

St Martins Housing Trust

Highwater House

Inspection report

104 Westwick Street
Norwich
Norfolk
NR2 4SZ

Tel: 01603766627

Website: www.stmartinshousing.org.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Highwater House provides accommodation and personal care for up to 22 people who have been homeless or are at risk of being homeless. People accommodated have a mental health disorder and a drug and/or alcohol dependency. The service is situated in the centre of Norwich.

People's experience of using this service:

People at Highwater House received outstanding care and were supported by a staff team that were committed, passionate and knowledgeable. People were treated with exceptional kindness and people were extremely positive about the care they received.

The staff team were highly motivated and there was a strong commitment from the organisation on the development of their competence and knowledge and on ensuring that they felt valued.

People were at the very heart of the service and staff were really proud of what people had achieved. People had strong relationships with their keyworkers. There was a mutually respectful culture and people were involved in how the service was run at every opportunity.

The staff team embraced new initiatives and the feedback that we received evidenced that outcomes people experienced on their physical and mental wellbeing were exceptional.

The service worked in partnership with other organisations to share awareness of the client group and to ensure effective, joined up care.

Staff encouraged and supported people to take part in a wide range of activities which promoted their self-esteem and wellbeing. Staff were creative in ensuring that people were engaged and stimulated. There were good community links and people accessed the community regularly.

Effective management systems were in place to safeguard people and promote their wellbeing. The management team provided a high-quality, person led service with a strong emphasis on continual improvement and best practice.

Rating at last inspection: Good (report published 09 May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all information received about this service to ensure that the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

Highwater House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion their expertise was mental health.

Service and service type:

Highwater House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection took place on 01 March 2019 and was unannounced.

What we did:

Before the inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents that the provider must notify us about. We assessed the information we require providers to send us at least annually, to give some key information about the service, what the service does well and the improvements that the plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people using the service, four members of care staff, a cook and

the deputy manager. We also spoke with the registered manager and a representative of the registered provider who was in this case the chief executive.

We looked at records in relation to people who used the service including care plans, risk assessments and medication records. We looked at records relating to training, activities, meals provided and systems for monitoring quality. We looked at feedback provided by people using the service and staff. Following the inspection, we contacted healthcare professionals for their views on the service provided.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- Everyone spoken with told us they felt safe. One person said, "Yes, I do feel safe here. It's the safest place that I have lived. Ten out of ten for safety". Another person said, "Yes I do feel very safe here because of the staff".
- Staff had received trained in safeguarding procedures. They knew how to recognise abuse and protect people from the risk of abuse. Staff told us that safeguarding was discussed regularly and that they would report any concerns immediately.
- The registered manager understood their responsibilities to safeguard people and any concerns were acted on to make sure people were protected from harm.
- To help keep people safe the service had a 'wet lounge' where people could consume alcohol in a safe environment. People's safety was reviewed during twice daily welfare checks and staff handover meetings which took place three times a day.
- Fourteen people using the service completed the most recent annual service questionnaire. All fourteen said that they felt safe with one commenting, "It's safe here. People cannot get on your corridors because of the fob system. Staff don't let people into the building". The service used a key card system allowing for restricted access around the building increasing the safety of people using the service and staff.

Assessing risk, safety monitoring and management.

- Risks to people had been identified, assessed and were reviewed on a regular basis.
- Staff had received trained in risk management which included working with people with dangerous and disturbing behaviour, de-escalation techniques, diffusion and anger management.
- People using the service were encouraged to identify areas of risk for themselves and to contribute to their risk management and crisis plan. Multi agency meetings ensured a consistent approach to risk management. The service encouraged positive risk taking to maximise choice, human rights, equality and diversity, independence and opportunities.
- Equipment was checked and serviced as required to ensure that it was fit for purpose. Health and safety audits were completed each month.
- Evacuation plans were in place to guide staff how to support people in case of an emergency.

Staffing and recruitment.

- Recruitment systems continued to be effective and ensured suitable people of good character were

employed to work at the service.

- Sufficient numbers of staff were employed to meet the needs of the people using the service. People using the service confirmed that staff were always available. One told us, "There are always staff available", and another said, "There are enough staff to keep the service safe".
- The registered manager told us that there was a rule that there could never be less than 2 members of staff in the building at any time. In the Provider Information Return (PIR) they stated, "Staffing levels at the service bring good, flexible levels of cover allowing for higher level support needs to be met if needed".
- Staff retention was extremely high with all of the staff we met being employed at the service for more than fifteen years. The registered manager said, "Exceptionally low staff turnover provides consistency of care and a high level of skill and experience".

