Active Pathways Limited

Brookhaven

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of Brookhaven on 22 and 23 August 2016. The first day was unannounced.

Brookhaven provides accommodation and nursing care for up to 22 people with mental health needs. The aim of the service is to provide people with care and support through a recovery and rehabilitation programme. The service is based in a residential setting within walking distance of local amenities. Accommodation is provided on two floors in single bedrooms. At the time of our inspection there were 14 people living in the home.

The service had a registered manager in post. 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.

At the last inspection on 22 and 23 June 2015, we asked the provider to ensure the environment was clean, ensure appropriate risk assessments were carried out, ensure people received safe care and treatment and ensure people were treated with dignity and respect. Following the inspection the provider sent us an action plan which set out what action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made in order to meet the regulations.

People living in the home said they felt safe and staff treated them well. There were enough staff on duty and deployed in the home to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care and support needs and had been involved in the support planning process. Support plans and risk assessments provided guidance for staff on how to meet people's needs. People were given the opportunity to participate in group and individual therapy sessions to help them with their rehabilitation and recovery. People were able to express their views and were confident any complaints would be fully investigated and action taken if necessary.

All people and staff told us the home was well managed and operated smoothly. The registered manager

took into account the views of people about the quality of care provided through consultation, meetings and surveys. The registered manager used the feedback to make on-going improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

The registered manager and staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were provided with a varied and nutritious diet in line with their personal preferences. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and given support in line with their preferences.

Staff knew people well and displayed kindness and respect when providing support.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

People had the opportunity to participate in a range of appropriate activities, as well as group and individual therapy sessions.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

Brookhaven

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 was 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 took place on 22 and 23 August 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also received feedback from two mental health professional staff. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, four members of staff, the chef and their assistant and eight people living in the home. We also discussed our findings with the head of operations.

We looked at a sample of records including four people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance certificates and development plans, policies and procedures and audits.

Following the inspection, we asked the registered manager to send us a copy of the revised recruitment and selection procedure and confirm a staff recruitment record had been updated. We received this information two days after the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe with the service provided and the staff who supported them. One person commented, "I feel very safe, all the staff I have met have been kind and supportive" and another person said, "I don't feel threatened by anything and feel safe in the home." We observed that people were relaxed and comfortable in staff presence. Members of staff told us they had received appropriate training which helped to keep people safe and there were adequate staffing levels to meet people's needs.

At the inspection carried out 22 and 23 June 2015, we found the provider had failed to keep all areas of the premises clean. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People were satisfied with the arrangements in place to keep the home clean. Apart from the skills kitchen, which was in constant use by people using the service, all areas seen had a satisfactory standard of cleanliness. We noted a member of staff cleaned the skills kitchen during our visit. Since the last inspection, revised cleaning schedules had been implemented along with three monthly deep cleaning schedules which were checked and signed by the registered manager. We saw an annual infection control audit was carried out and an action plan had been devised to address any shortfalls. Staff completed infection control training and carried out cleaning during the night. The cleaning was checked and signed off by the head housekeeper every morning. This meant there were robust systems in place to ensure the premises had a good standard of hygiene.

At the last inspection, we found one person's bedroom lacked appropriate furnishing and heating and the provider had not assessed the risks of this situation to the person's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan which set out how they intended to improve the service. During this inspection we found the provider had carried out the necessary actions in accordance with their action plan.

We looked at the person's room and noted it had been decorated and refurbished with appropriate furnishings. Heating had been installed at ceiling height in order to cause the person minimum disturbance. The registered manager explained the person had been consulted to ascertain their preferences. We also noted from looking at the person's care file that detailed risk assessments had been carried out in order to identify and manage any risks to the person's health and safety.

From talking with people and staff and looking at care files, we found support was planned and delivered to protect people from avoidable harm. Each person's support plan included individual risk assessments, which had considered risks associated with the person's support. The assessments had been carried out using the Salford Risk Assessment Tool, which covered all aspects of people's lives and needs. We noted management strategies, including actions and outcomes had been drawn up to provide staff with guidance

on how to manage any risks in a consistent manner. These included assessments of the potential risks associated with nutrition, behaviour, personal care and accessing the community. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We also noted a nurse completed a weekly clinical risk summary for each person which reviewed key safety issues for example any incidents and any deterioration in mental health. This formed the basis of people's four weekly review at the MDT (Multi-disciplinary Team) meetings.

