

Pathways North West Limited

Pathways (North West)

Limited - 136 Whalley Road

Inspection report

136 Whalley Road
Accrington
Lancashire
BB5 1BS

Tel: 01254236411
Website: www.pathwaysnorthwest.co.uk

Date of inspection visit:
21 September 2016
22 September 2016

Date of publication:
22 November 2016

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

We carried out an unannounced inspection of Whalley Road on the 21 and 22 September 2016. Whalley Road is a residential care home that provides accommodation, nursing care, support and enablement services for nine people suffer from a mental illness. The home is situated in the Accrington area of Lancashire.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in May 2013 and was found to be meeting the regulations applicable at that time.

During this inspection we found the service to be in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This is relating to medicines management and the high number of medicines errors being made. You can see what action we told the provider to take at the back of this report.

The approach the registered manager was taking in relation to addressing medicines errors with staff was not proving to be effective.

During this inspection we received positive feedback from people who used the service, staff members and community professionals. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them, referring to them as "Kind" and "Helpful".

The provider ensured processes and procedures were in place to maintain a protect and suitable environment for all people using the service and their visitors. Detailed and up to date health/ safety checks and audits were completed on a regular basis. People indicated they felt safe living at the service. Suitable training was offered to staff to ensure they were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

Over the two days of the inspection we found the service had adequate staffing levels. People indicated their needs were met appropriately and staff were always present around the service for people to talk to at any time. We observed regular staff interaction to support this.

We found a safe recruitment system in place. Appropriate steps were taken to verify new employees' character and fitness to work. Following successful appointment to the role the provider ensured a robust induction plan was carried out which ensured staff were equipped with the correct skills and knowledge to

effectively support people in an informed, confident and self-assured manner.

We saw the service had created detailed individual risk assessments for all people using the service. These risk assessments included daily living tasks, accessing the community alone and positive risk taking. Mental health and Home Office professionals were liaised with on a regular basis as part of the risk assessment process.

The provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care. Each plan was individual to the person's needs. Effective systems were implemented to maintain independence, by providing a detailed plan covering essential information support staff needed to follow. This ensured clear information was available about people's needs, wishes, feelings and health conditions. Care plans were kept under regular review.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Appropriate referrals had been submitted to the local authority by the registered manager.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (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. At the time of inspection we found that no person using the service was being deprived of their liberty.

We observed people making themselves snacks and drinks throughout the day and contributing to the preparation of meals. We saw the food was freshly prepared. We noted appropriate referrals had been made to health professionals and instructions were strictly followed in cases where people had known dietary requirements.

We saw positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner and gained consent when required. The service had a calm and warm atmosphere.

People using the service indicated they were happy with the service. We saw positive feedback from people using the service by means of house meetings and a range of quality questionnaires. People told us although the registered manager usually stayed in her office they felt able to approach her if they required any assistance or had any questions.

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 was not always safe.

Processes were in place for the safe administration of medicines, however, these processes were not being consistently followed and as a result of this errors with people's medicines were being made on a frequent basis.

Safe and robust recruitment procedures were followed to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of safeguarding procedures to follow if they suspected any abusive or neglectful practice.

Positive risk taking was encouraged and people had individual risk assessments in the support files to identify any perceived risk.

Requires Improvement ●

Is the service effective?

The service was effective.

Systems were in place to ensure staff were sufficiently trained. Staff received a robust and detailed induction period prior to commencing employment.

Staff and management had an understanding of best interests decisions and the MCA 2005 legislation.

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

Good ●

Is the service caring?

The service was caring.

People indicated they were treated with kindness and their privacy and dignity was respected by staff.

Good ●

Staff spoken with gave good examples of how to ensure people's dignity was respected. People were involved in decisions around their daily lives.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

The home had procedures in place to receive and respond to complaints. People expressed confidence in the registered and deputy manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

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

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to undertake the role.

We noted that the approach the registered manager was taking in relation to address medicines errors was not proving to be effective.

The registered manager monitored the quality of the service provided through audits and gathering feedback from people who used the service and staff.

Staff told us they felt well supported by the registered manager in their role and were able to approach her with any issues. The registered manager operated an open door policy.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 September 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

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

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, six members of staff including the director, deputy and registered manager. We also spoke with one healthcare professional and five people living in the home.

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

Is the service safe?

Our findings

People we spoke with told us they felt safe in their home and indicated that staff were always around to assist them with daily living skills or concerns/queries they may have.

Prior to the inspection we had received a high number of provider notifications in relation to medicines errors.

