

Pathways North West Limited

# Pathways (North West) Limited - Blackburn Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 unannounced comprehensive inspection on 30 April 2018.

Pathways (North West) Limited – Blackburn Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pathways (North West) Limited – Blackburn Road is registered to provide accommodation and personal care for up to seven people with a mental health diagnosis. There were seven people living in the service on the day of our inspection. Staff employed to support people were referred to as life skills trainers which reflected the rehabilitation focus of the service.

The home did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed since the last inspection. They were in the process of applying to CQC to register as manager of the home.

At our last comprehensive inspection on 5 April 2017, we found the provider was not meeting two of the regulations we reviewed. We therefore asked the provider to take action in relation to the recruitment of staff and the systems in place to monitor the quality and safety of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Safe' and 'Well-led' to at least good. During this inspection we found recruitment processes had been improved, although one aspect of the process needed further action. This was because reasons for gaps in applicants' employment history had not been properly investigated and documented by the staff at head office who were responsible for the recruitment process. We found systems in place to monitor the quality and safety of the service were now sufficiently robust.

People told us they felt safe in the home and staff were kind, caring and respectful towards them. Staff had completed safeguarding training and were able to tell us the correct action to take should they witness or suspect abuse. People told us there were always sufficient numbers of staff on duty to support them with activities or daily living tasks.

Robust systems were in place for the safe handling of medicines. Staff had received training in how to administer medicines safely. Their competence for this task was assessed when they started work at the home. The manager confirmed they would ensure these competence assessments were completed on an annual basis.

Care records we reviewed included detailed information about the risks people might experience. Care plans were in place to help ensure staff provided the level of support necessary to manage the identified risks. Care plans were regularly reviewed to address any changes in a person's needs.

Systems were in place to help ensure the safety and cleanliness of the environment. People who used the service were encouraged to participate in cleaning the home.

Staff told us they received the induction, training and support necessary for them to be effective in their role. The provider had recently introduced a new training system which staff told us was good quality and appropriate to help them meet the needs of people who lived in the home.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to have a healthy diet, although staff recognised people were able to make their own choices about the food they ate. The manager had introduced improved systems to monitor the physical health of people who lived in the home.

Staff demonstrated a commitment to providing high quality person-centred care which met the diverse needs of people who lived in the home. Care records we looked at showed people who used the service had been involved in reviewing their care and support plans. The provider had recently introduced a system of electronic care records. Staff had provided positive feedback on this initiative as they considered it allowed them to spend more time with people who lived in the home.

The nationally recognised 'Recovery Star' was used to help people recognise the goals they had achieved. People who used the service were encouraged to participate in activities which met their interests and helped to promote their health and well-being. People told us staff would always encourage them to be as independent as possible.

All the people we spoke with told us they felt able to raise any concerns with their keyworker or the manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the manager. Staff felt able to raise any issues of concern or make suggestions to improve the service in supervision and staff meetings.

The manager had a good understanding of the needs of people who lived in the home. They told us they operated an 'open door' policy for people who used the service and staff. They demonstrated a commitment to on-going service improvement.

## 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 always safe.

Recruitment processes needed to be further improved to help ensure people were properly protected from the risk of unsuitable staff; the responsibility for the safe recruitment of staff was held by staff at the provider's Head Office.

Staffing levels in the service were sufficient to meet people's needs. Staff were aware of the correct procedures to follow to protect people who used the service from the risk of abuse.

People's care records included detailed information about any risks people might experience and the support required to manage these risks.

### Is the service effective?

**Good** 

The service was effective.

People told us staff had a good understanding of their needs and supported them to achieve their goals.

Staff received the induction, training and support necessary to help them deliver effective care.

Systems were in place to help ensure people's mental and physical health needs were effectively assessed and met.

### Is the service caring?

**Good** 

The service was caring.

People told us staff were kind, caring and respectful towards them. Staff had a good understanding of people's diverse needs.

Staff demonstrated a commitment to providing high quality care and support to people who lived in the home. People told us staff would always support them to develop their independent living skills.

People were encouraged to access independent advocacy

services. This helped to ensure their views and wishes were genuinely considered when decisions were being made about their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us staff always provided them with the support they needed.

People were supported to attend activities of their choice and to maintain relationships with family and friends.

