

Pathways North West Limited

# Pathways (North West) Limited - Oswald House

## Inspection report

12 Oswald Street  
Oswaldtwistle  
Accrington  
Lancashire  
BB5 3JF

Tel: 01254231275  
Website: [www.pathwaysnorthwest.co.uk](http://www.pathwaysnorthwest.co.uk)

Date of inspection visit:  
29 October 2015  
30 October 2015  
02 November 2015  
18 November 2015

Date of publication:  
25 November 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Oswald House on the 29 and 30 October 2015 and 2 and 18 November 2015. Oswald house provides accommodation, rehabilitation and personal care for people with complex mental health issues. The premises are located in Oswaldtwistle, Accrington. At the time of our visit there were 9 people accommodated at the home.

The service was last inspected in March 2013 and was found compliant in all areas inspected. At the time of this inspection there was no registered manager employed. However there was a deputy manager who provided management cover alongside the directors. 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 found the provider was in breach of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014, and one breach of the Care Quality Commission (Registration) Regulations 2009. These were related to safeguarding, premises and equipment, failing to provide safe care and treatment, and failure to notify the Commission of notifiable incidents. You can see what action we told the provider to take at the back of the full version of the report.

The Care Quality Commission is continuing to investigate issues related to an incident at the home. As such the Commission is not yet in a position to determine the actions that may be taken as the investigation has not concluded.

People told us they felt safe living at the home. They referred to the home as a safe place. Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. However, we found that the manager had not referred safeguarding incidents to the relevant Authority and had not notified the Commission.

We saw that in most cases the service had created adequate detailed risk plans for each person. These identified risks such as self-harm, suicide and fire setting. However for one person these had not been completed.

The service had an admission policy but this was not consistently followed. The policy failed to provide a robust admission procedure. However, following the inspection, management have reviewed the policy and have provided the Commission with a more robust policy.

We found environmental risk assessments and policies were in place to protect staff and people using the service. However these policies needed reviewing and updating. We found in some cases the risk assessments did not reflect the individual risk that people using the service may have posed to themselves. This meant the location was not adequately risk assessed for people who may be at risk of ligature.

Subsequent to the inspection the service provider has carried out internal and external work on the premises to ensure these risks are now being managed more effectively.

We saw overall detailed care plans which gave clear information about the people's needs, wishes, feelings and health conditions. These were reviewed monthly and more often as needed by the manager. Staff told us they were required to read care plans to familiarise themselves after an absence from work of two weeks or more.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safe Guards (DOLS). These provide legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who uses the service in their best interests. We saw two people using the service were subject to DOLS documentation and referral process relating to these people had been followed in line with current guidelines.

Staff told us they felt able to approach the manager and directors for any support and guidance and felt confident that any issues raised would be resolved effectively.

We found sufficient staff were deployed to meet the people's needs and people told us the staff always had time to converse with them and were very helpful and attentive. We observed regular staff interaction to support this and noted people leaving the service to access the community with staff support.

All people spoken with gave positive feedback about the caring attitude of the staff and confirmed that staff always respected their choices, wishes and feelings. We saw religious preferences were respected.

We found an overall good recruitment system in place and a thorough induction process for all new staff starting in the service. However we noted that induction plan required signatures from staff on completion.

Processes were in place for the appropriate administration of medication. Staff were adequately trained in medication administration.

We saw evidence of detailed training programmes for staff. We noted all staff had been enrolled at college to complete "care certificate" training. All people spoken with were very positive about staffs knowledge and skills and felt their needs were being met appropriately.

We saw that people's nutritional requirements were being met and choice was offered at every meal time. People were supported to independently make shopping lists and access the community to purchase groceries. We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

We had positive feedback from people using the service, relatives and staff about the deputy manager and directors for the service. People told us they were happy to approach management with any concerns or questions. We saw evidence that an open door policy was followed.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not consistently safe.

Safeguarding referral procedures were in place but not always followed in practice as the service had failed to report safeguarding concerns to the Local Authority.

There was sufficient staff to meet people's needs. Recruitment procedures were in place to check staff's good character, skills and experience.

Risk management procedures were in place but not always followed.

Admission policies were in place but were not robust enough and not always followed.

