

## Active Pathways Limited

# Brookhaven

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Brookhaven is an open mental health rehabilitation and recovery service, which provides personal and nursing care for up to 22 adults. The person led model of care is designed to fully support people and enable their own recovery pathway in the next stage of their journey. At the time of our inspection there were 18 people who lived at Brookhaven.

### People's experience of using this service:

Support plans were very detailed person-centred documents. They reflected people's assessed needs extremely well and had been consistently reviewed. Any changes in need had been clearly recorded. People who lived at the home planned their own recovery journey, by using the 'Recovery Star' model, which is designed to enable people to take control of their own programme, so that goals are achievable and can be met. A wide range of evidence was available to demonstrate how people had significantly improved whilst using their own personalised 'Recovery Star' programme. Daily activities were tailored to suit each person on an individual basis and these were clearly highlighted and monitored by the management team through a digital computerised system.

A resident representative had been appointed, who attended internal and external meetings to actively discuss issues, particularly around mental health awareness. This helped to ensure the voices of those who lived at Brookhaven were heard by a wider audience.

The home had introduced an effective innovative system of the 'Champion Model', which was designed, in accordance with the five key questions used by the Care Quality Commission. Each area had a designated lead, supported by an enthusiastic team of staff and people who lived at the home. Each team was selected on the basis of individual strengths. Milestones were set and celebrated when achieved. This helped to ensure the voices of those who lived at the home were heard and people were involved in making decisions and improvements to their home and the service.

Everyone we spoke with provided us with extremely positive comments about the quality of service and the standard of the staff team. People who lived at the home were safe. Systems to act on allegations of abuse were in place. A wide range of risk assessments had been developed and potential risks were being managed well. A system was in place for the reporting and recording of accidents and incidents. Staff were recruited safely. Staff had received training in medication awareness and relevant guidance was available.

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's needs and choices were assessed and their care and support was delivered to achieve effective outcomes. Staff engaged with people well. We saw some lovely interactions between staff and those who lived at the home. We were told and our observations confirmed care workers were kind and caring.

New staff received an in-depth induction programme and a broad range of training had been completed by all staff, who were regularly supervised and observed at work. People told us that staff were competent to do their jobs.

Detailed policies and robust systems were in place for the management of complaints. Audits had taken place and feedback was regularly obtained from those who used the service and their relatives. Regular team meetings had been conducted and staff members felt able to approach the managers with any concerns, should they need to do so. Meetings were also conducted for those who lived at the home and their relatives.

Rating at last inspection: Good (16 September 2016)

Why we inspected: This was a scheduled inspection.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remained good

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service improved to outstanding

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service improved to outstanding

Details are in our Well-Led findings below.

Outstanding ☆

# Brookhaven

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by three adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Brookhaven 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced, which meant they did not know we were coming.

#### What we did:

Before our inspection we looked at all the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We also looked at the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted twelve community health and social care professionals to request their feedback about the quality of service provided. We received three responses. We used a planning tool to collate all this evidence

and information prior to visiting the service.

We spoke with five people who lived at the home and three family members. We observed how staff interacted with those who used the service and how they protected people from harm. We also spoke with four staff members and the registered manager, who took overall responsibility for the service. We looked at a variety of records, which included the care files for two people who lived at the service and two staff files. We also reviewed records relating to the operation and monitoring of the service. These included, audits, surveys, training records, minutes of meetings, duty rotas and safety checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had developed policies in relation to safeguarding people and systems were in place to ensure any allegations of abuse were reported to the relevant authorities. Robust action plans had been developed following any safeguarding incidents and staff we spoke with were fully aware of the reporting process. This helped the service to safeguard those who lived at the home. Staff members had been appointed as safeguarding champions, to ensure associated policies were being followed in day to day practice.
- People were safe and care records showed human rights were respected and anti-discriminatory practices were promoted. This was supported by the policies and procedures of the service and through our observations. People said they felt safe. One person told us, "All the staff are nice and really pleasant." People told us they would feel comfortable in speaking to any staff members, if they did not feel safe and all were aware of the complaints procedure. One person said they would speak with an advocate if they were not happy about something.
- An information booklet was readily available to help people understand their rights and what they needed to do should they require support to voice their concerns.

Assessing risk, safety monitoring and management

- People were kept safe and protected from the risk of harm.
- A wide range of risk assessments had been conducted, which helped to promote peoples' health and safety and protect them from harm.
- The premises and equipment were well maintained and service checks were done in accordance with manufacturers' recommendations and internal policies. This helped to ensure people were kept safe. Staff kept detailed records of the outcome of fire drills.
- We saw people had personal emergency evacuation plans and the provider had emergency contingency plans. We noted fire records and practices were updated regularly and each time someone's needs changed. This helped to ensure appropriate action would be taken in the event of an environmental emergency.

