

Pathways North West Limited

# Pathways (North West) Limited - Blackburn Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 5th April 2017. We had previously inspected the service in October 2014 when we found it to be meeting all the regulations we reviewed.

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 six 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 service had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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.

During this inspection we identified two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes were not sufficiently robust to adequately protect people from the risk of unsuitable staff. The provider had not carried out the required additional checks when people had worked previously with vulnerable adults or children to ascertain why their employment in that service had ended. In addition the provider's management systems had not been robust enough to identify the shortfalls we found during the inspection. Action plans were not always in place following audits. Some action plans did not identify who was responsible for required actions or the timescales in which they should be completed. This had resulted in the same issues being identified in two consecutive audits related to people's care records and one person's prescribed medicines. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe with the staff who supported them. They told us staff were always available to support them in the activities they wished to do. People were enabled to make their own decisions and told us staff always promoted their independence. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

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 supervision they needed to be able to carry out their roles effectively. Staff were able to demonstrate a good understanding of the legal frameworks under which individual's placements at the home were arranged. The registered manager had also taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

Staff demonstrated a commitment to providing high quality person-centred care. People were supported to achieve their rehabilitation goals. Care records we looked at showed people who used the service had been involved in reviewing their care and support plans. 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.

Records we reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff as far as possible, to maintain a healthy diet.

All the people we spoke with told us they felt able to raise any concerns with the registered 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 registered manager. Staff felt able to raise any issues of concern or make suggestions to improve the service in supervision and staff meetings.

The registered manager demonstrated a commitment to driving forward improvements in the service. The provider had developed a 'service user forum' which helped to identify areas for improvement across the three services they owned in the local area.

## 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 improved to help ensure people were properly protected from the risk of unsuitable staff.

Staffing levels in the service were sufficient to meet people's needs. Staff had received training in how 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.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices. Appropriate arrangements were in place to ensure any restrictions in place were legally authorised.

People received the support they needed to help ensure their health and nutritional needs were met. People were encouraged to participate in physical activities to help promote their health and well-being.

### Is the service caring?

**Good** 

The service was caring.

People who used the service told us staff were supportive and helpful.

Staff demonstrated a commitment to providing high quality support and care. 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 they were able to express their opinions about the support they received.

### Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to help ensure people received person-centred care to meet their diverse needs.

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.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems in the service had not been sufficiently robust to identify the shortfalls found during the inspection.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People who used the service told us the registered manager was understanding and approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and the registered manager.

# 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 checked 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 5 April 2017 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. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

Prior to the inspection we contacted the local commissioning team and a number of community based professionals to request their feedback about the service.

During the inspection we spoke with two people who used the service, two life skills trainers and the registered manager. We also spoke with an occupational therapy student who was on placement in the home.

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

People we spoke with who used the service told us they felt safe and had no concerns about the care and support they received. One person told us, "I definitely feel safe here. No one is aggressive or bullying. We all get on." Another person commented, "I feel safe because there are always staff around."

We checked to see if there was a safe system of recruitment in place. We noted the provider's recruitment policy and procedure was in the process of being updated. The registered manager told us this was to ensure it met the current regulations. We reviewed three staff personnel files. Each file contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two references. However we found that the provider had not undertaken the required additional checks for one person who had previously worked with vulnerable adults in order to find out why the person's employment in that position had ended. This meant recruitment processes were not sufficiently robust to protect people who used the service from the risk of unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We were told that systems were in place to review any risks in relation to applicant's previous convictions to determine if they were suitable to work in the service.

The registered manager told us that people who used the service were currently involved in drawing up questions to be asked during the interview process. We were told there was a plan in place to further involve people who used the service in the interview panels for new staff; this was confirmed by records from meetings we reviewed. The registered manager advised us that people who used the service would be fully supported and trained for their role in interviewing prospective staff.

People who used the service told us there were always enough staff on duty to provide the support they needed. One person told us, "Staff are there to do what I want to do each day." We reviewed the staff rotas and noted there were always at least two staff on duty during the day. Staff spoken with told us they worked flexibly to accommodate any specific requests for support from people who used the service. The registered manager told us that any cover for sickness or annual leave was provided from within the staff team or by staff who usually worked in the provider's two other services in the local area. We were told that staff who provided cover were required to read the 'Safety and Support plan' in place for each person who used the service in order to ensure they were able to provide safe and appropriate care.