We looked at whether people's medicines were managed safely. The home had a detailed, up-to-date medicines policy which included information for staff about ordering, administration, storage, disposal and record keeping. We observed a member of staff administering a person's morning medicine and noted this was done in line with best practice guidance.

Each person had a risk assessment in place to identify the risks associated with having medicines in a lockable cupboard in their rooms. The registered manager told us that this had been assessed as safer practice by the provider and was also seen by the provider to be more person centred. Individual room temperature charts were in place and recorded daily to ensure medicines were kept at a consistent temperature. Any medicines which were needed to be stored in a refrigerator were stored securely in a refrigerator in the staff room.

Training on medicines management was in date and because of the high number of medicines errors the provider had introduced a managing medicines work book. This work book was to provide additional training for all staff in an attempt to prevent any further errors. The registered manager informed the workbook had been completed by all staff over the previous four weeks. However, although correct training had been offered and additional training in relation to the work books had been completed, we noted there were still a significant amount of medicines errors being made, for example people's medicines had been missed, missing signatures on medicines administration records (MARs) and wrong dosages being given.

We looked at a sample number of MARs and noted errors had occurred. Staff signatures had also been missed following refusal of 'as required' (PRN) medicines. This was not in line with the provider's procedural guidance which states, 'codes should be used if for any reason medicines are not taken when offered'. Following the inspection we received a further notification to inform there had been another error made where staff had not followed the recommended dose as per the doctor's guidance.

Medicines audits were completed weekly by the deputy manager and in addition to this the registered manager told us each morning two staff members carried out a 'stock check' to identify any errors from the previous shift. Once the check was completed the staff concerned would sign to say it had been done and all the medicines were present and correct. However, we noted that on two occasions over the past three weeks this stock check had not been signed for.

Although the provider had processes in place for the safe administration of medicines these processes were not being consistently followed and as a result of this errors with people's medicines were being made on a

frequent basis. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. Appropriate policies and procedures were in place which were inclusive of the contact numbers for external agencies such as the local authority and the Commission and procedures were designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm. The registered manager was aware of her responsibility to report issues relating to safeguarding. We looked at incidents covering a 12 month period and noted all reportable incidents had been escalated to the relevant authorities.

Staff we spoke with were able to demonstrate appropriate knowledge of safeguarding matters. They understood their role within the process and were able to identify the types of abuse people may experience. Staff felt confident that any issues raised in the area would be dealt with appropriately by the registered manager. Staff we spoke with were also aware that they could take any concerns outside of the service and were able to identify which agencies they would contact if they felt any concerns were not being dealt with appropriately. Staff told us they had received safeguarding training. Training records we saw confirmed this.

The risks involved in delivering people's support had been assessed to help keep them and staff safe. We found individual risks had been assessed and recorded in people's risk assessments and management plans. Areas such as current risk and historical factors had been broken down into times most likely to occur, steps in place to reduce/ minimise incidents and the individual responsibilities of the person, staff members and other health professionals in ensuring this risk was managed. Detailed management strategies had been developed to provide staff with guidance on how to manage risks in a consistent manner and who to contact for further support when required. Policies were in place to offer guidelines to staff around areas of risk such as, suicide behaviours and self-harm, positive behavioural support, missing persons and welfare checks. All policies had been read and signed by staff to ensure they had been read and understood.

Positive risk taking was promoted and assessed for each individual, taking into consideration the person accessing the community unsupported. Licences and treatment orders were adhered to and monitored by external agencies. We saw the provider communicated well with other external professionals involved to ensure a robust assessment was completed in relation to people's behaviours. We spoke with one mental health professional who said, "The team are doing a really good job. Previous placements have broken down for this person due to behavioural issues. However, whilst they have been supported at Whalley road there have been very few incidents. [Person's name] has been more settled than he has ever been in a community placement".

We looked at what processes the service had in place to maintain a safe environment and protect visitors, staff and people using the service from harm. General risk assessments had been carried out to identify risks associated with the home environment. These covered such areas as fire safety, slips, trips and falls, infection control, the preparation and storing of food and the management of hazardous substances. Risk assessments were reviewed on an annual basis unless there was a change of circumstance. The registered manager added that it was also the responsibility of all staff to carry out visual checks of the premises and equipment on a daily basis and report issues when required. This ensured people living in the home were safeguarded from any unnecessary hazards.