Staffing and recruitment

- The provider employed enough staff, who were recruited safely. Staffing levels were satisfactory and recruitment processes were robust. This helped to ensure people were kept safe and all staff appointed were fit to work with this vulnerable client group.
- Staff and relatives told us there were enough staff on duty to meet people's needs and this was observed.
- Records showed disciplinary procedures were followed in day to day practice.

### Using medicines safely

- The service managed medicines safely. The home followed robust risk assessments around the management of medicines. Three stages had been introduced, ranging from people being totally dependent on staff support, to full independence, where people managed their own medications. This helped to promote independent living and to support transition back into community life. Staff received medication training and were assessed as being competent to administer medicines in a safe way.

### Preventing and controlling infection

- People were protected against the risks of infection. An infection control champion was appointed. This helped to ensure good practice guidance was implemented and maintained. The provider had policies around infection control and these were followed in day to day practice. Staff used personal protective equipment to reduce the possibility of cross infection.
- The registered manager carried out regular environmental audits, which covered cleanliness and infection control.
- The environment was clean and hygienic throughout.

### Learning lessons when things go wrong

- The registered manager and staff team learned lessons when things went wrong. Records showed lessons had been learned following events when things had gone wrong, such as accidents and safeguarding incidents.
- Staff recorded accidents and incidents. The registered manager analysed them, which helped to identify any trends or recurring patterns, so action could be taken to reduce the risk of such events.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed and effective and timely care was delivered, with support from other health and social care professionals. Staff thoroughly assessed people's needs before a placement at the home was arranged. People were supported to undertake a gradual transition to the service, which helped them to get to know those who lived at the home and the staff team.
- We saw external health and social care professionals were involved in arranging placements for people at the home. This helped to ensure effective care and support was provided in a timely manner.
- The service had implemented the 'Recovery Star' system for planning people's care and support. This is a process, which enables people to plan their own programme of recovery, with support from staff. We found this helped them to transition in their own time through the service, from often being totally dependent on support to being self-sufficient and able to move into independent living.

Staff support: induction, training, skills and experience

- The staff team were well trained, skilled and experienced. All employees received an in-depth induction programme when they started to work at the home. Staff told us this was sufficient for their needs and helped them to understand the practices of the service and the needs of those who lived at Brookhaven.
- Records showed a broad range of mandatory training was provided. More training was available, specific to the needs of people who lived at the home. Staff members told us plenty of training was available, which helped them to keep up to date with any changes in legislation or good practice guidelines. The audit of staff training showed a high percentage of the team had completed all mandatory training modules.
- Staff were regularly supervised and formal appraisals were conducted. This helped to ensure the performance of the staff team was monitored and individuals were supported to develop their knowledge, skills and experiences.
- Staff evidently knew people who lived at Brookhaven well and could support them in accordance with their preferences.
- Community professionals provided us with positive feedback about the competence of the staff team and one family member simply said, "The staff are on the ball." One person who lived at the home told us, "My appointed nurse knows me and how to deal with my situation. The staff are well trained."

Adapting service, design, decoration to meet people's needs

- The home was appropriate to meet people's needs. It was pleasantly decorated throughout and the premises were well maintained.
- The environment was suitable for those who lived at the home and people were able to choose their own fittings and furnishings, which promoted independence and individualisation.

- People told us they were consulted about any decisions in relation to the environment and felt involved in the choices made.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live a healthy lifestyle.
- We observed lunch time to be a pleasant experience, with people and staff members socialising whilst eating together and chatting about everyday things.
- People helped to design the menu and assisted in preparing healthy meals. At lunch time one person commented, "This is really good [paella]. I like it very much." The food served was tasty and nutritious and the menu was well balanced.
- We saw a staff member encouraged one person to choose a healthy food option.
- People were encouraged and supported to take regular exercise in order to keep healthy.
- We saw people were supported to access relevant health and social care professionals. One person told us they were going to the GP's surgery on the day of our inspection and another commented, "They [staff] call out a doctor when anyone is ill."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were not unlawfully deprived of their liberty
- The provider had detailed policies around consent and the Deprivation of Liberty Safeguards.
- When required, DoLS applications had been submitted to the assessing authority. This ensured people were not deprived of their liberty unlawfully.
- Staff assessed people's capacity around specific decisions.
- Records showed consent had been obtained around people's health and social care needs, following discussions with those who lived at the home. Staff confirmed they would seek verbal consent from people before undertaking any activity with them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated equally. We saw people were consistently the focus of life at Brookhaven. We saw some lovely interactions by staff members, who demonstrated compassion and respect at all times.
- We noted a friendly and welcoming atmosphere and people looked relaxed in the presence of staff members, who interacted with them like friends. One relative told us, "It is very pleasant. They [people who live at the home] have everything they need."
- People's needs were met by a kind and caring staff team, who were very helpful. We observed some good explanations being provided, when needed.
- When asked about the staff team, a family member told us, "They have done plenty for [name]. They look out for him and us too. We think they are marvellous; very caring. There is a family vibe with staff and residents [people who live at the home]." Another commented, "They are very polite."