We noted that staff were able to contact a manager for advice or support via the on-call rota which was in place outside normal office hours. A rota was also in place for staff from each of the three care homes owned by the provider to undertake regular telephone welfare checks throughout the night to help ensure the safety of people in each service.

Staff told us, and records confirmed, they had received training in safeguarding adults. Staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues. One staff member told us, "I would report any concerns to the manager or one of the directors if necessary."

We reviewed the systems in place for the safe handling of medicines. We saw that all staff received training for this role but were only allowed to administer medicines once they had been assessed as competent to undertake this task on three separate occasions. Annual checks were also carried out to help ensure staff remained competent to administer medicines safely.

All bedrooms contained an individual lockable medicines cabinet; this enabled staff to take a person-centred approach to the administration of medicines. There was a system in place to check that medicines in these locked cabinets were being stored at the correct temperature. People who used the service were assessed as to their ability to take responsibility for their own medicines as part of their rehabilitation programme.

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. One person who used the service told us, "I know I can ask for PRN (as required) medication when I need it and staff give it to me straight away."

We noted that the registered manager kept a log of any medication errors which occurred within the service. There had been three errors since the start of 2017. Once an error was found the staff member concerned was required to complete a reflective log to review how the error had occurred and the lessons they had learned to help prevent further errors. Following any error the relevant staff were also required to undertake refresher training and have their competence reassessed before they were allowed to administer people's medicines again.

Care records we reviewed contained detailed information about the risks people might experience including those relating to a deterioration in their mental or physical health, vulnerability to exploitation, compliance with prescribed medicines and the misuse of alcohol or substances. Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the home.

People who used the service were supported where necessary to contribute to the running of the household by carrying out daily living tasks such as cleaning and recycling waste. People were also supported to do their own laundry on a regular basis. We saw that all communal areas were clean and well maintained.

Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.



Records were kept of the support people who used the service would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

## Is the service effective?

### Our findings

People who used the service told us staff had the right experience and skills to be able to support them effectively. One person commented, "Staff are excellent. Whenever you feel bad you can have a chat. They always make time for me." Another person told us, "Staff know me really well and support me in the right way."

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 registered manager and staff we spoke with had received training in and demonstrated a good understanding of MCA and DoLS. We noted that an application had been submitted to the local authority for one person who required one to one support outside of the home; this was awaiting authorisation. The registered manager told us they regularly contacted the local authority to check on the status of the application. We noted that the person was not subject to any restrictions inside the house. This meant their freedom was not restricted unnecessarily.

One of the people who lived at the home was required to do so under restrictions placed on them by the Mental Health Act (MHA) 1983. Staff were able to tell us about the MHA status of the people they supported and any conditions placed on them due to a statutory order. Records we reviewed showed that where necessary staff supported people to access independent advocacy services. Records we reviewed showed restrictions on people's freedom were minimised as much as possible in order to support people to access community resources and to maintain contact with family and friends.

We looked to see how staff were supported to develop their knowledge and skills. Staff we spoke with told us they completed an induction when they started work in the service. Records we reviewed showed an induction checklist was completed to ensure all required areas had been covered during the first two weeks of employment. New staff also completed shadow shifts with more experienced workers to help them understand the needs of the people they would be supporting. We were told that since the introduction of the Care Certificate all new staff were required to complete this programme at the local college during the first week of their employment. The Care Certificate is a nationally recognised set of induction standards for people working in care.

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to provide people with effective care and support. 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. The registered manager told us the provider had arranged for a local college to provide a bespoke training programme for all the staff they employed. Staff commented positively on the quality of this training. One staff member told us, "The quality of training is so good. We are all completing the Care Certificate. We have a workbook we take with us. This goes through everything. We have lots of discussions during the training and use examples while maintaining confidentiality." They also told us they had regular observations in the workplace to help ensure they were providing people with high quality care and support. We noted that a central log was maintained of all training completed by staff and when required refresher training was due.

Records we reviewed confirmed staff received regular supervision and appraisal. We saw that staff received feedback on their performance and were supported to consider their training and development needs on an ongoing basis. Records we reviewed showed suggestions made by staff during supervision sessions were listened to and acted upon. Staff also participated in a weekly 'reflections' group which was facilitated by the psychologist employed to work in the service. 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 were told that staff could also access the psychologist should they require individual support to address any emotional issues, either home or work related.

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. 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.