People who used the service were involved in reviewing the support they received. This helped to ensure the service was responsive to people's changing needs.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Improvements had been made to the systems used to monitor the quality and safety of the service.

Staff and people who used the service gave positive feedback about the manager and the way the home was run.

# Pathways (North West) Limited - Blackburn Road

## **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 took place on 30 April 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us; these are events which happen in the home that the provider is required to tell us about. We also contacted Healthwatch, the local authority's infection control and contract monitoring teams as well as a number of community based professionals for feedback about the home.

During the inspection we spoke with three people who used the service, two members of staff, the manager, the deputy manager, the business development manager and one of the directors of the service.

We looked at the care and medicines records for three people who used the service and the personnel files for three staff members. We also looked at a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

At our last inspection in April 2017 this key question was rated as 'Requires improvement'; this was because recruitment processes were not sufficiently robust. During this inspection we found improvements had been made, although one aspect of the process still required further improvement. The rating for this key question therefore remains as 'Requires improvement'.

The manager told us the recruitment process was conducted by Head Office; this included the responsibility for scrutinising records and ensuring all required pre-employment checks had been completed. In order to check that the provider had made the improvements highlighted as necessary during the last inspection, we looked at the personnel files for three staff that had been recruited since March 2017. All three files contained two references, proof of identification and a Disclosure and Barring Service (DBS) check. The DBS checks help employers to make safe recruitment decisions by reducing the risk of unsuitable staff working with vulnerable people. However, we noted that the application form on each of these files had not been fully completed in order to document a complete employment record for the individuals concerned, since the date of leaving school or college. When we discussed this with the manager they were able to give us, an explanation for most of the gaps in the employment history based on their previous conversations with the relevant staff members. They told us they would ensure the reasons for all gaps in employment were documented on each of the personnel files concerned.

At our last inspection we had been told people who used the service were being supported and trained to participate in the recruitment process. However, the manager told us they had not seen any evidence of this in practice since they started work at the home. We discussed this with the business development manager who took the lead on the recruitment process on behalf of the provider. They told us they would review the opportunities for people who used the service to be involved in the recruitment of staff.

People who lived in the home told us they had no concerns about the care and support they received. One person told us, "It's a nice settled place to be." Another person commented, "I sort of feel safe here but I'm still settling in."

People were protected from the risk of abuse. Staff had undertaken safeguarding training and had policies and procedures to refer to. All the staff we spoke with understood how to report any suspected abuse and were confident managers in the service would take the necessary action to ensure people were protected. The manager told us individual risks and vulnerabilities were regularly discussed with people who used the service. We saw that detailed risk management plans were also in place to help keep people safe when they had been assessed as being at risk of abuse, exploitation, self-neglect, social isolation and mental health relapse.

Some people who lived in the home were supported by staff to manage their money. This helped to protect people from exploitation when accessing the community. People spoken with confirmed their consent to the arrangements in place.

People were supported by sufficient numbers of staff. People told us there were always staff available to support them with activities, domestic tasks or to provide one to one emotional support. During the inspection we observed staff responded promptly to requests for assistance from people who lived in the home. The staff rotas we reviewed confirmed the provider maintained consistent staffing levels.

Medicines were managed safely and effectively. Medicines were stored in individual locked cabinets in people's bedrooms; this enabled staff to take a person-centred approach to the administration of medicines. Staff had received training in the safe handling of medicines. The deputy manager was responsible for checking the competence of staff to administer medicines safely. We advised the manager that such checks should be repeated on an annual basis. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

We reviewed the medication administration record (MAR) charts for three people who used the service. We saw that these were all fully completed to show that people had received their medicines as prescribed. We saw that written protocols were in place for 'as required' medicines. These protocols provided information for staff to help ensure people always received the medicines they needed.

People lived in an environment which was safe and generally clean. As part of their rehabilitation programme, people who lived in the home were encouraged to participate in cleaning the home. During the inspection, we noted the floor in one bathroom was not particularly clean. The manager told us they would arrange for this to be cleaned by a staff member.

People were protected from the risk of cross infection. Staff were aware of the action to take to help prevent the spread of infection. During the inspection, we observed staff following good practice guidelines by using soluble bags when dealing with soiled laundry.

Procedures were in place to protect people in the event of an emergency at the home. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire.