We saw general service level risks had also been carried out including slips, trips and falls, manual handling, fire and the use of hazardous substances. The general risk assessments had been reviewed on a monthly basis by the home's Health and Safety committee, which included a person using the service.

Following an accident or incident, a form was completed and details were added to a database. The registered manager investigated the circumstances of any incidents or accidents and made referrals as necessary. For instance a referral had been made to the falls team. We noted there were systems in place for analysing any trends or patterns, which were discussed by the Governance team. A root cause analysis was carried out following any serious untoward incidents and the findings were included in the team brief. This ensured all staff were aware of the any learning points and any changes to practice following the incident.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the provider would act on their concerns. Staff were also aware they could take concerns to agencies outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe which included fire safety and infection control. Staff had completed a training course on the management of violence and aggression; however, the registered manager confirmed restraint was not used in the home.

According to our records, the registered manager and provider had promptly reported safeguarding issues to the local authority and had carried out investigations as appropriate.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We looked at how the service managed staffing levels and recruitment. People told us there were sufficient staff available to keep them safe and to help them when they needed assistance. One person told us, "There is always someone available if we need them." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Records showed planned leave or long term sickness was covered by existing staff or agency staff. We were told the agency staff used had previous experience of working at the home. This ensured people were looked after by staff who were familiar with their needs. Staff spoken with confirmed they had sufficient time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's needs. The registered manager told us the staffing levels were flexible depending on people's needs, for instance wherever necessary, additional staff were placed on duty to support people with hospital appointments or other events. We noted during the inspection that an extra member of staff was available to help a person move out of the home. There were on call management arrangements in place out of normal office hours.

We looked at the recruitment records of two members of staff and spoke with two members of staff about their recruitment experiences. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We noted the candidates responses were recorded and scored to support a fair process. We also noted two written references and a DBS (Disclosure and Barring Service) check had been sought before staff commenced work in the home. A DBS check allows employers to check whether the applicant has any convictions and whether they have been barred from working with vulnerable people. Staff also confirmed these checks were completed for them before they were able to start work in the home.

We noted from looking at one new staff member's recruitment records that they had not included a full history of employment. The registered manager took immediate action to obtain this information and assured us the application form would be updated to ensure all future applicants were clear about what information was required. The registered manager also agreed to update the recruitment and selection procedure in line with the current regulations. We received a copy of the revised procedure two days after the inspection.

People were satisfied with the arrangements in place to manage their medicines. "I have various medications which are usually on time." People's medicines were regularly reviewed with their GP or community psychiatrist. The level of assistance that people needed was recorded in their support plan alongside guidance on the management of any risks. Some people were working towards self administration of their medicines and there were appropriate risk assessments in place to support this process. Medicines were administered by qualified nurses and competency checks were carried out on an annual basis. The nurses had access to a set of detailed policies and procedures which were readily available in the clinic room.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicine records were well presented and organised. All records seen were complete and up to date.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

The premises were appropriately maintained to keep people safe. We noted regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on-going maintenance and repairs to the building. We saw safety certificates to demonstrate equipment and electrical appliances and installations were serviced at regular intervals. Personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of an emergency.

Good

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff are very nice and very good at sorting things out" and another person commented, "All the staff are fine, I have no concerns about them."