Supporting people to express their views and be involved in making decisions about their care

- People were able to make decisions and express their views.
- Staff were clearly passionate about the care and support they delivered to people. We observed some examples of really good communication between staff and people who lived at the home. Staff members took time to help people and did not rush them.
- People were involved in planning their own care through the 'Recovery Star' model. This enabled them to decide how they wished to be supported and those we spoke with were able to tell us about their plans for the present, the future and ultimately their recovery. The provider had policies which supported this model of care and relatives we spoke with confirmed their involvement and awareness of the care plans and treatment for their loved ones.
- The provider had policies and information was easily accessible about local advocacy organisations, should people wish to use this service. An advocate is someone who will provide support to people, so that any decisions are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People' privacy and dignity was promoted. Throughout our inspection we observed people's privacy and dignity was respected. We saw staff members spoke with people in a kind and caring manner, offering choices and valuing people's wishes. One relative told us, "He is valued as an individual. They [staff] couldn't be more respectful."
- Staff were fully aware of the importance of respecting people's privacy and dignity and these important aspects of care were supported by detailed policies and the planning of people's care.
- Confidential information was being stored securely in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal

information of individuals.

- Throughout our inspection we observed staff consistently supported people to be independent. People were enabled to participate in meal preparation, their own laundry and activities of their choice.
- An audit tool had been designed and recently completed to reflect the essential standards of care. This helped to ensure the service was respecting people and supporting them to be involved in the operation of the home and in their own care planning.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People who lived at Brookhaven were at the centre of all practices adopted by the home.
- The 'Recovery Star' model was used in the most effective and responsive way. It was creative and was embedded throughout all aspects of the service, which empowered people to plan their recovery, with the support of the staff team. The 'Recovery Star' provided staff with very clear guidance about how people wished their care and support to be delivered. This helped people to take control of their lives, by making choices about their care and treatment.
- Staff helped people to identify their individual goals and aspirations. One person had experienced very difficult times in the community. They had never been offered the opportunity to improve their quality of life. They wanted to increase confidence, self-esteem and to have more of a purpose in life. Over time this person was appointed as 'Champions Lead' and 'Residents' Representative', which provided them with positions of responsibility. They became a good role model for their peers and helped to support them in their own personal journeys. This person represented the service at national forums and was preparing to present their own personal recovery journey. They played a big part in helping to develop the service, improve outcomes and promote best practice. They told us, "I don't feel there is enough publicity on mental health issues and there are people out there who don't know how to get help. I take it [recovery] day to day and every day I get stronger and better. The staff here are leading me down the right path and I walk down it."
- We saw staff were totally committed to making people's days full of fun activities and educational experiences. They were consistently on hand to guide and encourage people to make the most of their time and support them to enjoy life to its fullest.
- People enjoyed a wide range of leisure activities tailored to suit their interests and these were clearly linked to their individualised recovery programmes. Progress was monitored and measured using a scoring system, which recognised when people required additional support or when an early review was needed. One person liked to cook and was fully involved in preparing healthy meals for everyone and another enjoyed outdoor activities and so was involved in garden and wildlife projects. There was also time for relaxing and reflection, which was considered to be just as important. The outcomes for people had a huge positive impact on their lives, as they were supported to make wise choices, take risks and to experience events they never thought possible.
- On the day of our inspection we saw a very lively drum session took place, which people seemed to enjoy and one person was entertaining friends by playing his guitar. One person told us they played football for Preston North End girls team and added, "There's always something going on."
- People could spend the day how they pleased. One person said, "You can choose when you get up and go to bed, what you eat and what social activities you do. I can go out on my own for a walk." Another

commented, "I make my own decisions as to what I do with my day."

