T.H.O.M.A.S. (Those On The Margins Of A Society)

THOMAS Bolton

Inspection report

St. Ethelberts Presbytery
Wigan Road
Bolton
BL3 5QJ
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location was good because:

- The service provided safe care. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good	

Summary of findings

Contents

Summary of this inspection

Background to THOMAS Bolton

THOMAS Bolton is a residential rehabilitation service for people in recovery from substance use.

The service is provided by the T.H.O.M.A.S (those on the margins of a society) organisation. The service provides a three to six-month rehabilitation programme depending upon the needs and funding of each client. The provider has three other rehabilitation services in northwest England.

This was the first inspection at this service since registration. The service has been

registered with the Care Quality Commission since November 2021.

The provider is registered to provide:

- Accommodation for persons who require treatment for substance misuse
- Treatment of disease, disorder or injury.

A registered manager has been in post since registration.

The service provides accommodation for up to four clients.

The service was inspected on 13 June 2023. At the time of this inspection, there were three clients at the service.

The inspection was undertaken by one inspector and a nurse specialist advisor with a background working in substance misuse services.

What people who use the service say

We spoke with the three clients resident at the time of our inspection. Client feedback was wholly positive. Clients described staff as kind, considerate and caring. They felt that staff understood their needs and worked with them to address them. Clients were able to describe their treatment goals and the actions that both they and staff were taking to help meet them.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment
- spoke with three clients who were using the service
- spoke with two staff members, the registered manager and the nominated individual for this service
- reviewed three care and treatment records
- reviewed medicines management and checked one medication chart
- reviewed a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Outstanding practice

We found the following outstanding practice:

Care records showed clear collaborative work completed with clients. We noted an extensive amount of personalised support and reflective work, evidenced in care records and in daily reflections sheets completed each day by clients. These were well structured and completed sheets that formed a narrative of the client's progress through treatment. Completed forms that we reviewed were detailed and provided a basis for individual sessional work and support with staff. Staff we spoke with who had graduated from the programme had copies of these from throughout their time in treatment, to refer to and as a representation of the progress and work they had undertaken.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Substance misuse services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

Safe and clean care environments

All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff completed daily, weekly, and monthly environmental checks. Annual health and safety and fire safety risk assessments were in place. Staff completed an annual ligature risk assessment and mitigated identified risk.

Staff could not observe clients in all areas of the service, but the building had a straightforward layout and staff checked on clients wellbeing regularly.

Maintenance, cleanliness and infection control

All areas were clean, well maintained, well furnished and fit for purpose. The building had been extensively refurbished and redecorated prior to opening.

Staff made sure cleaning records were up-to-date and the premises were clean. Clients maintained a cleaning rota. Staff followed infection control policy, including handwashing.

Staff completed regular audits and maintenance checks of the premises. This included monitoring of fire detection and prevention systems, regular checks of water samples for the presence of legionella and an annual health and safety assessment.

Safe staffing

Good

Substance misuse services

The service had enough staff, who knew the clients and received basic training to keep people safe from avoidable harm.

The service had enough staff to keep clients safe. The service had low vacancy rates and was fully staffed at this inspection.

The service had low use of bank staff. The service used a small internal bank system if there was a need due to sickness or leave. Managers limited their use of bank staff and ensured staff were familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health. Levels of sickness were low.

The manager could adjust staffing levels according to the needs of the clients.

Clients had regular one to one sessions with their keyworker.

Staff shared key information to keep clients safe when handing over their care to others.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. This included training around safeguarding, first aid, health and safety, medicines management, information governance, infection control and blood borne viruses. Staff had also completed autism awareness training and epilepsy training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Staff screened clients before admission and only offered to admit them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to any sudden deterioration in clients' physical and mental health.

Assessment of client risk

Staff completed risk assessments for each client on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Each client's risk assessment was started at assessment, updated as they joined the service, and regularly reviewed. Risk assessments included information about mental health issues, physical health, substance use, vulnerabilities, and safeguarding.

Management of client risk

Good

Substance misuse services

Staff knew about any risks to each client and acted to prevent or reduce risks. Staff developed risk management plans from the risk assessments, and these were detailed and well completed.

Staff identified and responded to any changes in risks to, or posed by, clients. Staff identified these changes through daily engagement with clients and weekly care reviews. In addition, clients completed daily reflections and feelings sheets and would sometimes indicate there if they were struggling or needed additional support.

There was a process for staff to follow to reduce the risk of harm following an unexpected discharge. Care records included a plan for clients unexpectedly dropping out of treatment.