Using medicines safely.

- People told us that they received their medicines as prescribed. One person said, "I always received my medicines on time". Another said, "I receive my medicines at the same time every day".
- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Clear protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.
- Systems were in place to regularly audit medicines. Monthly audits were undertaken by staff and the GP and healthcare professionals reviewed people's medicines on a regular basis.

Preventing and controlling infection.

- Staff received training in infection control and safe infection control procedures were followed.
- The environment was clean and fresh. Domestic staff were employed for ten hours each day, and in addition to these hours a deep clean of the service was undertaken each month.

Learning lessons when things go wrong.

- Accidents and incidents were recorded and monitored by the registered manager and forwarded to the organisation's health and safety committee for evaluation and feedback.
- A lesson learned log was maintained and shared with the staff team during the staff meetings.
- One member of staff told us, "Incidents can suddenly happen and when they do we have a debrief immediately"

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Prior to moving into the service people met with the registered manager and had a tour of the service. If the service was right for the person, an overnight stay was offered so that people got to know what the service was about.
- People received a month's induction to help them settle in. During this period, a needs assessment and care plan were completed. People's needs were regularly reviewed and assessed and care plans contained information about people's preferences.
- People told us that staff knew how to support them. One person said, "Staff know me very well, I regularly sit with them and they involve me with my care plan".
- Each person had a keyworker who met with them monthly to help them identify and achieve their goals. Regular multi-agency reviews took place and included social workers, psychiatrists, advocates and family where appropriate.
- The registered manager supported staff to provide care in line with best practice.

Staff support: induction, training, skills and experience.

- Staff said that they were extremely well supported. They received supervision on a one to one basis, group supervision, reflective supervision and an annual appraisal. They attended regular staff meetings and received the training that they needed to undertake their role.
- Staff held a wide range of nationally recognised qualifications and all support workers were trained to NVQ 3 or above. As well as professional qualifications, staff received mandatory training in subjects such health and safety, moving and handling and mental capacity. Additional training to meet people's specific needs included drug and alcohol abuse, challenging behaviour and needle stick injury.
- The registered manager said "Highwater House has developed staff in specialised areas to best work with our client group including trauma informed care, cognitive behavioural therapy, dual diagnosis, substance misuse and personality disorder. We continually develop staff, we are responsive to people's changing needs and adapt our training program as needed to ensure all staff are trained and competent". Senior staff were often requested to share their expertise and contribute to the training of a wide range of professionals.

Supporting people to eat and drink enough to maintain a balanced diet.

- There was a strong emphasis on the importance of eating and drinking well. Four chefs were employed to provide people with home cooked food. The registered manager told us that, "The catering team is seen as an integral part of providing joined up care for people and as such receive the same level of support and

supervision as the care staff".

- People enjoyed the food with extremely positive comments including, "Mealtimes are very enjoyable, I look forward to my food", "The food is very nutritious here, we have a choice", and, "Mealtimes are great, we all look forward to mealtimes".
- People were offered choices of what to eat, what to drink and all food was produced using locally sourced ingredients wherever possible. Three home cooked meals were served each day in the dining room. Mealtimes were seen as a sociable event and people using the service and staff ate meals together. Snacks and drinks were always available. The meals served at the time of the inspection looked extremely appetising and nutritious. Homemade soup was available as well as a selection of homemade breads.
- The deputy manager told us that it was important that people who moved into the service "Improved their relationship with food so that they got the nutrients they needed". People's nutritional needs were recorded in their care plan and shared with the catering department.
- People were referred to a dietician when needed and everyone was weighed monthly.
- The chef was knowledgeable about people's likes and dislikes and how people needed their food prepared. There was a three-weekly cycle of menus and in addition to these there were themed meals as well as a Christmas and new year menu. On the evening of our inspection a Chinese night was being held with Chinese food being offered. There had recently been "A taste of India" night which people had enjoyed.
- People had the opportunity to attend meetings to discuss the food and put their suggestions forward. Basket meals had been introduced as suggested by some of the people living in the service. A 'quote book' had been implemented for comments about food to be recorded. A quieter eating period had recently been introduced so that the dining room was as calm as possible, especially for people experiencing anxiety and paranoia.

Staff working with other agencies to provide consistent, effective, timely care.

