff, then uploaded onto the computer system and sent to the head office. This meant that the organisation had oversight of all incidents and accidents as well as the acting manager. When the incident had resulted from behaviours that may challenge the incident had been documented, including statements from staff involved. All staff felt fully supported by the acting manager and felt that when things

did happen it was dealt with and reflected on in a positive way.

Staff understood safeguarding and their responsibilities to protect people from abuse. Staff had on going safeguarding training and told us they would report any issues to the deputy manager, or person on call. Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place. The acting manager understood the local reporting procedures and was aware of safeguarding alerts that had been made in the past.

Good

Is the service effective?

Our findings

People gave positive feedback about the care they received and the staff at Bishops Gate. Telling us staff, telling us, "They know what I am doing each day and what I need." People told us that they got to choose which staff became their keyworkers and that they liked to be involved in choices. Relatives told us that some staff were very knowledgeable of PWS and that they hoped this knowledge and experience would be shared with new staff employed.

Staff training records were available and these showed an on-going training programme to support staff. This included specific PWS training and managing behaviours that may challenge. Staff felt the training they received meant that they understood people's needs. Due to the small size of the service staff had a very good knowledge and understanding of how people liked their care to be provided and could tell us about peoples specific support needs. Staff were also aware what situations may trigger increased anxiety levels for people and how to manage this when it occurred.

New staff completed a period of induction, this included completion of the induction workbook and mandatory training. New staff also shadowed more experienced staff until they felt confident working on their own and had received on-going supervision and support. The acting manager had a supervision programme in place for all staff. This included regular one to one supervision and annual appraisals. When staff had disclosed specific health related needs support was provided, this included printing on specific coloured paper to enable information to be clear.

People's nutrition was being reviewed and assessed. People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. Care plans included specific detailed information about people's nutritional needs and daily calorie requirements. Safe systems in relation to nutrition were being implemented to ensure that each person's daily calorie requirements were met and reviewed. This is particularly pertinent due to the serious health implications which can arise if nutrition is not managed and planned effectively for people with PWS. Calorie requirements had been calculated with support from nutritional professionals. Everyone had a nutritional care support plan, these were personalised and included directions for staff to follow if the person's weight went above or below the calculated level. The acting manager and staff were able to tell us how meals were provided, how extra calories were added if needed by fortifying some foods and how people's weights were regularly monitored. This also took into consideration trips out and the level of physical activity a person had each day. One person had chosen to be fully involved in the planning and calculating of their meals. They told us, "I like to plan ahead; I work out my meals as I know the calories and I tell staff what I want to have." Staff showed us how they sat with this person and the discussions that had taken place regarding meal choices for the next month.

Changes to menus were ongoing. One example of a positive change was reducing the amount of bread people ate. Breakfast now consisted of a choice of cereals that could be chosen on the morning. Copies of menus were available and people went to the kitchen and wrote their choice for meals that day. If people were going out packed lunches were provided and if a trip out included eating out this was researched to

work out calories and best options to ensure that people's calories levels were safely monitored. People had been involved in discussions around managing their weight. Weight goals and plans had been signed by people after they had been discussed with them by their keyworker or acting manager. Next of kin involvement was also seen in care files, including emails between families and the service when they wished there to be a change to the calculated calorie intake for the person. Further improvements and analysis of the current system were still on going, however people and staff had a clear understanding around healthier food options and the need to ensure that people's calories were based and assessed to meet their individual health needs. Meals were discussed at 'Your Voice' meetings. These were meetings held with people living at Bishops Gate; these were documented and recorded all conversations around menu choices, treats and nutritional support. Relatives told us they felt that there had been some positive improvements around meal choices and they hoped these would continue.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in 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. Some people living at Bishops Gate had specific DoLS in place. Staff had completed MCA and DoLS training and further information was provided for staff regarding DoLS decisions. Staff understood why people required these and that this placed specific restrictions on them. For example, restrictions in place regarding people's access to food items and money in relation to PWS.

People and their relatives when appropriate where involved in writing support plans and reviews which took place with people's keyworker or management. Staff were aware of the need to ensure that all decisions were discussed with the person. For example, time was spent with people going through the plans for the day, how the individual wanted to spend their time and any issues they had that they wanted to discuss. We saw that when people approached staff with a request or query, staff spent time listening to the person and encouraging them to make a choice themselves. For example, one person was trying to decide what to do that day. They discussed the options with the acting manager who asked them to think about what they wanted to do. They returned a short time later with the decision and then staff supported them to make the appropriate arrangements.

People were supported to have access to healthcare services. Referrals had been made to other health professionals when required. All upcoming appointments were recorded in the diary with documentation and letters regarding the appointment. This included GPs and health related appointments.

Good

Is the service caring?

Our findings

Staff treated people in a kind and considerate manner. There was a close bond between staff who had worked at Bishops Gate for some time and the people they supported. People actively approached staff and we saw many conversations and interactions, including light hearted banter and general conversation. People treated staff with affection and clearly valued the support and security staff provided. People told us they liked staff and were happy that they were involved in choices regarding their keyworkers. When a known visitor arrived everyone greeted them and took the time to say hello.