There were good links with the local drug and alcohol service, mental health services and GPs. Drug and alcohol testing protocols were in place and where these were planned for clients, we saw they were completed.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.Staff were kept up-to-date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager had made contact with the local authority safeguarding team so that they were aware of local processes.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Client notes were comprehensive, and all staff could access them easily. The service used an electronic records system and staff were trained in using this. Paper records were also used including the daily reflections sheets which clients completed.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to administer medicines safely.

Good

Substance misuse services

The service did not prescribe medicines. There were policies and procedures in place for staff to support clients who were prescribed medicines by their GP. Clients could self-administer but staff also administered medicines. Staff assessed clients for their suitability to self-administer medicines. Medicine administration record sheets were in place and staff followed appropriate identification protocols including the use of client photographs.

Staff completed modular medicines management training and managers completed an administration assessment.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines safely. We reviewed one medicines administration file. This included information about next of kin, allergies, and physical health concerns. Regular and as needed medicines were clearly marked on medicines administration record sheets and there were no gaps in administration.

Staff learned from safety alerts and incidents to improve practice. A recent administration error had occurred, and the staff member and manager dealt with this incident well, including taking immediate actions to ensure safety but then reviewing the circumstances of this incident and taking appropriate action to prevent recurrence.

Track record on safety

The service had a good track record on safety.

There had been one serious incident at the service in the six months prior to inspection.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff recorded incidents in client notes and in a separate incident file. Incidents were reviewed by the service manager. The managers completed incident reports where appropriate and these were discussed in the provider's operational managers' meeting. Incidents and lessons learnt were a standing agenda item for team meetings.

Staff raised concerns and reported incidents and near misses in line with provider policy. We saw incidents and accidents reported appropriately.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Is the service effective?

Good

Assessment of needs and planning of care

Good

Substance misuse services

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We reviewed three treatment records.

Staff completed a comprehensive assessment of each client. Staff and clients completed an initial assessment prior to joining the service, to ensure that the service offered the best approach and treatment for clients. This was revisited when clients joined the service, including assessing capacity to consent to the treatment programme and rules of the service.

All clients had their physical health assessed soon after admission and regularly reviewed during their time at the service. Clients were supported to attend the GP and complete initial blood testing and physical examination.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated.

Clients and staff completed recovery plans, which were detailed and person centred. These included the aims and goals from treatment and groupwork, and more wider aims in terms of daily living skills, occupation, and community planning. Care plans also incorporated relapse prevention planning.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff and clients reviewed these regularly as they progressed through the treatment programme.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the clients in the service. The provider had a groupwork programme which was run from their treatment centre. Clients attended the treatment service each day with support staff.

Staff delivered care in line with best practice and national guidance (from relevant bodies eg NICE). The service approach incorporated national best practice guidance.

The service model drew on a number of approaches, with the twelve steps model being the core model used. Within this, the service worked flexibly with clients to ensure their care was tailored to individual needs, incorporating psychosocial approaches, occupational activity, reflection, and dynamics work and diversional activity.

Care records showed clear collaborative work completed with clients. We noted an extensive amount of personalised support and reflective work, evidenced in care records and in daily reflections sheets completed each day by clients. These were well structured, and completed sheets formed a narrative of the client's progress through treatment. Completed forms that we reviewed were detailed and provided a basis for individual sessional work and support with staff.

Staff identified clients' physical health needs and recorded them in their care plans. Staff made sure clients had access to physical health care, including specialists as required. Clients were registered with a local GP or if local to the area with their own GP.

Staff met clients' dietary needs and assessed those needing specialist care for nutrition and hydration. Clients and staff planned weekly menus and meals ensuring individual preferences or dietary requirements were met. If specialist advice was needed, the service would liaise with GPs to access this.

Staff helped clients live healthier lives by supporting them to take part in programmes or giving advice. Staff encouraged healthy exercise and when not attending groupwork would arrange walks or day trips. Clients were supported to access local gyms and leisure facilities.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. Staff completed treatment outcome profiles and submitted treatment data and outcomes to the national drug treatment monitoring system. Treatment outcome profiles are a national tool used to measure the progress of clients through treatment.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank staff. Support staff in the service were graduates of the programme themselves and had often completed peer mentor work and placements to progress into full employment.

Managers gave each new member of staff a full induction to the service before they started work. Induction included completion of mandatory training and introduction to the service mission and ethos. New staff were also supported by other members of staff during their first shifts.