Although a business continuity plan was in place, this lacked detail about the agencies staff might need to contact in the event of an emergency. The manager told us this would be discussed with the senior management team.



# Is the service effective?

## Our findings

At the last inspection, in April 2017, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People were supported by staff that had a good understanding of their mental and physical health needs and of the best way to support them. Comments people made to us included, "Staff know if I am feeling depressed and offer to take me out" and "Staff have a good understanding of mental health and how it affects people."

Staff received the induction, training and support they needed to be able to deliver effective care. We spoke with one staff member who had recently started work at the home. They told us the induction had been a positive experience which had allowed them the opportunity to get to know people who lived in the home, read policies and procedures and shadow more experienced staff.

The provider had recently invested in a new online training service. Staff told us they were working through the courses considered as mandatory by the provider; this training included areas such as equality and diversity, MCA and DoLS, mental health awareness, person centred care, infection control, safeguarding adults, first aid and food hygiene. Staff told us they found the training to be of good quality. One person told us they had been supported to undertake a degree level course in mental health and was also being put forward for team leader training. Records showed the manager kept a central record of all courses completed by staff; this helped to ensure staff kept their knowledge and skills up to date.

Staff told us they received regular supervision as well as an annual appraisal of their performance. We saw that staff received feedback on their performance and were supported to consider their training and development needs on an ongoing basis. Staff also participated in a monthly 'reflections' group which was facilitated by a manager from another part of the service; this provided staff with the opportunity to discuss how best to support the individuals who lived in the home. Staff told us they found this process to be helpful and allowed them to discuss how they could be more effective in the support they provided to people.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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.

The manager and staff we spoke with had received training in and demonstrated a good understanding of MCA and DoLS. We noted that one person was subject to DoLS as they required one to one support for most activities outside of the home. Care records we reviewed showed this person no longer required one to one support from staff while attending a local resource where they volunteered. This reduction in staffing had been discussed and agreed with the local authority; this meant the person's freedom was not restricted unnecessarily.

People who lived in the home told us staff always respected their choices and decisions but offered support and guidance where necessary. One person told us, "Staff help me to think things through, but at the end of the day it's my decision."

We looked at the systems in place to ensure any changes to people's needs or support plans were communicated across the staff team. Staff we spoke with told us they received a handover at the commencement of each shift. We saw that a written record was maintained of each handover that included the tasks allocated to individual staff members. The service also had a communication book in place which helped to ensure staff had all the up to date information they required to provide the support people needed.

People were supported to eat a healthy diet as much as possible. People received £10 per week to buy food for their lunches, with support from staff as necessary to go shopping for the items they wanted. Staff prepared an evening meal, with support from people who lived in the home. People told us they contributed to planning the menu for the evening meals. We were told that people were able to access the kitchen whenever they wanted to in order to prepare drinks or snacks throughout the day. One person who lived in the home told us, "You can choose to have an evening meal. It's fresh food, not takeaways."

Records we reviewed showed a comprehensive assessment was completed of a person's mental, physical and social health needs when they were referred to the service. Where appropriate, the assessment was used to formulate a transition plan for the person into the service; this included people making visits to the home in order to help ensure they understood the rehabilitation goals of the service.

The manager had introduced improved systems to record the physical health of people; this meant that people's weight, body mass index (BMI), pulse and temperature were checked on a regular basis. People told us staff would always support them to attend appointments in relation to their mental and physical health if they felt this was necessary.

People who lived in the home received regular support from community based mental health professionals to help ensure the care they were receiving was effective in helping them achieve their rehabilitation goals.

## Is the service caring?

### Our findings

At the last inspection, in April 2017, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People spoken with during the inspection told us staff were kind, caring and respectful towards them. Comments people made included, "I like the company and support of staff", "My keyworker is lovely and gentle with me but I also need someone to be firm at times" and "I think staff care about me. They are understanding and caring. I don't think they would be in the job if they didn't care."

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff encouraged people to decide what activities or tasks they were going to take part in during the day. One member of staff supported a person to go shopping while other staff members helped a person to clean their room. We also noted a staff member asked a person if they wanted to engage in a pamper session after lunch in order to help them deal with their fluctuating mental health condition; this was clearly appreciated by the person concerned.

People who used the service were able to maintain their privacy as they had a key to lock their bedroom. We saw that people had signed an agreement to consent to staff accessing their room in the event of an emergency or if they had concerns for their health and safety.