- Some people had paid employment at the home, doing jobs, such as housekeeping, administrative work, maintenance and kitchen duties. These people followed the home's recruitment process, by completing application forms, attending interviews and having specific training relevant to their line of work. This helped to prepare them for independent living.
- Information was readily available to help people understand their Community Treatment Orders (CTO) and medical conditions. A CTO is supervised treatment following discharge from hospital. Certain conditions have to be followed, which help those on a CTO to stay well. These were clearly recorded.
- The provider had policies around choice and we observed people being able to come and go as they pleased throughout our inspection.
- Comments we received from family members included, "It's fabulous here. It is the best thing. [Name] has settled so well, as the staff are fantastic. They have given him his life back. He has a job and does his own cooking. They [staff] are teaching him life skills."; "[Name] has cleaning job here, so many hours per week and she gets a small wage for that." And, "He goes to the gym and boxer-cise. The change in him has been incredible."
- We observed good use of technology. Laptops were available with wi-fi access. Voice activated and hand-held devices were also in use during our inspection. People were encouraged and supported to familiarise themselves with digital technology, to prepare for the transition to independent living.
- The provider used computerised systems for care planning, recording of accidents and incidents and some staff training modules. This helped to ensure clear and concise records were maintained.

Improving care quality in response to complaints or concerns

- Complaints and concerns were well managed. The provider had a clear complaints procedure and had developed a robust system for the recording and monitoring of complaints or concerns raised. We saw records of how complaints were responded to and this was done in a sensitive and professional manner.
- Many thank you cards, and letters had been received by the home. Extracts from these included, 'How impressed I was with the staff and the care being delivered'; 'The family can see a big difference in [name] and are very pleased with progress. She seems to be doing a lot more now' and 'All the staff do a good job'. Everyone we spoke with provided us with positive feedback about the quality of service provided at Brookhaven.

End of life care and support

- Processes were in place to appropriately manage end of life care.
- The provider had policies which provided staff with guidance of how to respond to people who were nearing the end of their lives.
- Training in end of life care was available for the staff team.
- The home evidently had positive relationships with community health care professionals, who would provide support, should it be needed in this sensitive area of care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

The registered manager and staff team continuously improved their knowledge and skills.

- The management of the home was exceptionally effective and responsive to people's needs and wishes, which were greatly valued.
- Evidence was available to show the development of an innovative champions model, which consisted of five champion groups, based on the five key questions used by CQC. As a result, recent developments had been successfully achieved through champion focus groups, such as, implementation of the new General Data Protection Regulation, which ensures how companies protect personal data, development of service user friendly medication information sheets and expanding on community networks to support people to have positive affiliations with more community based organisations. This strategy helped to ensure the service was working in line with CQC's Key Lines of Enquiry. Each champion group was allocated a lead champion, who had the ability to influence change and to drive the service forward with their team. Staff members and people who lived at the home were able to be part of a team, should they so wish. To assist with allocating staff members to each champion team a 'Values and behaviours of our champions' framework, had been developed. This document identified the key values, behaviours and skills required for each champion group, to assist with identifying where each team member would be best placed to strengthen personal development and improve the quality of the service.
- The champion model was directly linked to the appraisal and supervision framework, to ensure consistency about expectations of the staff teams. A simplified version of this framework had also been developed, specifically for people who used the service.
- An action plan had been developed, which comprised of improvements necessary to achieve this clinical and therapeutic strategy. The action plans were divided into 'milestones', meaning that each group had clear and achievable targets, which were celebrated at each milestone.
- The champion model encompassed a whole-team approach, where decisions and development were led by people who lived at the home and staff members through forum meetings, where ideas could be shared. Regular newsletters were produced by each group and these were shared with interested parties.
- The champions model enabled people and the staff team to develop the service together. This promoted ownership and provided support for people to make important decisions about their lives. We saw changes had been made, in response to the feedback received.
- We noted people were proud to be involved in the operation of the home and were interested in moving the service forward. This was supported by the champions model, which had a huge impact on those who lived at Brookhaven. It effectively promoted individuality, empowerment and ownership and gave people the sense of responsibility and belonging. The champions model also promoted a culture of inclusiveness, where every single voice was heard and acted upon, without exception. One family member told us, 'He

[relative] is valued as an individual.'