We saw the service had robust fire risk procedures in place and detailed annual fire risk assessments were

followed. Where people had a known risk of fire setting the provider had ensured this risk was covered on the person's risk assessment and other documentation. Staff had received fire training and we noted fire signage and equipment was visible throughout the building.

Plans were in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. We also noted all people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.

The premises and equipment were appropriately maintained to help keep people safe. The provider also had arrangements in place for on-going maintenance and repairs to the building.

We saw records and audits were kept in relation to any accidents or incidents that had occurred at the service. All accident and incident records were checked and investigated by the registered manager and care plans / risk assessments were amended as appropriate and health professionals were updated. The incidents were discussed and recorded as part of management team meetings.

We looked at how recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We looked at the recruitment records of four members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The four recruitment files had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included employment history, proof of identity and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at how the provider managed the deployment of staff. Staff we spoke with told us they felt there were enough staff on duty to safely support the people using the service. Staff also informed that that the team would, "Pull together" if somebody rang in sick. One staff member said, "We are a great team, we pull together and work well with each other." People using the service also indicated that there was a good staff presence in the house at all times and felt there was always a staff member around to speak with should they need to. During the inspection we observed a good staff presence in the house. We looked at a month's staff rota which included the week of the inspection. We noted this was updated and changed in response to staff absence.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking 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. The registered manager told us there had been one disciplinary in the past 12 months. We looked at the disciplinary record and noted the service had followed their procedure effectively in regards to this.

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the support they received at the service. Comments included, "Staff are kind. They support me well;" "I think they have the balance right with most things" and "I have the right amount of freedom and structure. That is important to me to help me stay well."

The provider had processes in place to train and support staff. All staff were required to complete an induction programme before commencing work at the home. This included an initial orientation induction, training in the organisation's policies, procedures and mandatory training. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. We saw evidence of completed induction programmes in the files we looked at.

The registered manager told us, "Over the last 12 months we have had lots of new staff join the service. I have invested a lot of time to find staff with a good attitude, motivation to learn and who are innovative and have a passion for this kind of work. I have also invested a lot of time into training and development and I feel we have come 360 degrees with it."

We noted the service had processes in place for staff training. We looked at the provider's training record. We noted staff training was up to date. Details of all training offered and dates completed were displayed on a 'training matrix'. We noted a variety of training subjects were offered such as, dealing with behaviour that challenges, professional boundaries, person centred planning, personal safety and equality and diversity. The registered manager told us that all staff were currently completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they felt they received an appropriate level of training to enable them to effectively undertake their support role. Comments included, "Training is good. It's appropriate to the job" and "The Company is very good with training, they will always introduce new training topics if they feel we will benefit from them." The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people. All staff spoken with told us the training was beneficial to their role.

The registered manager told us staff received regular supervision sessions. Effective supervision provides staff with the opportunity to discuss their responsibilities and the support of people who use the service. We saw records of frequent supervisions held in the staff files we saw and noted plans had been in place to schedule further supervision meetings. Staff told us they received supervision on a regular basis and had mixed feelings about the process. One staff member said, "I really enjoy my supervision, it's a time for me to have my say." Another staff member said, "Supervisions are alright. I feel I can open up with things but sometimes I can leave the session feeling a little deflated but this is normally when I am being told I need to improve in an area. I suppose I need to take this though as it does help me develop in my role."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a good knowledge of the principles of the Act. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions.

Staff confirmed they asked for people's consent before entering personal rooms and providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people in a respectful way offering choices wherever possible and gained their consent before providing assistance. People had signed to give their consent to their support being provided in line with their support plan, staff taking photographs and staff assisting with their medicines. People spoken with confirmed they were involved in their daily support and were given the opportunity to discuss their needs and wishes.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection DoLS applications had been submitted in respect of two people living at the home. These applications were appropriate and the registered manager had followed the correct processes and involved the relevant professionals in this decision.

We looked at how people's nutritional requirements were being met. We saw meal times were relaxed and flexible. We saw people making themselves breakfast and lunch when they chose to. We observed positive staff interaction with people using the service around the encouragement of meal preparation and discussion about what the main meal of the day would be. We saw that people were encouraged by staff to assist with meal times and people had choices around meal preference. The registered manager told us meal preferences were discussed on a weekly basis to encourage people to request any changes.

Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out and reviewed when required. People's weight was checked at regular intervals. Health checks were also done on a monthly basis which included weight and blood pressure monitoring. Health care professionals, including general practitioners and mental health workers were liaised with as necessary.

Is the service caring?