There were policies and procedures in place which advised staff of the need to treat people with dignity and respect. These policies referred to equality legislation and the requirement for staff to ensure people were treated fairly. There was also an emphasis on supporting people who used the service to develop and enjoy meaningful relationships with others. From our discussions, it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination.

We were told that service user involvement was integral to the service. This was confirmed in the policy regarding service user involvement and participation which stated, "We are committed to ensuring that all the people we support are listened to and responded to so that they receive high quality personalised care." People told us they were involved in developing and reviewing their support plans. One person commented, "I go through my care plans with staff. I am able to change anything I want to."

All the staff we spoke with demonstrated a commitment to providing high quality support and care in order to help people who used the service meet their rehabilitation goals. A staff member told us, "We try to motivate people to do things. We support people to use public transport." People who used the service confirmed staff supported them to be as independent as possible.

People's cultural and spiritual needs were considered during the care planning process. The manager told us one person was regularly visited by a minister or lay preacher from a local church.

We noted that people were encouraged to sign their care records to show they were in agreement with the plans to support them. We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

Prior to their admission to the service people were given a service user guide which contained information about the support they could expect to receive during their stay at the home, including the house rules and how they could get their views heard and acted upon. The registered manager told us people were encouraged to access independent advocacy services. This helped to ensure their views and wishes were genuinely considered when decisions were being made about their lives.

The statement of purpose produced by the provider set out the rights of people who used the service. The document stated, "We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and encourage our residents to exercise their rights in full." The manager told us how they had supported people to exercise their right to vote by ensuring people were enrolled on the electoral register. They told us they intended to support anyone who wished to vote in the forthcoming local elections.

# Is the service responsive?

## Our findings

At the last inspection, in April 2017, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People told us staff always responded to their needs and supported them well. Comments people made included, "I like it here. They [staff] are doing a good job with me. They give me motivation" and "I get on well with staff. They help me with activities and going to the gym."

Staff spoken with told us they provided people with individualised, person centred care. One staff member told us, "We are aware of people's likes, dislikes and how best to support them. People do a planner as a guideline but they always have the option to change it." Another staff member commented, "We treat each person as an individual and support them to do activities of their choice."

We saw that the service used the 'Recovery Star' to engage people in discussions about their support needs; this is a nationally recognised tool which supports people who use services to work collaboratively with staff to identify what is important to them and the goals they wish to achieve. One person told us, "I find the recovery star helpful to see the progress I am making."

Each person had detailed support plans which reflected their choices and preferences. Records identified people's support needs in all aspects of their lives and provided guidance for staff on how to respond to them. A one page profile had been developed with each person which included 'Things important to me', 'Things you need to do to keep me happy, safe and well' and 'What people like and admire about me.' The manager told us that the deputy manager was generally responsible for helping people to devise support plans which met their needs. They told us, "We take a positive approach to people. Care plans are written in a way people can understand and not in a negative way. [Name of deputy manager] will write things up to five times to ensure people are in agreement with the content." We saw that all care plans and risk assessments had been regularly reviewed and updated where necessary to ensure they were an accurate reflection of people's needs.

People told us staff supported them to maintain contact with family and friends. Records we reviewed showed staff had worked with social care professionals to help minimise any risks when a person had contact with their children; this helped to ensure these important relationships could be maintained.

Staff in the service maintained regular contact with the community mental health professionals who were responsible for reviewing people's care arrangements. This helped to ensure any changes in people's mental health could be closely monitored and action taken where necessary. On the day of the inspection, we noted staff supported a person to attend an urgent appointment with a psychiatrist due to concerns regarding their mental health.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must

make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The manager told us they were unaware of this standard but that people's communication needs were always considered as part of the assessment and support planning process. They told us they would check the requirements of the AIS to ensure the service was compliant with them.

There was a complaints procedure available which was included in the guide people received to help them make a decision about admission to the home. The information was clear about how individuals should let others know if they were unhappy with their care or with something in the home. The service monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. We saw there had been four complaints received since the last inspection. Records we reviewed showed all of these complaints had been thoroughly investigated and a response provided; this meant people could be confident in raising concerns and having these acknowledged and addressed.

People spoken with told us they would be happy to complain to the manager, their keyworker or any of the directors during their visits to the home if they were unhappy with any aspect of their care. One person commented, "I would speak to staff if I had a complaint and they would listen to me."