The environment was clean and well maintained but had not been effectively risk managed in relation to the risk behaviours of some of the people living there.

Medication was administered safely and in line with current guidelines

### Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff were sufficiently trained during induction prior to commencing employment and to continue with further training relevant to their role.

Supervision and appraisal was carried out effectively and in line with the service policy requirements.

Arrangements were in place to ensure people's health needs were being considered and met and effective working relationships had been maintained with health care professionals.

People's nutritional needs had been assessed and monitored when necessary

### Is the service caring?

Good ●

The service was caring.

People told us the care staff were very caring and made them feel valued and listened to.

People told us the staff respected their privacy and dignity.

People were involved in their care planning and decisions around their day to day lives and were encouraged to take part in activities of their choice.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They were familiar with the care and support people needed and wanted and cultural preferences were considered and respected.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

In most cases care records were detailed and clear. People's needs had been assessed and care had been adapted and tailored to individual need and requirement. People told us they enjoyed living at the home.

Care planning training had been completed by support staff.

People told us they felt comfortable raising any concerns to the manager or directors and were confident that any concern would be listened to and acted upon.

Transition of people between services was not always managed well.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service did not have a manager employed who was registered with the Care Quality Commission and was qualified to undertake the role.

People and relatives spoke positively about the management of the service.

Staff told us they enjoyed working at the service and felt well

supported in their role by their colleagues and management.

Quality assurance systems were in place that demonstrated a positive open and inclusive culture where people were valued.

Policies and procedures were detailed. However these had not all been updated.

The service had failed to report notifiable incidents to the Care Quality Commission.

# Pathways (North West) Limited - Oswald House

## **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.

The inspection took place over a four day period on the 29 and 30 October 2015 and the 2 and 18 November 2015 and was unannounced. The inspection was undertaken by two adult social care inspectors and a Pharmacy inspector. At the time of our inspection there were nine people receiving care at the service.

Before the inspection we reviewed the information held about the service including any notifications the provider had sent to us. Prior to the inspection we had received some concerning information in relation to the service admission processes and on-going risk management of the people using the service. We had been made aware of a serious incident affecting a service user and additional concerns had been received about medication processes.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke to five people who used the service and one visitor. In addition to this, we spoke with five staff members including the deputy manager and the director of the service. We also spoke with a community mental health nurse and a professional from the Local Authority who had both visited the service on the day of inspection.

We looked around the premises. We looked at a sample of records, including three staff recruitment and induction records. We also looked at a range of policies, procedures and information about the service including medication records, meeting records and monitoring and checking audits. We looked at ten people's care records, risk assessments and individual admission plans.

## Is the service safe?

### Our findings

People we spoke to told us they were happy living at the home and they had the freedom to do what they wanted. They told us they did not have any concerns about the way they were cared for. One person told us "The staff are nice and kind".

During the inspection we did not observe anything that gave us cause for concern around how people were treated. We observed staff interaction with people which was caring and patient. People appeared comfortable and happy in staff presence.

We looked at how the service protected people from abuse and the risk of abuse. We noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We spoke with three members of staff who all displayed a good understanding around the promotion of human rights and keeping people safe. We saw that all staff had received training in human rights and safeguarding. We saw evidence of this in the training record system.

We looked at incident reports covering a twelve month period. We noted that some of the incidents documented were notifiable to the Local Authority for further investigation. However, the service had failed to follow their safeguarding procedures and in some cases a safeguarding referral to the Local Authority had not been made.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at ten people's care records to establish how risk was managed. We found in most cases people had their needs assessed before they stayed at the home. The assessments included those completed by health and social care professionals involved in people's treatment and care. In nine of the records we could establish that the assessments had identified potential behaviours that impacted on people's health, welfare and safety. However we found in one person's case their needs had not been re-assessed prior to their admission therefore potential behaviour associated to their risk they posed to themselves had not been appropriately assessed.

Prior to our visit we had received some concerning information in relation to a significant event concerning a person that had recently been admitted to the service. We checked their records and found the person had a long history of self-harm and suicide attempts. We saw that none of this information had been used to create risk assessments for the person before their admission to the home. We found that the service had not followed their own policy and procedures when managing any risk associated with this person. As a result, this had a direct impact on the care and level of support and observation offered to the individual during their stay.