At our last inspection, we found the provider had not ensured people received safe care and treatment. This was because there was a delay in obtaining a medical diagnosis in response to one person's symptoms and there were no records to indicate on-going monitoring of their condition. We also noted advice and assistance from specialist services had not been sought in relation to one person's mental health needs. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People told us they had access to a range of community health care services. These included the GP, dentist, optician and chiropodist. Where appropriate, people were given support to attend appointments and were given the option to speak to healthcare professionals in private. We noted one person was supported to attend a hospital appointment during the inspection. People's healthcare needs were considered within the support planning process and we saw written records to demonstrate staff were closely monitoring people's physical and mental health needs. This included a weekly record of people's weights. All people received an annual health check and referrals were made as necessary. We noted specialist support had been arranged for one person to support them with a specific aspect of their emotional well-being. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We saw a hospital passport had been completed for all people. This was used in the event of an admission to hospital and included all essential details about each person.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a good knowledge of the principles of the Act. They

understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. We noted all people had a mental capacity assessment and where any issues had been identified a best interest meeting had been held. For instance, a meeting had been held to agree the restriction of cigarettes for one person with a serious healthcare condition which was affected by smoking.

Staff confirmed they asked consent from people before providing any care or support. We saw consent forms were used by the home to demonstrate people's agreement to care to be provided in line with their support plan and to staff assisting with their medicines. People spoken with confirmed they were involved in all aspects of their care and support and were given the opportunity to attend review meetings. According to the PIR (Provider Information Return) the registered manager stated "The service promotes throughout the staff team that service users are in charge of their own care and they have the right to make their own choices even if we believe their choices are not the right ones; we must support them and educate them regardless."

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted two applications to the local authority for consideration. This ensured that people were not unlawfully restricted.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were provided with a choice of meals and drinks. One person told us, "The cooks are very professional and I think the food is exceptional. I especially like that everyone has a cake made for their birthday" and another person commented, "I really enjoy the theme days, when we get to try foods from different countries. I've never had anything like that before." We spoke to the chef and their assistant who explained they operated a four weekly menu with a vegetarian option and alternatives available at all meal times. The chef catered for special diets in line with people's needs and people were encouraged to maintain a healthy diet. We noted there were pictures of the "Eat well plate" displayed in the dining room and kitchen. This provided a visual representation of the types and proportions of foods people need for a healthy and well balanced diet. All meals were prepared daily from fresh ingredients. People also had free access to the skills kitchen and were able to prepare their own drinks and snacks throughout the day. As part of their recovery programme people could opt to have their own personal budget for food. This enabled them to shop for their own food and prepare their meals in the skills kitchen.

People had been consulted about their likes and dislikes and the menu had been devised to take account their preferences. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We observed lunchtime on the first day and noted the tables were set with tablecloths and condiments. The food looked well-presented and appetising. People were offered second helpings if they wanted more to eat. All people spoken with told us the food was a good quality and there was always plenty to eat and drink.

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included a corporate induction on the organisation's visions and values and mandatory training. The provider's mandatory training included, safeguarding, fire safety, infection control, food hygiene, health and safety, information governance, management of violence and aggression and the MCA 2005. New care staff also completed the Care Certificate This sets out the expected competencies and standards for all new staff working in health and social care settings. Staff newly recruited to the home were initially supernumerary to the rota and

shadowed more experienced staff to enable them to learn and develop their role. Existing staff were provided with refresher training on a regular basis. We saw staff training certificates, the staff training matrix and the overall staff training plan during the inspection.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw records of staff supervision during the inspection and discussed the topics covered with the registered manager. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

Staff were invited to attend regular meetings. They told us they could add agenda items to the meetings and discuss any issues relating to people's support and the operation of the home. Staff confirmed handover meetings were held at the start and end of every shift during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "I've been made to feel very special. Everybody has been so supportive" and another person commented, "The staff are very nice and friendly." Throughout our inspection, there was a relaxed and friendly atmosphere within the home. The registered manager and staff spoke warmly about people. They valued and respected them as individuals and praised their accomplishments. One member of staff told us, "I really enjoy my job, we have positive teamwork and it's so good working alongside people to achieve their goals."

At our last inspection, we found the provider had not ensured people using the service were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We noted extensive consideration had been given to restrictive practices in the home. This had resulted in many changes which in turn had enhanced people's freedom and independence. For instance, wherever appropriate people had been given a "fob" which opened the main entrance, the staff office door was unlocked when staff were in the room, the skills kitchen was unlocked and all people could freely access a new secure garden 24 hours a day. The garden also provided an appropriate shelter for people to smoke if they wished to. We noted staff were discreet in the way they carried keys and these were no longer worn on long straps. These changes meant people's dignity and independence were promoted and they had increased freedom to move around the home.