People felt that Bishops Gate was there home. Positive changes being made to the homes environment which meant that people's dignity and privacy had been considered and people now had a private area where they could receive medicines or talk to staff without being observed by others. People came to the office area when they wished to speak to staff privately. Staff understood people's needs and the way they liked their care to be provided, they picked up on people's mood and behaviours offering people the opportunity to go somewhere quiet to talk. When people became anxious, staff responded to this in a calm manner, offering support and distractions when appropriate.

People's privacy was respected and considered. People had a key to their own bedrooms and told us that their bedrooms were private. One person was happy to show us their room and told us the things they had chosen. Staff always knocked before entering people's rooms.

People were encouraged to maintain relationships and opportunities were supported when people wished to meet up with people living in other homes belonging to the provider.

People's independence was encouraged and supported. During the inspection one person came to the office as they had decided they wanted to attend a new work placement. They spoke to the acting manager who encouraged them to think about what they would like to do. Later, the person returned and said they had decided they would like to attend a specific placement on a Thursday. The acting manager discussed with them how they could arrange this. They gave the person the telephone number for the placement and confirmed who they should call. The person took the information and told us they would think about what they wanted to ask. They returned shortly and were obviously delighted. They had called and arranged the placement themselves on the telephone and explained to the acting manager in detail what they had said and what they were going to do. They then asked if they could do the plan for this with their keyworker later that day.

Staff were committed to make positive changes for people and provided support in a kind and caring manner. Relatives told us how a staff member had taken the time to research pictures to print to use as daily prompts for the person, to help orientate them to the day of the week and help them remember what was planned for that day.

Although people needed staff to be responsible for their finances; people were still involved and came to the office when they needed money to purchase items or to pay for activities. This meant that people's

independence was supported whilst monitoring people's access as they could be vulnerable. One person had been assessed to go out alone to the local shop with clear systems and routine in place regarding this and staff observed from a discrete distance to ensure they remained safe.

Staff were aware of the importance of privacy and confidentiality with regards to information in care records and conversations. Staff ensured that office doors were closed before telephone calls were answered or discussions took place regarding peoples care and support needs. People's records and charts were stored safely within the locked office to ensure confidentiality was maintained.

Good

Is the service responsive?

Our findings

People told us they were able to spend their time how they wished. We saw numerous examples of people being involved in day to day choices and decisions. One person was particularly involved in plans and choices around their nutrition. They had worked with support staff and the acting manager to devise their dietary plan which met their daily calorie intake. They supported and encouraged other people and told us they really enjoyed playing such an active part. They understood how what they ate linked to their weight management and were happy to discuss this with us at length. Staff provided support and oversight at all times but were delighted with the enthusiasm in which this person had taken ownership of this area of their care and support needs.

Care documentation reflected a person centred approach to care, and included information about the person that was specific to their needs, risk assessments and goals. People who had health related conditions had information recorded to show how these should be met. People's keyworkers were involved in the writing and review process and this was overseen by the acting manager. Information was up dated and relevant and this showed that staff were well informed of people's needs and any changes as they occurred.

People told us they were able to do the things they wanted and staff helped them to achieve the short term goals and daily plans they made. People were offered choices around how they spent their time and were able to explore their own interests when possible. People spoke to us about the activities they attended. People had a variety of 'in house' and external activities offered, these included amongst others, arts and crafts, individual work placements, shopping, bingo, trips out, aqua aerobics, pub night, Zumba, drums alive, spin and horse riding. Everyone had a 'house day' where they were responsible for doing their washing and general tidying. This was done independently or with staff support if needed.

Peoples activities varied, some people were less reluctant to attend physical activities. We saw in records when activities were offered and how staff tried to encourage people to stay active. Swimming was very popular. During the morning two people returned and told us they had been swimming at 7.30am with a member of staff and had just returned home. Everyone told us what they had been doing and what plans were made for that day. People knew their weekly activity plan and what was going to happen, it was clear that people liked routine and to be aware of the plans and which staff were supporting them. When one person returned from their work placement they spent some quiet time using their hand held computer. They were supported by a staff member at all times as detailed within their support plan. When people declined to attend an external activity or refused to participate in activities taking place at Bishops Gate, this was documented. Staff were clear that it was the person's choice; however they did always try to encourage people to attend and take part, offering alternatives if possible.

Peoples care needs were assessed and reviewed regularly and people and relatives were involved in the planning and reviews. Relatives confirmed that they had been involved in discussions when areas of care had been reviewed or changed. Care plans included information about people's likes, dislikes, hobbies and interests. People who had anxiety or behaviours that may challenge had detailed information included in

their care files. This included information around specific triggers which may lead to anxiety or behaviour that may challenge, for example sudden changes to routine. People who required one to one support had protocols in place to inform staff how this should be managed effectively. Information was available in care files to inform other health professionals of peoples care and support needs, for example if they were admitted to hospital or other health services.