We found the service did not have any environmental risk assessments in place to consider the actions of people who were at risk of self-harm by means of ligature. Therefore the service had failed to recognise the

necessary adjustments and adaptations required to the premises to enable safe care and treatment to people who displayed this type of self-harming behaviour.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the deputy manager about the lack of risk assessments in the care file. The deputy manager told us the person was on "general observations", however could not tell us how often these were done or what these observations entailed. "The deputy manager also told us there had been no further documentation created from the admission in relation to risk assessments for the person and that these were to be done on the next visit from the health professional that had coordinated the persons discharge.

We saw that in this admission the service had not followed their "admissions policy" which states "all service users will have a full assessment carried out within three days of admission". We did not see any evidence that this had been done. We noted the service had not followed guidance in their "pre admission and admission policy" in relation to the person. The Policy stated. "The manager encourages the prospective service user to visit the unit they are being referred to before initiating a discussion regarding their desire to be admitted to the home". We did not see any evidence that any of this had been done. The deputy manager informed that the person had not visited prior to her discharge and a member of the staff team had not visited the person to discuss their discharge with them.

The persons "admission checklist" had been completed and signed by the deputy manager. We saw the deputy manager had signed to say there were no health and safety issues noted. This checklist had failed to highlight the risks which were associated with the immediate environment of the person.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is continuing to investigate issues related to this particular breach of the Regulations. As such the Commission is not yet in a position to determine the actions that may be taken at the conclusion of those investigations.

Since the inspection we have received a revised detailed admission policy from the director. This policy ensures a multi-disciplinary meeting will take place between the directors before any admission takes place. The admission will consider a more detailed plan around risk, the person's wishes and feelings, and will ensure detailed information is gathered prior to a decision being made to admit the person.

We found in the remaining nine files, people had detailed risk assessments. These included for example risks associated with self-harm and suicide, smoking, fire setting, access to the community, relationships and exploitation of finances. These risk assessments highlighted the level of risk to the person and were detailed covering "triggers" and "actions". They had been reviewed monthly or three monthly, dependant on the level of risk. We noted that in cases when the risk level had changed, the risk assessment had been updated. Staff told us that they worked closely with each person and supported them to identify risk and to develop skills in managing these.

We saw that people were supported to manage individual risk by the means of using a "mental health recovery star tool". This tool is designed to capture the persons individual journey in their recovery and looks at areas in their life such as social network, managing own mental health, self-care and identity. The "recovery star" is used to promote positive risk taking and help people to manage their own risks. We noted

staff were trained in how to use this method of support for people.

We looked at the records relating to self-harm on each of the nine people at the service. We noted that these incidents had been dealt with effectively and medical advice had been sought when needed. We saw that each incident had been reflected in the persons care plan and efforts had been made by staff to speak with the person in an attempt to prevent further incidents.

We spoke with three members of staff who told us they had received training in the removal of ligature and emergency first aid. We saw evidence of this on the training matrix. This ensured that they could deal with emergency first aid situations effectively.

We looked at the staff rotas and saw the service had sufficient staffing levels. People living at the service we spoke to confirmed this. We noted that there had been new staff recruited. One staff member told us the directors had moved some experienced staff to the unit to ensure a "good staff mix of experience and skills". This was evident over the four days of inspection. Staff told us a director was present in the home on a daily basis. And it was not uncommon for the director to be there in an evening. Over the four days of inspection we saw a consistent level of staffing and we observed staff supported people as and when needed.

We looked at three staff recruitments files. We saw evidence that appropriate checks had been carried out prior to employment. We saw evidence of references and application forms with no gaps in employment history. We noted Police checks had been done on all staff prior to employment. Contractual arrangements for staff included disciplinary procedures to support the organisation take immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

We saw that the service had an emergency contingency plan in place and a business continuity plan which covered events such as loss of electricity or gas, flooding internal and external, theft, access to the building, IT and telephone and death or incapacity of senior personnel. We also looked at systems in place to ensure the environment was safe for people using the service. Heating, lighting and electrical equipment had been serviced and certified as safe. We found general health and safety checks had been carried out at regular intervals.