- One staff member told us, "I am fascinated by the champion models embedded here. People who live here are always involved and they are appreciated. They have ownership, because it is their home and Brookhaven brings a new lease of life to those who live here."
- The provider used a wide range of policies, procedures and audits of the service. The provider had systems to ensure the quality of service was thoroughly and regularly assessed and monitored. We saw the registered manager and staff team took action to promptly address any identified shortfalls.
- An external auditor conducted periodic health and safety inspections and submitted a detailed report. This promoted good governance for ensuring people were protected from harm.
- A key worker system had been adopted by the home, which promoted person-centred care and helped to establish good relationships between those who lived at Brookhaven and the staff team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- It was clear the governance structure was solid and the registered manager was an efficient leader. The robust management systems were supported by effective audits and oversight from the organisation and external professional bodies. This helped to drive the service forward and to provide high-quality person-centred care.
- The registered manager and staff team provided person-centred care and support by ensuring people's views were heard and those who lived at Brookhaven were at the heart of everything the home did.
- The registered manager was open and transparent throughout our inspection. She was clearly dedicated to her role and fully aware of her responsibilities in relation to the duty of candour.
- We received exceptionally positive comments about the management of Brookhaven. It was clear the registered manager was a strong leader and totally committed to making continuous improvements.
- Records were well maintained and easy to follow. This helped to provide the staff team with clear guidance and effective policies.
- Community professionals provided us with consistently positive feedback. They told us all staff were professional, proactive and non-judgemental in their approach. They felt there was genuine concern for people and that staff always acted in their best interests.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The registered manager and staff team clearly understood their roles and responsibilities to ensure quality performance and regulatory requirements were being met.

- The visions and values of the service were clear, and it was evident that the ethos of the home was to promote an open and transparent approach. One member of staff told us, "I feel very positive about the future of Brookhaven. There are improvements made every day. It is certainly the best place I have worked. Staff who work here feel valued. We have a happy staff team."

- The registered manager demonstrated in-depth knowledge of people's needs and the systems in place. We received very positive feedback from everyone about the registered manager and the staff team. The registered manager was described by one relative as, "Efficient, friendly and good at her job." This relative added, "She can handle the residents. She is firm when she has to be but cares deeply [about people who live at the home]."

- A statement of purpose and welcome guide had been developed, which outlined the structure of the organisation and the facilities and services available at the home. This helped people to make an informed choice about going to live at Brookhaven.
- Certificates of registration and current inspection ratings were on display within the home. Appropriate notifications had been submitted to the Care Quality Commission (CQC), which is a legal requirement.

- The home had achieved two awards from external organisations, which periodically assessed the service. One was a gold standard Investors in People award, which assesses businesses on improvement, leadership and support. The other was a star performance award in recognition and validation of outstanding commitment, professionalism and passion for care. These organisations do not assess to the same regulations as CQC.
- An 'Enter and View' inspection had recently been conducted by Healthwatch, Lancashire. The results of this were consistently very positive. Healthwatch is an independent champion for people who use health and social care services. Their aim is to understand the needs, experiences and concerns of people who use these services and to speak out on their behalf.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Those with an interest in the home were regularly consulted and engaged in the development of the service.
- Those who lived at the home had developed a system, known as 360 degrees. This enabled people to be fully involved in the operation of the home and gave them the opportunity to provide feedback about individual staff members through the appraisal system. Evidence was available to demonstrate that as a result of a staff appraisal conducted by one person who lived at the home, changes had effectively been made. This had positively impacted on the individual by a definite increase in engagement, motivation and interest, in relation to therapeutic activities.
- The service actively encouraged feedback from people who lived at the home and staff members. This was done in a positive and inclusive manner, with any constructive ideas being considered. The results of surveys were produced in bar charts for easy reference, with a conclusion and summary of the analysed findings within each key question. The surveys covered a wide range of areas and allowed anonymity. The registered manager/ The management team had developed an action plan with time scales for completion and it was clear the service was continuously progressing in a positive way.
- Records showed a wide variety of meetings for those who used the service and the staff team were held regularly. This helped to ensure any relevant information was shared with the appropriate people, who were given the opportunity to discuss any topics of interest or to raise any areas of concern in an open forum. One family member told us, "I go to relatives /residents' meetings every month or so. Someone from LCC [local authority] comes."
- One person told us, "We have meetings and discussions, with a review of the week and what we would like to happen. We discuss the food shopping for cooking groups and just general stuff. Everyone gets a chance to speak."
- Community professionals told us the home was responsive and communication was good. People were happy at the home and independence was promoted.
- When asked what was the best thing about the home one relative said, "Peace of mind."

Working in partnership with others

- The service worked in partnership with community health and social care professionals to ensure people's needs were being met
- Good external links had been developed with community health and social professionals. This helped to ensure people's needs were fully met.
- Records showed weekly multi-disciplinary meetings were held, which enabled people to discuss positive risk-taking decisions and to review and update their star recovery plans.
- Community health and social care professionals provided us with positive feedback about the high quality of service delivered and how the home worked in partnership with them.