- The service worked with a variety of agencies to provide effective care to people. They included drug and alcohol services, homeless services, the police, City Reach, mental health teams and the GP surgery. Partnership working gave staff opportunities to discuss best practice and helped to build strong community links for people using the service.
- A healthcare professional told us, "The staff team's willingness to liaise/communicate regularly with me means that despite individual people perhaps not proactively working with their care team, arising issues can be acted upon swiftly, and risks and/or relapse can be minimised".

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

- The registered manager described how the environment impacted upon people's wellbeing. They said that all notices on boards were positive because a positive environment brought about positive outcomes.
- People using the service could chose the décor for their room, there were three lounges for people to use and private areas in the garden.
- There were focus points in the service to help reduce people's anxieties and art work on the wall was regularly changed to keep people's interest and support a calming environment. Walls were plain and instead of radiators; underfloor heating was used which reduced risks to people.

Supporting people to live healthier lives, access healthcare services and support.

- The staff team were highly motivated to ensure that people had access to the healthcare support that they required. Staff were trained to promote healthy lifestyles and offered support to people who wanted to make improvements in their lifestyle choices. Staff described how many people had moved into the service

after being homeless for a long time. They did not have access to healthcare and their health was extremely poor. They described how people's health had significantly improved after moving to the service.

- A healthcare professional told us that the staff team acted swiftly to attend to emerging issues which may impact upon their wellbeing.
- People could access specialised services such as drug and alcohol services. Care plans goals were updated every month and provided information on the health and wellbeing of the person using the service with input from other health professionals.
- People's health needs were discussed and reviewed monthly, with a GP review every three months, and a psychiatrist review every six months.
- The service provided regular access to other healthcare professionals including an optician, dentist and dietician. The service employed a chiropodist to ensure that people received this service on a regular basis. People using the service received support from one GP practice. The registered manager said that, "Forging strong links with the doctors' surgery ensures an integrated, seamless health package is certain".

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

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

- People told us that they had the freedom to do what they wanted and that they were able to make decisions.
- Staff had thorough understanding of the MCA and understood the importance of gaining consent before providing support. Staff empowered people using the service to make informed decision in all aspects of their life. Care plans provided information about how people wanted to be cared and who they wanted to be involved.

Is the service caring?

Our findings

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- □ People using the service praised the exceptional kindness of the staff. One person told us, "I would give the staff ten out of ten for their kindness and compassion". They went on to say, "The staff are brilliant and listen to what I want". All staff were extremely passionate about working at the service and providing excellent care and support to people. One person said, "The staff are very kind and compassionate, they know me well".
- □ Good relationships and support were seen by staff as being the key aspect for a person to be able to make positive changes in their lives. Staff comments included, "We are so proud of the people who live here, they have had a lot of trauma in their lives", and "We must be doing something right, the people who have live here have not managed to live anywhere else for long",
- □ A healthcare professional commented that the staff at Highwater House developed strong, trusting relationships with people using the service. The service promoted a kind, caring and empathetic culture using a new initiative Psychological Informed Environment (PIE) approach. This approach aims to reduce social exclusion and improve the mental health of homeless people. It also aims to improve staff morale and encourage positive interaction. PIE puts the relationships staff develop with people at the very heart of the care process. Since using the PIE approach, the number of call outs to the police reduced from 14 in a year to two and untoward incidents reduced from 53 to 20.
- □ We were given many examples of staff going the extra mile in respect of showing a caring approach towards people. For example. One person needed to go to hospital on an unplanned basis but they would only go with their keyworker. The key worker was on leave but they came in during their leave to support the person. This meant that the person was happy to have the treatment that they needed.
- □ Staff were sensitive to people's preferences. For example, staff acknowledged that Christmas could be a particularly difficult time for some people. Therefore at that time they took great care to make alternative arrangements so that those people who didn't want to celebrate Christmas were supported appropriately at that time.

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

- □ People were fully involved in making decisions about the service and their lives. Staff supported people to express their views through formal meetings and informal chats being available to people in different settings both within and out of the service to ensure they felt comfortable.
- □ Key workers promoted people's individuality by encouraging them to make everyday choices. Information about activities, local events, advocacy services and religious services, were on notice boards in

communal areas.