We asked staff how people's nutritional needs were monitored and met in the service. We were told that people who used the service completed a weekly planner together to decide what they wanted to eat for their evening meals. People who used the service were encouraged to help staff make the meal they had chosen for the group. People were also given £10 per week to buy food for their lunches. Staff told us they would always encourage people to make healthy choices in relation to food although they acknowledged they were unable to prevent people from choosing unhealthy options if they wished to do so. We were told that people were able to access the kitchen whenever they wanted to in order to prepare drinks, snacks or to support staff in making main meals. One person who used the service told us, "The food is brilliant. We always have a choice. They [staff] ask us what we want." Another person told us they were less happy with some of the meals other people who used the service chose to make. They told us that because of this they were given extra money by staff so that they could cook the meals they wanted.

The service had not yet received an inspection in order to receive a rating under the national food hygiene rating scheme. However we noted the kitchen was clean and well stocked.

We saw that there were systems in place to monitor people's weight and Body Mass Index (BMI). We noted that, where necessary, staff had taken action to refer people to specialist services in order to help ensure people's nutritional needs were met. People who used the service told us, if necessary, staff would support them to attend appointments in relation to their health needs.

Staff we spoke with told us they encouraged people to take part in physical activities. With support from people who used the service, one staff member was in the process of converting a lounge area into a

relaxation room where people could be supported to do gentle yoga type exercise or spend time listening to music. This showed people were supported to maintain good physical and mental health.

# Is the service caring?

## Our findings

People we spoke with who used the service told us staff were supportive and helped them to achieve their goals. Comments people made included, "I love living here. I always feel I can speak to any of the staff" and "I want to get better and have a family. I feel staff understand my goals. They also realise when I'm not myself and offer to have a chat." Records we reviewed showed people who used the service received regular one to one support from staff.

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 they were going to take part in during the day. We observed how one staff member told a person who used the service, "I'm very proud of you." This was in response to the achievement the person had made in visiting a local town independently. We could see that this promoted a sense of well-being in the person concerned.

We saw that one person who used the service had written a 'Thank You' card to staff to recognise their caring nature. The person had commented, "During the last 12 months you have all contributed to me achieving many steps towards my goal of living successfully in the community. Your kindness, understanding and support has been humbling."

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.

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. We saw that people who used the service had signed their care records to indicate their agreement to the support to be provided.

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. We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

People who used the service told us staff would always support them to be as independent as possible. One person commented, "I'm very independent here. I can go where I want." A staff member also told us, "When it comes to independence we try and steer people that way. We take a back seat and just guide where necessary."

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 if they needed help in ensuring their health and social care needs were met.

## Is the service responsive?

### Our findings

People we spoke with who used the service told us they always received the support they needed and wanted. They told us staff would always help them to pursue their interests and maintain contact with those people important to them.

Staff spoken with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to deliver a personalised and responsive service.

We saw that a comprehensive assessment was completed by the registered manager before people were accepted to the service. We saw that each assessment included a recommendation about whether the service was appropriate for the individual's needs. The registered manager told us that people were encouraged to spend periods of time at the home prior to making a decision about whether they wished to take up the offer of a place. We were told this transition period allowed people who already lived in the home to get to know the individual. Staff were also able to make an assessment of the compatibility of all the individuals to live together.

We looked at the care records for three people who used the service. We noted these contained detailed information regarding people's health and social care needs. We were told that each person in the service was allocated a keyworker who worked with them to agree what support they needed. Staff told us they were focused on providing person-centred care in order to meet the diverse needs of people who lived in the home. One staff member commented, "We always ensure the person is central to everything we do." Another staff member told us, "Everything is provided for the individual."

We saw that there was a system in place to ensure people who used the service were involved in reviewing and amending their support plans as their needs changed. People we spoke with confirmed they had been involved in regular review meetings both with staff employed in the home and with other professionals involved in their care. One person told us, "I sat down with staff the other day to go through my recovery star." A staff member also commented, "We go through support plans with people. Things are always written from their perspective."

People who used the service had an individual weekly activity planner which was agreed between them and the staff who supported them. In addition to completing household tasks to develop their daily living skills, people were encouraged to participate in activities outside of the home. We noted one person undertook voluntary work while another person was being supported to attend a football group organised by the local football club. People also undertook arts and crafts activities in the home; work people had completed was on display in the dining area. We also noted people who used the service had been supported to complete a mood board in preparation for developing the garden area at the rear of the property.