A complaints policy was available. People living at Bishops Gate told us if they would always tell staff if there was something they were not happy about. Complaints received by the home had been logged and responded to by the acting manager or provider or passed to the head office for investigation. We saw that communication with families had been recorded to ensure a clear audit trail of the homes response to any concerns. Relatives told us they contacted the home regularly to discuss any issues or concerns they had. Although they felt that improvements were taking place all relatives felt that communication between them and the home could still improve further. We discussed this with the acting manager during the inspection and with the operations director after the inspection. They had already identified this as an area of improvement and informed us that they were aware of the need to continually evaluate the communication effectiveness and ensure that relatives felt that contact and information made was responded to in a consistent and clear manner.

Requires Improvement

Is the service well-led?

Our findings

Everyone living at Bishops Gate told us they knew who was in charge and that they liked the acting manager and staff. One person told us this had been explained to them at a meeting. Telling us "We know (acting managers name), she's in charge now. People were happy with the management support and we saw numerous examples of people speaking to them and interacting comfortably with the acting manager throughout the inspection. Relatives told us they knew who was in charge and had had a meeting with the senior management to have changes explained to them. One told us, "The new manager is getting there; there are some really nice staff too. Its improved 100%." Relatives we spoke with told us communication had improved but still some further improvements needed to ensure that this was maintained.

Bishops Gate had a manager registered with CQC. However they were no longer working at the service and had not been working in a registered manager capacity at Bishops Gate for some time. This meant that registration information did not reflect the current management structure at Bishops Gate. This was an area that needed to be improved.

An acting manager was in post and would be applying to register with CQC as registered 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 after the inspection that the manager registration at Bishops Gate would be rectified. Since the inspection we have been informed that registration processes with CQC have been commenced to ensure that the manager working at the home is appropriately registered.

The acting manager was supported by a senior carer/deputy manager who had just been appointed to this role. There was a management structure in place and an 'on call' system in place at all times. This meant that staff had support when needed.

In April 2017 there were changes to the provider structure. This has led to a number of staff changes within senior roles. A new operations director was employed who offers 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. This has been introduced and the newly employed operations director has visited Bishops Gate in April and May 2017. In addition a new quality improvement lead role has been developed and a person recently recruited for this role. We were told by the senior management that this role will focus on quality improvement and be safeguarding focused. In addition quality audits will be carried out at each service at least three times per year with additional 'arms-length' audits annually by the providers auditing and health and safety teams. The acting manager told us the quality improvement lead had visited Bishops Gate to introduce themselves and explain their role. A full self assessment of the service had been carried out by the registered manager in January 2107 before they stopped working at Bishops Gate and visits had been recorded in February 2017 by the previous regional manager.

We discussed with the provider the importance of ensuring that provider oversight remained consistent to enable them to have an accurate picture of the service and the care being provided.

During discussion with the provider after the inspection we were told that going forward all services will be visited in person by an operations director or the quality improvement lead at least every two months, or more frequently if additional support is needed. Their role whilst on site will be to assess the quality of the service and to ensure that a supervision session is conducted with the manager or acting manager.

The acting manager had a structure and plan in place regarding the auditing and quality assurance for Bishops Gate. This included amongst others monthly analysis of accidents and incidents to identify any trends or themes and to check that appropriate actions had been followed, monthly fire checks, medicines, kitchen, housekeeping, environmental and maintenance logs. Care plans were reviewed regularly during keyworker and supervision meetings and the acting manager told us there was discussion regarding introducing checks with managers from sister services whereby managers would audit care documentation from another service to aid consistently amongst the services.

The provider, acting manager and staff had worked hard to improve the culture, vision and values at the home and this process of improvement was on-going. Staff were clear that they wanted to continue to improve and felt that they were working as a team to make this happen. Emailed feedback from a relative of one service user regarding positive changes where they had noted that improvements had made a positive difference to their family member. They also shared that staff were very supportive at the home.

Staff meetings were minuted and staff were given the opportunity to give feedback. Staff were aware of the regulatory requirements and information was displayed in the office regarding the five key areas included in CQC inspections. Staff were aware that previously Bishops Gate had needed to change and improve. Staff and people living at Bishops Gate felt this had been aided by the refurbishment of the home and improved environment. Staff turnover had reduced and staff told us they were happy working at Bishops Gate. People living at Bishops Gate met with the managers and staff regularly to discuss issues and they carried out their own 'Your voice' residents meeting. We saw minutes of meetings which showed that changes to menus and activities had been discussed with people and their feedback and views had been used to make changes. Meetings had taken place with relatives to discuss changes to the structure of the organisation, and to discuss specific issues relatives had raised. When relatives visited the home we saw they had open conversations with staff and clearly knew staff well.

Documentation continued to improve and was person centred and involved families and the individual when appropriate. Some information was written in easy read format and people had been supported to be involved in the writing of their support plans and complete information about themselves and their lives.

The acting manager demonstrated a good understanding around what needed to be reported and required notifications had been completed in a timely manner. They had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The acting manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service. Staff were supported by policies and procedures to ensure they had the information to provide safe and appropriate care for people.