We saw that each person living at the service had an individual fire emergency evacuation plan. We noted in addition to this there was a general fire risk assessment and regular fire drills. A fire assessment was carried out in September 2014 by the fire service and scored well. However during the inspection we noted two fire doors propped open with shoes. This was addressed with the director of the company and fire door guards have now been installed to ensure that fire doors can be left in an open position by an approved method.

The premises were found to be very well maintained and clean. The deputy manager told us they had taken action to prevent a person barricading themselves in their room by having their wardrobe and drawers secured to the wall. However despite this we found health and safety checks had not considered all risk in relation to self-harm. For example some fittings and fixings were potential ligature points. We discussed this with a director of the company who took action immediately to address the issues we had discussed.

During the inspection a tradesman was employed to risk assess all areas used by people using the service and look for ways to improve safety, and make it safe for people living there. This included considering all fixtures and fittings which could be used as ligature points and replacing with anti-ligature furniture and lighting.

We found that people were protected against risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way.

We looked at the medicines; medication administration records (MARs) and other records for six people living in the home. We spoke with the deputy manager and the senior staff member responsible for handling medicines on the day of our visit about the safe management of medicines and creams within the home.

People living in the home were supported to take their medicines safely and arrangements were in place to support people to learn to manage their own medicines when they were ready to do so.

Medicines were kept securely and only handled by trained care workers who had been assessed as competent to administer medicines. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, staff had clearly recorded the reason why medicines had not been given.

We looked at the care plans of 3 people who were prescribed medicines that only needed to be used 'when required'. We found that information enabling staff to administer these medicines safely was in place in only one of these cases. However the staff member we spoke with showed a good understanding of how the medicines needed to be used.

The deputy manager told us they would review the care plans of everyone prescribed 'when required' medicines to include more detailed, personalised information. This would enable newly trained staff, which may be less familiar with the individual needs and preferences of people living in the home, to administer each person's medicines consistently and correctly.

## Is the service effective?

### Our findings

People we spoke to using the service told us staff were good at their job. They had the support they needed and when they needed it. One person told us "I talk about the help I need although I go out by myself sometimes to the local shops. I discuss things with my key worker and my social worker visits. I've lived here for a while now and I'm happy here." Another person told us, "I choose what I want to do. I can chat with my key worker. I like all the staff." One relative told us, "They do help her a lot especially when she isn't feeling well."

We viewed the care records of ten people using the service. The care records showed assessments had been made about people's capacity to make decisions in all aspects of their lives. We looked at decisions about medication administration, health monitoring and room access. We noted in every decision we saw the person was involved throughout the process. If the person was not able to make an informed decision then a decision was made on their behalf in line with current legislation.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

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.

We saw there were two people subject to DoLS at time of inspection. We noted that the correct procedures had been followed. Staff spoken to demonstrated understanding about the principles of the Mental Capacity Act and the need to support people to make safe decisions. We looked at training records and noted that all staff had received the training. All DoLS applications were kept under review.

We looked at induction training records. We found these to be adequate. One member of staff told us "My induction was very detailed. I had to read all the peoples care files to make myself familiar with their needs. I also had to shadow an experienced member of staff for two weeks before being allowed to support people alone". However, we saw that the induction records had not been signed by staff to confirm completion. One staff member had signed the induction first day overview only. This made it difficult to determine if the different sections of the induction programme had been properly monitored to confirm staffs competency. We were given assurances by the director and staff we spoke with that induction had been thorough and that staff would be required to sign to confirm this with immediate effect.

We noted all staff had been enrolled into College to study towards the "care certificate". The care certificate is designed to train people to be caring, and equips them with the skills to be able to provide a high quality of care. It covered topics such as privacy and dignity, communication, fluids and nutrition, safeguarding,

duty of care and the persons own personal development.

We noted the service promoted career development for all staff. One staff member told us they had been supported by the directors with further education. The directors had offered extra work in another service to provide further experience.

The deputy manager and staff told us the company encourages further training. One staff member said "If we find new training that will help us in our roles all we need to do is ask the directors. They will look into it and if it can be arranged they will accommodate it".

We saw good evidence of management support to staff. We looked at supervision records for three staff members. We found they were structured well and included for example work related topics, such as individual roles and responsibilities, key worker information, medication and interaction with others. These were being carried out monthly in line with procedural guidance.

Staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice. At every staff meeting new policies were introduced and discussed. This supported staff to take a consistent and effective approach to their work.

We looked at how people's nutritional requirements were being met. We saw meal times were appropriately placed and flexible. The deputy manager told us each person had a budget allocated to purchase foods of their choice. We saw cultural preferences were met and each person was supported on a weekly basis by staff to purchase their own food. We were told by people that they plan their daily meals with support from staff. One person said "Staff makes our evening meal. They always ask us to join in. Sometimes I do".

We saw evidence in care plans that health issues such as diabetes and eating disorders were regularly monitored and the appropriate health professionals were involved. People told us they enjoyed the food and could make snacks and drinks whenever they wished.

Records we looked at showed us people were registered with a GP, dentist and had other health care professional support. Where people's assessment had indicated the benefit of health therapists this had been arranged. We noted the service had a car which was used to support people to any medical appointments. The manager told us the service employed a Psychologist who provided one to one sessions with both the people who used the service and staff should they need intervention.

## Is the service caring?

### Our findings

All the people spoken with were very positive about the staff team. People told the staff were very caring, respectful and understanding of their needs. One person told us. "Staff give me space and if I need any help I only need to ask. I get my privacy respected. It's like home from home really".

People told us friends and family visit and that they are always made welcome. We saw evidence of this during the inspection. We saw privacy was respected and family members were able to spend time with their relatives away from other people in the house. We also saw people going out with friends and family and staff support when needed. One family member told us "I can visit whenever I want to".

We saw evidence of staff supporting people with their cultural needs. One person told us. "Sometimes staff speak to me in my first language. I like that; it helps me to understand things better". We saw people were encouraged and supported to practice their religion. One staff member told us they would take time to sit with a person and read from the Qur'an. We also saw arrangements were being made by the directors to enable the person to visit their place of worship.

We saw that people were offered regular one to one time with staff. People told us they enjoyed this time as it enabled them to have built good relationships and trust with staff members. We saw people were encouraged to express their views and reflect on their experiences during these sessions.

We saw all people had a staff member who had been identified as a key worker. A key worker takes a social interest in the individual and helps develop opportunities and activities for them. They also support the person by providing oversight of shopping to ensure maintenance of clothes, food and toiletries. People we spoke to told us they felt this time was useful.

We saw evidence of residents meetings and forums. These meetings were service user led. We saw that all people were involved in their care planning. We saw evidence of the person's wishes and feelings throughout the files. We saw people had a score system to reflect their mood on a scale from one to five. People had created a plan for each of the scores to reflect how they would like to be supported dependant on score.

During this inspection we saw positive staff interaction with people. We saw staff provided support in a positive way by involving people in routine decisions. We observed staff speaking with people in a respectful manner. Staff sought permission before entering any bedrooms to uphold people's dignity and privacy.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

We noted that there was a strong emphasis on life, domestic and social skills being promoted.

All activities were focussed on the person gaining their independence both in the house and in the community.

We saw the service recognised that the home can be a challenging environment at times due to people's mental health and incidents around self-harm. The director told us the service offered psychological support for both staff and people living there. This support was offered to all people and staff by a Psychologist who provides one to one sessions following any incidents happening at the home. The staff we spoke to told us that they knew how to access this support should they need it and felt at times it was supportive.

We saw the service had a policy around advocacy. We saw that on admission to the service people were given detailed information covering access to advocacy services. The deputy manager told us some of the people in the service were allocated independent advocates. An advocate is a person who helps a person to speak out about issues that matter to them and enables the person to be involved in decisions about their lives.

We noted the service had information available about the service. This was captured in a "service user guide". There was also access to information about the service on the internet.

The service had a policy around the transition of a person into the service. This involved meeting with the person prior to admission and offering visits to the service in order for them to familiarise themselves. Whilst most people told us that this process was followed we noted that in one recent person's admission this policy was not followed.

There was evidence that the service provider had a clear vision and set of values based on privacy and respect. It was clear when speaking with people using the service, staff, other professionals and relatives that people's rights to choice, dignity, independence and privacy was respected.