Managers supported staff through regular supervision. Staff received managerial and caseload supervision every month.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. Staff were able to identify areas for further development and training which was supported by managers.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff meetings took place on a weekly basis.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were able to access training and development opportunities.

Managers recognised poor performance, could identify the reasons and dealt with these. The registered manager was supported by a central human resource team for support and advice if needed.

Managers recruited, trained and supported volunteers to work with clients in the service. The provider offered opportunities for graduates of the programme to work as volunteers and peer support workers across the services they managed.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. The service ensured multi-agency input into clients' comprehensive assessments from mental health teams, GPs, social workers and criminal justice services. The service had a criminal justice worker who worked across services with probation and prison services and statutory services.

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings. The service had effective protocols in place for the shared care of clients. Each client had a named key worker. Key workers acted as points of contact for shared care services, for example health and justice, probation, social services and mental health services.

Service teams had effective working relationships with other teams in the organisation. Within the service information was effectively handed over between treatment staff support staff. Staff across the residential services shared good practice and information. The registered manager managed several residential services, and this helped ensure effective communication.

Service teams had effective working relationships with external teams and organisations. The service worked closely with the local NHS led service and local community substance misuse services. The service had close working relationships with local detoxification providers and developed supportive transition plans for clients who needed detoxification prior to admission.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received, and were consistently up-to-date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group. Mental Capacity Act training was included in the mandatory training package. Staff were compliant with training requirements.

Staff assumed capacity and supported clients to make their own decisions. Capacity was considered as part of the referral process through the Achieve network and re-visited on admission to the service.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Good

Substance misuse services

Staff knew where to get accurate advice on the Mental Capacity Act. Staff would seek advice from the registered manager in the first instance if they had concerns.

Is the service caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment or condition.

We spoke with three clients living in the service at the time of this inspection.

Staff were discreet, respectful, and responsive when caring for clients. Staff gave clients help, emotional support and advice when they needed it. Clients said staff treated them well and behaved kindly. Staff supported clients to understand and manage their own care treatment or condition. Clients said they felt that support staffs experience of dependence and recovery was helpful and that staff were able to draw on their own experiences of being in treatment to help support at difficult times.

Staff directed clients to other services and supported them to access those services if they needed help. Clients were supported to engage with and attend local organisations including narcotics anonymous and alcoholics anonymous.

Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients. Clients would raise any concerns with the service manager.

Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff introduced clients to the services as part of their admission. Clients received a welcome pack which included information on the service, house rules, complaints procedures and weekly activities. Clients could visit the service as part of their referral process. One client spoke about having visited two of the residential services before waiting for a place at this service, as they had preferred this setting. When clients joined the service, other clients would offer buddy support.

Good

Substance misuse services

Staff involved clients and gave them access to their care planning and risk assessments. Clients were involved in their care planning and risk management, including plans to manage difficult situations.

Staff involved clients in decisions about the service, when appropriate. Clients devised rotas for the service including cleaning and cooking. They were encouraged to treat the service as their home with staff available to support.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients' daily reflections completed each day helped the service monitor how effective the treatment sessions and programmes were.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff facilitated family involvement in care and gave regular updates if clients consented to this. Clients told us they were supported to maintain contact with loved ones and could arrange visits.

Is the service responsive?

Good

Access and discharge

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Bed management

The service had an admission criteria. Clients could self-refer but the majority of clients were funded for treatment and referred through the local NHS network. Admissions could be arranged to follow on from a detoxification programme or from custodial release. The service developed individual transition programmes for clients dependent on those circumstances, including arranging transport.

The service had no out-of-area placements. Clients were generally from the local area unless someone chose to move to THOMAS Bolton from the wider local area.

The provider held regular admission meetings to look at placement at each location which took into account any issues with client mix in terms of interpersonal dynamics likely to arise or potential vulnerabilities.

Discharge and transfers of care

Staff carefully planned clients' discharge and worked with care managers and coordinators to make sure this went well. Managers and staff worked to make sure they did not discharge clients before they were ready. Treatment was reviewed with recovery co-ordinators every six weeks and treatment could be extended if needed.

Staff did not move or discharge clients at night or very early in the morning. Discharge from the service was planned carefully with clients. If clients sought an early or unplanned discharge the service had a policy and process that they would work through with clients.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each client had their own bedroom, which they could personalise. Bedrooms were large and contained new bedroom furniture and sufficient storage. Clients had a secure place to store personal possessions.