We saw that there were a number of opportunities for people to provide feedback on the support they received in the service. A daily house meeting took place during which people who used the service were

advised of the particular roles allocated to staff including the nominated first aider and the staff member responsible in the event of a fire. Any planned or requested activities were also discussed during this meeting. The registered manager told us this daily meeting had not always been well attended. They had therefore taken the decision to provide a light lunch for people who used the service and staff in order to encourage people to attend and participate in the discussions.

A weekly meeting also took place during which people were asked what was going well/not going well for them so that adjustments could be made to the support they received. Issues such as health and safety and infection control were also discussed. In addition the meetings were used as an opportunity to remind people about the complaints procedure and the suggestions box which they could use to submit any comments or complaints anonymously if they wished.

People we spoke with told us they would feel confident to use the complaints procedure if they had any concerns. We noted there had not been any complaints received since December 2015. One person who used the service told us they had submitted a complaint in the past and were satisfied with how their concerns had been dealt with.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. They had been appointed since the last inspection.

People who used the service told us they found the registered manager to be approachable and always willing to help them in any way necessary. One person commented, "[Name of registered manager] is a lovely lady. She's a good manager and always listens." Another person told us, "The manager is brilliant. She has my best interests at heart."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. The registered manager told us there were a number of audits completed on a weekly, monthly and three monthly basis. These included those relating to infection control, the safe handling of medicines and the accuracy of care records. The provider had organised a system of peer audit which involved a manager from another part of the service auditing some of the processes and records in place in the home. However we saw that action plans were not always put in place to record who was responsible for addressing identified shortfalls and within what timescales the actions should be completed. As a result we noted that one person's record of prescribed medicines had been inaccurate on two consecutive audits. From our review of staff personnel files we also noted that disciplinary action had been taken against one staff member who had not completed actions identified as necessary during two consecutive care plan audits. However we could not find any evidence to show what instructions had been given to the staff member concerned following the audit. Our review of staff personnel files had also shown that the provider's management systems had not identified that some legally required pre-employment checks had not been completed. The lack of robust quality assurance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating.

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.

We noted that the registered manager maintained a log of any incidents and accidents which occurred in the service. Records we reviewed showed that all incidents were reviewed to see if appropriate action had been taken and if any lessons could be learned. The registered manager told us all incidents were discussed within the staff team. A debrief was also carried out with the individual staff members involved to help ensure their health and well-being.

Staff we spoke with told us they enjoyed working in the service and found the registered manager to be



approachable and always available for advice or support. Comments staff made to us included, "The atmosphere is brilliant. We have a good team and I feel very supported" and "It's a fantastic team. The manager is lovely and I feel I can always approach them for support, even if it's not work related."

We were told that one of the directors of the company which provided the service was allocated to oversee the home. Staff told us the director was approachable and supportive of them and any ideas they had to improve the service. During the inspection we noted the director attended to ensure the staff member responsible for refurbishing the relaxation room had all the resources they required.

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.

We saw that the provider had gained the Investors in People Award in recognition of their good employment practices and a commitment to continuous improvement.

The registered manager told us the provider had organised a 'service user forum'. This included a group of people from across the three care homes owned by the provider who came together to make suggestions about how the service could be improved. We noted action had been taken to address issues people had raised including the format of daily records. Records from the most recent meeting showed that the provider was in the process of developing a cross service audit tool which would involve people who used the service being involved in audit visits. A number of people who used the service also volunteered to deliver training to staff in areas including self-harm and eating disorders.

The registered manager told us there was a drive to deliver an outstanding service. This was reflected in information we saw on display on the staff noticeboard which asked staff for creative suggestions to further improve the service. We noted that the registered manager's recent appraisal identified areas for service development including increased collaborative care planning and creative and innovative problem solving with people who used the service. The registered manager told us, "We want to provide absolutely the best support to people."

Records we reviewed showed the provider undertook an annual satisfaction survey with people who used the service, relatives and staff. We noted that comments from all groups of people had been mostly very positive. We saw that one relative had written, "The level of care is not just excellent but to a much higher standard than I could have imagined prior to [name of person's] stay." A staff member had also commented, "The service users receive excellent, compassionate care."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems in the service had not been sufficiently robust to identify the shortfalls found during the inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment processes were not sufficiently robust to adequately protect people from the risk of unsuitable staff.