## Is the service responsive?

### Our findings

People we spoke with told us they were involved in discussions and decisions about the type of activities they might like to take part in. We saw staff spending time talking to people and joining in activities. We saw evidence in care files that people were supported to do their weekly shop. We saw that staff would plan for the week ahead with people. We saw that these plans could be changed at any point should the person decide to do something different.

People told us they went shopping, prepared and cooked meals, did baking and had shared responsibilities for household chores and did their own laundry. We found positive relationships were encouraged and people were being supported as appropriate to maintain good contact with relatives and friends. One person told us, "My son visits and takes me out. The staff are very nice to him." Another person told us, "I go out with my sister for walks. I spend some time at my mothers. The staff arrange all that for me." We also noted people could use the computer to link with family and friends.

We saw that people were encouraged to access community based groups. The deputy manager told us there were a variety of groups such as religious groups, women's art centres, local walking club, dancing. Small group activities were arranged and short break holidays. The people we spoke to told us they enjoyed the activities and that there were lots to choose from.

It was Halloween at the time of the inspection. We saw lots of activities being done in preparation for a Halloween party. We saw people being supported to bake cakes and make meals. One staff member told us "Activities are going on all day. Whatever the person wants to do we will accommodate. We have a mini bus which we use to go out for day trips".

Care files we looked at had detailed information about the person's life both past and present. They gave a good picture of the individual. They covered essential information such as health issues, medication, wishes and feelings and religious needs.

All the care plans had been reviewed monthly and signed by the deputy manager. Any changes within the review period had been captured and updated when necessary. This relevant information gave care staff a clear picture of the person and of any changes in their care needs.

We saw that staff had completed person centred planning training. This provided awareness around the importance of helping a person be an active part in their assessments and contributes to the planning around all aspects of their life.

The deputy manager told us people considering moving into the home usually had an introductory period. This provided people with an opportunity to spend time at the home, meet with staff and be introduced to other people living there. It also provided staff with an opportunity to prepare for the persons stay and produce a transitional care plan that supported people at their stage of recovery.

However, we saw evidence in one person's file that this had not happened. The lack of transitional period did not provide the service with a clear picture of the person's wishes and feelings prior to their admittance. The deputy manager told us health professionals had assessed that this person did not need a transitional period due to the anxiety they experienced.

The deputy manager described the processes in place to assess people's needs and abilities. The methodology used (Mental Health Recovery Star) enabled people using the service to assess and identify their needs, choices and preferences and plan how they can build a satisfying and meaningful life.

We looked at two people's care plans and other related records. Records showed people were working through their mental health recovery star tool with the support of staff. This took into account their mental health needs, physical health and self-care living skills, social networks, work, relationships, addictive behaviour, responsibilities, self-esteem and trust and aspirations.

We saw that the service worked closely with health and social professionals. Detailed communication logs were evident on the nine care files we looked at. We noted arrangements were in place to respond appropriately and in good time to people's presenting and complex needs. We noted for example people had a 'crisis plan written' for particular issues they lived with such as 'vulnerability' in the community and medication side effects. This meant staff had an awareness of any difficulties people may experience and what they should do to support people at that time.

Over the 4 days of inspection we saw care co-ordinators and social care staff visit the service for meetings and one to one sessions with the people living there. We spoke to one care co-ordinator who informed that staff work well both with her and the person she supported. And as a result of joint working between herself, the person and staff at Oswald House she felt the person was stable and happy.

There was a range of ways for people to feed back their experience of the care they receive and to raise any issues or concerns they may have. The complaints procedure was displayed in the home and the service had policies and procedures for dealing with any complaints or concerns they received.

The people we spoke with told us they were encouraged to raise complaints. One person said "I can talk to staff if I have any problems or worries". Staff told us one to one session time is offered to all people in the service. This time is used to set goals and talk over any issues people may have.

We found processes were in place to record, investigate and respond to complaints. We saw evidence that people who used the service also had opportunity to discuss any issue of concern regarding their care and support during regular one to one meetings and in general day to day discussions with staff. This meant any issues raised as concerns would be responded to quickly.

Staff told us they felt supported to raise concerns. We saw evidence of this in supervision notes and staff meetings. One staff member said, "I have no problem with raising concerns. I would go to a manager or director. There is always a director presence in the building".