The service had a full range of rooms and equipment to support treatment and care. Staff and clients could access the rooms. Treatment programmes were available at another location run by the provider. There were two lounges which clients could use, one with a TV and the other with a small pool table and dining table to use. The kitchen had a large food preparation area and a dining area.

The service had quiet areas and a room where clients could meet with visitors in private.

Clients could make phone calls in private. Clients tended to use their own mobile phones for calls.

The service had an outside space that clients could access easily. The service had large gardens to the front and rear, with outside furniture and a barbecue/patio area at the back of the service.

Clients could make their own hot drinks and snacks and were not dependent on staff. Clients used the kitchen for meal preparation and drinks.

The service offered a variety of good quality food. Clients devised the menu and shopped for ingredients using a food budget each week.

Staff ensured that clients could access a range of social and leisure activities at weekends, including walking groups, visits to the cinema and leisure services and a recent visit to a theme park.
Staff supported clients to seek out employment and educational opportunities and had built awareness of local facilities and schemes which clients could access.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication needs.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs where possible. However; the building had all bedrooms on the first floor and no lift, so was not suitable for clients with significant mobility needs. Referral agencies were aware of this restriction. Otherwise, the service would seek to make adjustments if needed for clients when assessed.

Good

Substance misuse services

We saw that the service had made adaptations for a client who was not confident about their literacy and had explored the use of and purchased a dictaphone to assist with this. The client had benefited from additional staff support and had grown in confidence around their abilities as a result.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Clients told us they would make complaints in the first instance to the manager and were confident these would be addressed. A formal complaint process was outlined in the welcome pack.

The service could access information leaflets available in languages spoken by the clients and local community. The service provided a variety of food to meet the dietary and cultural needs of individual clients.

Clients had access to spiritual, religious and cultural support. The service had information available about local places of worship and spiritual support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. The service had not received any complaints prior to our inspection. However, the registered manager was able to describe the process for instigating a complaint investigation, the governance process to manage the complaint and how feedback and learning would be disseminated.

The service had received three compliments in the form of thank you cards in the months leading to this inspection. The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

The service manager had the skills, knowledge and experience to perform their role. They demonstrated a good understanding of the client group and how the service could meet their needs. Senior managers from within the provider organisation were a visible presence and known to staff and clients. Staff and clients spoke positively about the management of the service and the support they received.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Good

Substance misuse services

The provider group had a mission statement and values which staff understood.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff and clients spoke of the positive culture and morale of the service. All staff told us they were happy in their work, felt valued and supported and worked within a good team.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The service had an effective governance structure. The service fitted in to wider established governance structures in place for the longer established locations. Governance meetings were held at service and provider level to allow for shared learning with other sites. Team meetings followed a set agenda and there was a clear communication pathway with the provider's governance meetings. The provider and service had systems in place to ensure that the service was safe, that treatment was effective, and that clients and staff were appropriately supported. Performance data was captured and reviewed at service and provider level.

Staff had access to policies and procedures to guide them in the delivery of care. Policies and procedures were all in date and subject to regular review. Staff were supported by managers through the week and an on-call manager system was in operation in the evenings and at weekends. Staff told us this system worked well.

The service submitted data and notifications to external bodies and internal departments as required, including notifications to the CQC.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had access to a risk register which was held at provider level. This was reviewed on a monthly basis.

The service monitored performance through compliance with national drug treatment monitoring service reporting arrangements. In addition, the service had key performance indicators in place and produced quarterly performance reports for commissioners.

The service and provider had a business continuity policy in place. This outlined how the service could continue to operate in the event of a loss of use of the building, key services or in cases of adverse weather or high staff sickness.

Information management

Good

Substance misuse services

Staff had access to the information and equipment required to carry out their roles and deliver treatment. Information needed to deliver care was in an accessible format and stored securely.

Staff felt confident using the systems in place and had completed information governance training. Staff we spoke with were aware of the provider's policies in relation to confidentiality and the sharing of information with other bodies.

The service manager had access to information to support the management of the service. This included information on performance, staffing and client feedback.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff engaged with external organisations such as commissioners, referral agencies and other services within the local treatment and recovery networks.

Clients had the opportunity to give feedback on the service they received. This occurred in one-to-one sessions, community meetings and through an exit survey once their treatment was completed. Staff had the opportunity to give feedback on the service during team meetings, in discussion with senior management and in an annual staff survey.

Learning, continuous improvement and innovation

The nominated individual for the group was exploring options for research involvement and engagement with other agencies.