We looked at the use of technology within the service. The manager told us the provider had recently introduced electronic care records into the home. Feedback from staff was positive about this technology as they considered the use of hand held devices to record their interventions allowed them to spend more time with people who used the service. One of the directors told us they were currently considering how they could enable people who lived in the home to use the technology to document their agreement to support plans. In the absence of this, all support plans were printed off for people to review and sign.

Some people had mobile phones which they were able to use without any restrictions. A computer terminal was available in the dining room and was used by people to access sites to search for jobs or maintain contact with friends and family.

We asked the manager whether they gathered information from people about their end of life wishes. They told us tentative discussions had taken place with some people, although due to their age most people did not consider this to be relevant to their situation. The manager told us they would attempt to engage people in discussions such as whether they would wish to be resuscitated in the event of a cardiac arrest or be on the organ donor register.

## Is the service well-led?

### Our findings

At the last inspection, in April 2017, this key question was rated as 'Requires improvement'; this was because quality assurance systems were not sufficiently robust. At this inspection, the rating has improved to 'Good'.

Since the last inspection there had been a change in the management arrangements in the home. A new manager and deputy manager had been appointed; the manager told us they had been in post since November 2017 and were in the process of applying to register with CQC as manager of the home.

Following the last inspection, the provider told us how they planned to improve the governance systems in place to help ensure the quality and safety of the service. At this inspection, we found the required improvements had been made. A number of audits were carried out by the manager and deputy manager in the service; these included those relating to infection control, the safe handling of medicines, the cleanliness and safety of the environment and the accuracy of care records. All audits clearly identified any shortfalls in expected standards and the actions staff were expected to take to improve matters.

Records we reviewed showed directors of the service had made regular visits to the home. During these visits they had spoken with staff, people who used the service and reviewed records in order to ensure the quality and safety of the service.

We were told a weekly senior management team meeting was used to discuss any issues which affected the safety and running of the service; these included incidents, maintenance and health and safety concerns as well as staffing issues. Records showed these meetings were also used as a forum to discuss the progress of people who used the service as well as communication with relevant health and social care professionals.

Our pre-inspection checks showed the provider was meeting the requirement to display the most recent rating for the service on their website. During our inspection, our checks confirmed that the most recent CQC rating was also on display in the home; this was to inform people of the outcome of the most recent inspection.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

People who lived in the home and staff were complimentary about the manager and the way the home was run. Comments people made to us included, "It's a nice company to work for. I find managers don't ask you to do things they wouldn't do themselves", "I would recommend this place to others" and "Staff and managers are great. The manager is the best I've worked for. She's calm and has an open door policy for everyone."

Records we reviewed showed regular staff meetings were held; these meetings provided an important

opportunity for staff to make suggestions about how the service could be improved. The registered manager told us that staff were able to put any items on the agenda and that these would then be discussed within the meetings. Staff we spoke with confirmed they always felt listened to within staff meetings. One staff member commented, "They [name of manager] is very open to any suggestions we make. They are willing to give things a trial. It's nice to be involved in decisions made."

Staff had access to policies and procedures to guide them in their practice. The manager told us the provider was in the process of reviewing all policies and procedures to ensure they were aligned to relevant legislation and key lines of enquiry used by CQC during the inspection process.

The provider carried out an annual satisfaction survey with people who lived in the home. We saw that all the responses from the most recent survey were mostly extremely positive, particularly about the manager. Comments people had made included, "Staff care about my welfare. The manager is fantastic. I always feel supported and listened to", "The manager has boosted staff morale. I feel listened to and taken seriously" and "I like the manager very much. She gets things done."

Our discussions with the manager showed they were knowledgeable about people's individual needs and preferences. They understood their responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team.

Planned improvements for the service were set out in the PIR (Provider Information Return); these included engaging with the network of approved providers on the Lancashire Mental Health Rehabilitation Framework to share experiences and benefit from learning across a wider network of care providers as well as the review of staff reward and recognition strategies. However, we also noted that there was little evidence that some of the planned improvements we were told about during our last inspection had been taken forward. The manager told us that, since their appointment, they had been focusing on improving staff morale and implementing electronic records. They advised us they would review previously planned improvements and whether these remained relevant to the home.