Meetings were held every month with other agencies directly involved in people's care to discuss their progress. People had a transfer of service pen profile completed. This contained essential information other services would need to know, to help support people receive continuing care and to support their movement to another service.

## Is the service well-led?

### Our findings

At the time of inspection we were informed that the registered manager had resigned from her post and that a new registered manager had been recruited. She was due to start in post at the beginning of December. We noted there was a deputy manager in post who provided manager cover along with the support of the directors for the service. The deputy manager was available over three of the inspection days and on the fourth a director was present for the whole day.

All the people we spoke with made very positive comments about the deputy manager. One person said, "She's nice. I can ask her anything. She always talks to us and she is good at arranging things. I would talk to her if I was not happy about anything. Everyone here is very nice." Another person said, "Staff explain things. Sometimes I get anxious and they help me, we have meetings to discuss things."

People spoken to had an awareness of the management structure. All the people knew the management and directors by their first name and told us directors would visit the home on a daily basis and spend time with them. None of the people we spoke to expressed any concerns about the management. One staff member told us sometimes one of the directors will call in the evening and say shall we do some baking. They will then order baking ingredients from the supermarket pick them up and join in the activities.

Staff told us they enjoyed working for the service. One staff member told us "I love it here". They explained they had worked at other care homes and "this was the best place I have ever worked. Management support me with any new ideas I may have. I feel this helps me develop". Another staff member said "I feel very valued".

We saw that the office door was always open and people living at the service could walk in to speak with manager or director whenever they wished. If the door was closed a sign would be displayed to inform a meeting was happening. The manager told us people were encouraged to enter the office whenever they wished. Staff confirmed this. One staff member told us "I feel well supported by the management. I feel I can approach the manager or directors with any concerns".

Management used various ways to monitor the quality of the service. Audits of processes including, care plans, incident reporting, staff training, health and safety, the environment and the control and prevention of infection.

Regular audits (checks) were carried out to determine how well the service managed medicines. We discussed how these audits had been developed and improved in order to make the auditing process more robust and effective. We saw evidence that where concerns or discrepancies had been highlighted, appropriate action had been taken in order to address those concerns and further improve the way medicines were managed within the home.

When reviewing statutory notifications we found that in some cases the service had not notified the Care Quality Commission of incidents which had caused significant harm. Notifications enable us to monitor

whether the provider is acting appropriately and whether any further action is needed.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff we spoke with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. There were clear lines of accountability and responsibility. If the deputy manager was not present, there was always a director on duty. Arrangements were in place for the manager, director or a registered manager from another service to provide on-call back up support to the service overnight. This meant staff always had someone to consult with, or ask advice from in an emergency or difficult situation.

We saw evidence of frequent team meetings. We looked at the most recent meeting and noted this covered topics around medication audits which had recently been done. The minutes reinforced staff responsibility and best practice. Information was cascaded to staff from management meetings and 'residents meetings'. Topics openly discussed at the staff meeting included policies and procedures that had been reviewed, record keeping, ligature training and any other matters. The meetings also covered service user specifics such as handling service users monies, increasing service user involvement, maintenance, health and safety and encouraged staff to 'initiate improvement'.

People using the service were involved in a service user forum. A service user representative had the opportunity to meet at the company head office to discuss issues raised at their meeting. The company director told us people using the service were actively involved in on-going improvements and asked for their views on the subject.

We noted the service had a complaints policy and procedure in place. This had recently been reviewed. We saw a complaints box in the family room and forms to use. The managing director told us they encouraged people to raise issues with them and that people using the service and staff mattered. If they can improve the service in any way they will do. They told us the principles by which they worked were based very much on what people wanted.

We found most policies had not been updated since June 2013 and not all staff had signed to say they had read and understood them. However policies and procedures were being reviewed and introduced to staff when completed at their meetings. Where gaps were identified in policies these had been reviewed and rewritten. During the inspection the managing director forwarded a revised copy of the admission policy and procedure that was intended to ensure a more robust approach in practice was taken.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to follow their safeguarding procedures and safeguarding referrals to the Local Authority had not been made
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to make appropriate adaptations to the premises to reflect the needs of the people using the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the Care Quality Commission of incidents which had caused significant harm.

### **The enforcement action we took:**

where we have found breaches of the regulations with a higher level of risk we will ensure action is taken