- People and staff were equal and worked together. Staff operated an open-door policy at all times and people were welcome to sit in the offices. Staff ensured that all barriers that could create a split between people using the service and themselves were removed. Staff joined people in garden areas and lounges and they sat and ate their meals together creating a homely, caring approach. The effect of this was that people felt more able to join in conversations about how they were feeling as it was a much more relaxed environment. One member of staff told us, "There is a lot of humour in the building, from people and staff".
- Feedback cards were available for people who did not feel comfortable expressing their views in meetings. Changes as a result of the feedback included the purchase of a barbeque, fresh juice being available, more themed nights and new outside furniture. People using the service had wanted to have a goat, a pony and chickens. This had not been possible, but the registered manager had been creative and adopted some Shetland ponies locally which people visited on a regular basis.

Respecting and promoting people's privacy, dignity and independence.

- People were involved in completing life histories and these enabled staff to get to know people well. Privacy and dignity were embedded into the practice of the team and the service had policies on equality and diversity, equal opportunities and dignity at work. We saw that these were routinely put into practice.
- People told us that their dignity and respect and independence was promoted. They said that staff always knocked before entering their rooms and they were encouraged to become independent.
- The registered manager told us of a situation when a person had to receive emergency treatment in a communal area. As a result, a portable screen had been purchased to provide privacy should this situation arise again.
- Some people had experienced a great deal of trauma before they moved into the service and found it difficult to trust others. Staff acknowledged this and worked closely with people to gain their trust. A person who completed the annual survey said, "The staff are friendly, and they don't judge you, they listen even if you shout and they don't give you a written warning. They encourage you and you can trust them. They are the same staff so you get to know them and they don't leave".
- The registered manager said, "We recruit for attitude for kind, caring, empathetic staff who see the importance of treating people with dignity and respect, this runs through all staff at Highwater House like a golden thread". Observations of staff was that these values were fully embedded within the staff team.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery

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

- The service adopted the mental health recovery star tool which enabled staff to support people to understand their mental health recovery and to plot their progress to enhance their self-esteem and recognise where they may need additional support.
- Care plans were developed in partnership with people using the service, were person centred and took into account protected characteristics. Care plans reflected people's needs and wishes and were written with them in a format they could understand.
- One person told us, "I have goal setting meetings with my keyworker", another person said, "I am fully involved with my care plan and I agree any changes that are made."
- Care plans detailed peoples' interests, beliefs and hobbies and stated how they wish to be supported. Each person's care plan was reviewed with their full involvement.
- People using the service could use the facilities provided at Under-1- Roof which was located next to the service and was a training and education centre run by the provider. Activities included cookery, music, pottery, body and balance, aerobics, first aid, Tai Chi, Karaoke, quiz nights, literacy courses, film nights, craft classes and English and maths classes and work-related classes including a job club, internet and email access and 1:1 mentoring. Since the service had adopted the PIE approach, the number of Under-1-Roof activities people had undertaken had increased from 288 to 383 in a year.
- The number of on-site activities undertaken by people had also increased significantly over a 12-month period from 959 to 2293. This had a positive impact on people's self-esteem and wellbeing and evidenced the success of the PIE approach. Activities included reflexology, craft lessons, darts, board games, discussions, meetings and table tennis.
- People also took part in a wide range of activities outside of the service. The service had a mobile home on the Norfolk coast which was regularly used in the summer months. Other activities included attending classical concerts, car boot sales, art galleries, the theatre and the cinema, playing bowls and seeing the Christmas lights.
- The registered manager identified people's information and communication needs and was aware of the Accessible Information Standard. During the initial assessment people were asked if they have any information or communication needs, so the staff could explore how they could meet these needs. This information was recorded in the person's care plan and shared with others involved in their care after consent or permission was obtained.
- Staffing levels ensured staff were always available to assist with reading or understanding forms or letters. People could have access to email accounts and social media accounts if they chose. Information was available in audio, large print and Braille. Some staff and the CEO were trained in British Sign Language.

Improving care quality in response to complaints or concerns.

- People knew how to complain and were confident that staff would listen to them. One person said, "I have never complained about anything but if I did complain they (the staff) would be very attentive". Another person told us that they knew how to complain.
- The service had an open-door policy for people to discuss any problems with the registered manager and staff. The service had suggestion cards, meetings and questionnaires to ensure that people's voices were heard.
- The service received a number of compliments. Feedback received included, "Thank you so much for all of your help and support".

End of life care and support.