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. All staff completed training in equality and diversity as part of their induction and subsequently annually. This helped them to understand the importance of delivering care with kindness and dignity. We also noted there were posters displayed round the service promoting people's dignity.

People's bedroom doors were fitted with locks and people were given a key. People spoken with confirmed staff knocked on bedroom doors and waited for a response before entering. This meant they could maintain their privacy within their own room. People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

All people had a keyworker. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. People were familiar with their keyworker and confirmed they spent time chatting to them. The registered manager explained that people and staff decided on compatibility and who was best suited to form positive working relationships with each other.

The keyworker list therefore remained flexible in order to accommodate people's changing needs and preferences. All people had regular one to one sessions with staff. This enabled them to highlight any changes to their care and discuss any other pertinent issues. We saw records of the one to one sessions in people's care files and noted people were given specific support to help achieve their personal goals and aspirations.

The registered manager placed a strong emphasis on maintaining and building independence skills as part of people's recovery and rehabilitation. For instance a person recently left the home to live independently having rebuilt their life skills and regaining their driving license. We also found from talking to people and looking at their records that support had been offered to help them prepare for their future. The registered manager told us it was important that people had hope for their future lives and that this was understood and promoted by the staff team. We noted this was a recurrent theme throughout the inspection.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. People were consulted about the care and support they needed and how they wished to receive it. We noted people were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, community meetings also known as "Have your say" meetings, one to one sessions and customer satisfaction surveys. The community meetings were held weekly and run by people living in the home. The meetings gave people the opportunity to make shared decisions and be consulted about the operation of the home. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice. People were also asked their views on a group therapy provided in the home at an evaluation session. We attended part of the session during the inspection and noted people's views were recorded by the occupational therapist who was facilitating the group discussion.

Since the last inspection the handbook designed for people living in the home had been revised and updated to provide accurate information about the services and facilities available in the home. We noted there were leaflets and a poster informing people about advocacy services.

People were supported to maintain relationships with their family and friends and could receive visitors whenever they wished. One person told us, "I have visitors all the time. My [relative] comes a lot."

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "I've had some lovely experiences since I've been here. All the staff have been very caring and supportive" and another person said, "The staff have been good to me."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We noted an assessment of needs had been carried out before people moved into the home, which included people's views on what was important to them and what they wanted to achieve during their time living in the home. Following the pre admission assessment consideration was given to whether the person's needs could be met in the home. Where this was not the case a detailed letter was sent explaining the reasons for the decision. People considering moving into the service were offered the opportunity to visit to meet other people and experience life in the home.

People spoken with were familiar with their support plan and confirmed they had discussed their needs and aspirations. We examined four people's care files and other associated documentation. We found each person had a support plan based on the "Mental Health Recovery Star." This is a tool that measures change and supports recovery by providing a map of people's progress. It focused on ten areas of life which were seen as critical to recovery. These included managing mental health, self-care, social networks, responsibilities, trust and hope and identity and self-esteem. People completed the star with the support of the nursing staff and used it as a way of plotting their progress and planning actions.

Since the last inspection, a new rehabilitation programme had been introduced called the Modular Transitional Rehabilitation Programme (MTRP). This was described in the PIR (Provider Information Return) as "An intensive eight month programme based on Psycho-social Intervention and Cognitive Behaviour Therapy aimed to improve health and social care functioning." The programme was interactive and divided into six core modules, which included development of self, understanding recovery, family and social networks, relapse prevention, education and employment and final preparation and step down. People undertook the programme as part of a group and they were asked to complete a feedback questionnaire at the end of each module. People told us they had enjoyed the programme and felt they had benefitted from their participation. One person said, "I've learnt how to cope better if things go wrong" and another person commented, "It's helped me to learn about myself and given me confidence."

People also had the opportunity to participate in individual therapy sessions with the nurses, occupational therapists and the recovery support workers and we saw evidence of the sessions in people's care files.