Our findings

People indicated that their dignity was respected and that staff treated them with respect and kindness and were complimentary of the support they received. Comments included, "All the staff are nice to me. That makes me happy," "I am very happy here. I love doing stuff" and "Staff always ask for my permission with things."

We observed staff offering support in a positive way by involving people in routine decisions. Staff sought permission before entering any bedrooms to uphold people's dignity and privacy. Over the two days of the inspection we observed people spending time in their rooms. People told us they enjoyed time alone to sit and watch television or listen to music. We saw people moving freely around the property and accessing the community alone whenever they wished.

Where staff provided one to one support they ensured this was done in an area which was private and not overlooked. This respected people's privacy when discussing confidential matters. People were supported with their medicines in their bedrooms. We observed appropriate humour and friendliness from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm and friendly.

Staff we spoke with understood their role in providing people with care, understanding and support. Comments included, "I love working here, I really do. It's such a rewarding job" and "I enjoy seeing people grow with confidence and independence. I find it very rewarding." There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had the responsibility for overseeing aspects of their care and support. Although each staff member acted as a key worker they were also aware that whilst on shift they were responsible for the oversight of each person using the service.

We saw evidence of residents meetings and forums. These meetings were held every two weeks. New activities were discussed along with food preferences and health and safety matters. Following each meeting the agreed action would be set with a target date for completion. This would then be reviewed at the next meeting and discussed further if required.

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 had a policy around advocacy. Details of advocacy services were given to each person using the service. The registered manager told us there was nobody accessing advocacy services at the time of the inspection.

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 were respected.

Is the service responsive?

Our findings

People we spoke to indicated they enjoyed living at the service. One person said, "I like it here, I feel settled. I have a routine and staff help me to be more independent. One day I will hopefully live in my own flat." People indicated staff knew their needs and were helpful.

We looked at the way the provider assessed and planned for people's needs, choices and abilities. We noted there were processes in place to assess people's needs before they used the service. Areas such as social networks, relationships, identity and self-esteem were considered. The registered manager also explained that the provider ensured a 'risk profile and management plan' was also created prior to the person being admitted into the service. This plan recognises historic risks and each area of risk is rated low, medium or high. From this individual risk assessments are created by using additional information gathered from other professionals such as Psychiatrists, social workers and mental health nurses. Once these assessments are created all professionals review and agree their robustness prior to admission. The person is also involved with the initial care planning process and their views are routinely sought in areas such as daily living requirements, likes and dislikes and preferences.

We looked at four people's support files and noted they contained relevant documentation to support the development of the care planning process and the delivery of care. Care files contained individual support plans such as managing medicines, personal care, feeling and keeping safe and finances management. These plans included detailed directions for staff to follow on meeting the needs of the person. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated into care practice.

Where possible, people had been consulted and involved in developing and reviewing their support plan. Care files were reviewed on a monthly basis and more often if required. The registered manager informed, "As a service we are really working at breaking down barriers between people who may be institutionalised, by including them in their care to hopefully change their perception about how they should be supported and reinforcing with them that ultimately they all have choice over their lives."

We noted each support file had detailed information recorded on liaising effectively with other agencies such as community mental health professionals, probation officers, general practitioners and responsible clinicians. In addition to this each person had a 'hospital passport'. This pack contained detailed information about the person's medical history, allergies, medication, daily living requirements and a photograph of the person. The registered manager told us this helped provide continuity of care if the person was admitted to hospital.

The provider had systems in place to ensure they could respond to people's changing needs. For example, we saw that staff had a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being, any concerns and appointments. This ensured staff were kept well informed about the needs of people living in the home. If information changed in a person's support file then staff were made aware and required to update themselves with the new information.

Staff had good knowledge of people's needs and could clearly explain how they provided support that was important to each person. Staff we spoke with were knowledgeable about people's preferences, and issues relating to their mental health requirements.

We observed people freely leaving the service to access the community over the two days of the inspection. Trips to the gym, local town, coffee shop and places of local interest were all frequent outings. Holidays were also arranged and people were accompanied by staff members. People we spoke with told us at times they would enjoy trips to the seaside, however this did not happen as often as they would like. We spoke with the registered manager about this and she stated, "We do go out as a group at times as I think this is a nice thing to do. However, this does not happen very often as we are a rehabilitation service so we try to ensure a realistic life experience is offered."

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. The registered manager told us people were also encouraged to raise any issues at the house meetings which were held once a fortnight. We saw evidence of this in the meeting minutes.