- People's end of life wishes were discussed with them and people who chose to could stay at the service at the end of their life.
- Since the previous inspection one person received end of life care at the service. The person was asked if they wanted to move to a quieter environment more suited to an older person but they declined saying that the service was their home. Staff were retrained in end of life care and led by the community nurse team provided palliative care for the person until their death. Staff said that the person was a legend at the service. They were proud to have supported the person throughout the different stages of their life and were pleased to have been able to respect their wishes to remain at the service until their death. Feedback from the person's family following their death was, "I want to thank you for always looking after her in such a professional and caring way, she loved all of you".
- Staff had access to specialised services including Macmillan nurses and district nurses to provide maximum support for anyone approaching the end of their life.
- Specialised equipment was available to ensure that people's changing needs could be supported. High staffing ratios ensured that people at the end of their life would receive one to one care.

Is the service well-led?

Our findings

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

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

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

- □ All feedback received about the service was extremely positive. One healthcare professional said, "I have always found the manager to be professional, passionate about meeting the needs of those at Highwater House, approachable and a pleasure to work alongside. Similarly, the deputy is knowledgeable about the needs and complexities of dual diagnosis cases, maintains caring, respectful relationships with people, and communicates well with myself (and I presume other professionals). I get the sense that Highwater House is an organised, well-managed service that meets the needs of some of the locality's most complex cases very well".
- □ There was a clear management structure in place and staff passionately promoted high quality, person centred care. Staff had significant experience in working within mental health and used this experience to ensure consistently positive outcomes for people.
- □ The registered manager had promoted PIE within the county by providing training for other organisations and speaking at conferences. They had worked with partners and commissioners across the county, to improve services for those with poor mental health.
- □ The service was an excellent role model for other services. The organisation has been the feature of a two-page article in the local newspaper. The chief executive stated in the article, "I don't think that you be able to find two people as passionate about what they do as the registered manager and deputy manager of Highwater House. What strikes you is their compassion for others, no matter what their backstories".
- □ The service had a long-standing staff team and staff were extremely complimentary about the registered manager. Comments about the registered manager included, "She is supportive", "She is involved". "The management team are always approachable", "The manager has a lot of faith in the staff, she is very supportive and will provide constructive criticism".

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

- □ The organisation believed in identifying and nurturing talent and in investing in valuable training for the staff team. As part of their commitment to talent management, the manager had a deputy who was very experienced and able to lead the service in their absence.
- □ The staff team was extremely stable and highly motivated and as a result, people were cared for by competent and enthusiastic staff who knew them well.
- □ Staff were aware of the values of the organisation and were proud to work for the service. Their passion

was evident throughout the inspection and people using the service trusted the staff and made positive comments about them. Staff talked about the training they had received and how it had helped them to provide excellent support to the people using the service.

- A range of audits were undertaken on a regular basis to ensure that a high-quality service was being provided. Areas audited included health and safety, medication, environmental cleanliness, monthly key worker forms and untoward incidents.
- The quality of the management and support in the service meant that incidents had reduced and people had access to more choices and activities and staff were able to support people in a personalised way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People using the service felt listened to and that the opinions were valued. Records of meetings showed that people could contribute their views on how the service was run and their views influenced changes made within the service. Surveys showed extremely high levels of satisfaction from people using the service, staff and external professionals.
- The service recently published its annual review document. People using the service were involved in the development of the annual review and their feedback and comments formed part of the review. The chief executive attended a staff meeting and talked about the organisational strategy and culture to ensure that people were involved and understood the strategic plan.
- Staff felt able to put forward suggestions for the running of the service and they said that their opinions were valued, and they felt very well supported.
- Staff were very much valued by the organisation and focused on their wellbeing. Staff were given an extra day's annual leave during their birthday month. There was the opportunity for them to access counselling if required, attend yoga and a rewards system called Perkbox was in place which provided them with discounts at local shops and the cinema.
- There was a strong focus on striving to continuously improve and a plan was in place to develop the systems, staffing, outcomes for people and the environment. Actions that had been achieved had been signed off as completed.
- The chief executive was actively involved in the service and visited at least monthly to engage with people who used the service and the staff team.

Working in partnership with others.

- The service worked in partnership with a range of stakeholders. These included multi agency meetings, mental health providers group, social workers, GPs, advocacy groups, safe guarding discussion groups and police liaison meetings.
- The service held fundraising events to promote the good work that it does and gave regular presentations and talks to community groups like schools and churches to raise awareness.
- Staff worked with the University of East Anglia to provide training and introduce Occupational Therapists and mental health nurse students to the service. Staff took part in multi-agency meetings every six months with external professionals. This helped raise awareness and share experiences and knowledge. Staff also provided talks for trainee doctors on placement at the local surgery about the service and client group.