Each person's care and support was reviewed every four weeks at a MDT (Multi-disciplinary Team) meeting. All people were invited to attend their MDT meetings. This ensured people had the opportunity to discuss their progress and their views could be incorporated into their ongoing support plans. We looked at a sample of minutes from the meetings and noted people's rehabilitation goals were documented so that people and staff were reminded about what it was they were working towards and what support was needed. The registered manager attended every MDT and explained that priority was given to acting on

people's requests. We noted the actions were reviewed at the next meeting to ensure they had been completed.

People completed activity planners with the support of the occupational therapist based on their interests and abilities. The occupational therapists also completed a variety of assessments to ascertain people's current abilities and the level of support they required. We saw evidence of people participating in activities in their personal files and one to one time spent with the occupational therapist. For instance one person was working towards gaining increased confidence when accessing the community. People told us there were sufficient activities to occupy their time. We noted there was information about group activities displayed in the foyer. People were given the opportunity to go on trips once a month. One person told us they had enjoyed a trip to the Southport Flower Show the week before the inspection.

People had access to therapeutic earnings by working in the grounds or kitchen. This acted as a stepping stone for those people who did not feel ready for work in the community. The job opportunities were advertised and people attended interviews. Job descriptions had been compiled for the roles and induction training was also offered. People worked for as many hours as they wished in order to build their confidence and skills.

We looked at how the registered manager managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner. We noted the complaints procedure was incorporated in the handbook and included the timeframe for a response and appropriate contact details.

We looked at the complaints records and found the registered manager had received three complaints over the last 12 months. We noted appropriate action had been taken to resolve the concerns in a timely manner. An audit was carried out of the complaints received to identify any themes and learning points in order to improve the service.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The staff are well organised and there is a good structure in place. They all know what they are doing."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service.

At our last inspection we noted there were some restrictive practices which had impacted on the lives of people living in the home. On this inspection it was evident practices had been reviewed and improved to ensure people had greater freedoms and their views were actively taken into account in the development of the service.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements as changing the culture of restrictive practice and ensuring people were involved in all aspects of their support, the introduction of the MTRP (Modular Transitional Rehabilitation Programme) and her full involvement in the MDT (Multi-disciplinary team) meetings. The registered manager also described her challenges over the next 12 months as making sure the staff had the right skills to meet people's complex needs, ensuring all people's needs were met and managing the diversity of people's health and social care needs. The registered manager set out detailed planned improvements for the service in the PIR (Provider Information Return). This demonstrated the registered manager had a good understanding of the service.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties, for instance handover meetings, group and individual supervision and weekly MDT meetings. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was good. They said they felt supported to carry out their roles in caring for people and felt confident to raise any concerns or discuss people's care. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities.

The registered manager and management team used various ways to monitor the quality of the service. This included audits of the medication systems, health and safety arrangements, incidents and accidents, staff training and staff supervisions, complaints and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed.

The nominated individual visited the service on a regular basis and bi-monthly quality assurance audits were carried out by the head of operations or an external consultant. This meant shortfalls could be identified and continual improvements made. We were sent copies of two audits prior to the inspection and noted they included feedback from people using the service and the staff.

People were regularly asked for their views on the service. This was achieved by means of meetings and satisfaction surveys. In addition to weekly community meetings, people were invited to dial into the Board of Directors meetings and discuss items on the agenda via a conference telephone call. People were given the opportunity to complete an annual satisfaction questionnaire which was due to be distributed in September 2016. According to the PIR all actions identified as a result of the 2015 survey had been completed. Surveys were also carried out throughout the year to gain people's views on specific topics for instance therapy, the food provided and activities.

All findings and feedback from the quality assurance processes were discussed at a monthly clinical governance meeting. The service had a quality improvement plan which was formatted under the five main domains used by CQC. The plan covered all aspects of the service and was updated and reviewed every month. This demonstrated there were robust systems in place to monitor and improve the service.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services. The registered manager was also aware of the requirements following the implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. We noted all the management staff had received duty of candour training and there was an easy read guide for all staff.