We looked at how complaints and compliments were managed. We found the service had systems in place for the recording, investigating and taking action in response to complaints. The registered manager told us that three complaints had been received in the past 12 months. We looked at these and noted they had been dealt with in line with the provider's procedural guidance. People told us they knew how to make a complaint and felt confident it would be dealt with effectively by the registered or deputy manager.

Is the service well-led?

Our findings

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the deputy manager. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

People using the service we spoke with indicated they liked the registered manager but informed that she mainly stayed in her office, "I think doing paperwork." However, every person we spoke with knew they could approach her when needed. Comments included, "[Registered manager] is always available if I want to see her" and "I always speak with [registered manager] she is always available. Her office is on the top floor which is a bit out of the way but this is fine."

We noted a deputy manager had recently been introduced into the service to ensure management presence was more frequent throughout the building. The deputy manager was based in the staff room on the lower floor and made herself available throughout the day to observe staff conduct and be the first point of call for any issues or queries. Staff we spoke with told us this was working well and they felt they had, "Back up" if needed.

We spoke with the registered manager about what action she had taken in relation to staff who had made errors with the administration of medicines. The registered manager told us she had spoken with the staff member concerned on each occasion and asked them to complete a reflective log. We noted that the approach the registered manager was taking in relation to addressing medicines errors was not proving to be effective. We spoke further with the registered manager about the robustness of this approach after identifying that certain staff members had made errors on more than one occasion. The registered manager recognised that this should trigger the provider's disciplinary procedure and she assured us that this would be considered for any further errors made. However, we would have expected the registered manager to have implemented this policy without out intervention.

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes.

Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them. Staff we spoke with were clear about their roles and responsibilities within the service and gave good practice examples, for instance one staff member said, "I always give people choices and I always ensure they are aware of any risks associated with any unwise choices they may be making and will liaise with other professionals required to ensure the person receives the best support we can offer."

We noted the service provider had effective governance audit systems in place.. Audits were done daily,

weekly and annually covering areas such as, monies, and emergency lighting, first aid, infection control and legionella. All audit systems were designed to ensure all aspects of the service were meeting the required standards.

The service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people via the means of feedback forms and additional surveys. We looked at all the surveys returned for the year and noted all expressed their satisfaction in each area. Comments included, "I usually feel my issues are taken seriously and dealt with quickly", "Staff always give me information about the homes policy and advocacy and how to make a complaint", "I feel staff support and encourage me towards my personal goals" and "I always feel my privacy is respected and I am treated with respect."

We saw evidence of frequent staff meetings. We noted these meetings were used to feedback any complaints, compliments and any good or bad practice examples. Staff we spoke to told us the meetings were useful and provided an environment for everybody to come together and discuss any new ideas, plans or issues they may have. Comments included, "I find staff meetings helpful. You can have your say; we talk about what's going well, any improvements, ideas, concerns." We noted that following a meeting an action plan was created with times scales for completion and reviewed at the following meeting. These meetings ensured staff were consistent in their approach to each person using the service.

The provider also offered a weekly reflection group for all staff. This group was held by the provider's employed Psychologist. The registered manager told us, "This helps staff understand and work with not just the physical diagnosis but more attachment and developmental issues. The groups get staff thinking and becoming more aware of the behaviours certain people can exhibit and how best people can be supported with this."

Staff appeared enthusiastic and positive about their work and displayed a good work ethic. Staff were also well informed and had a good working knowledge of their role and responsibilities of supporting a person suffering from a mental health condition.

Staff spoken with at the time of inspection felt confident that the service was supported effectively by the management structure and were positive about the attitude of the registered and deputy manager. Staff did however acknowledge that the registered manager was not always visible around the service and this was possibly because of the positioning of her office, however, they stated that her door was always open if they required assistance from her.

We noted the service had a 'statement of purpose' which clearly outlined the underpinning principles of the service and its commitment to ensuring people received high quality care and support.

The registered manager told us she felt the service allowed people to independently manage their lives in a safe and controlled way. She stated, "In the past placements such as this one was more of a controlling environment. However, I feel our service has moved away from this way of working and moved into an arena which offers a very supportive environment which focusses more on positive risk taking. I also feel the staff team show a lot of empathy towards the people we support."

The registered manager prided herself on the support and life opportunities the service offered people who used it. She stated, "We are ultimately helping people along the process of recovery. To develop interests. The emphasis is more on recovery and not just support."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Although the provider had processes in place for the safe administration of medicines these processes were not being consistently followed and as a result of this errors with people's medicines were being made on a frequent basis.