Seasons Rehabilitation Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Seasons Rehabilitation Centre Good overall because:

- The service provided safe care. The environment was safe and clean. There were enough support staff, nursing staff and medical staff to provide safe care and treatment. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely 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 therapy and therapeutic activity suitable to the needs of the clients in line with national best practice guidance. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff had access to range of services and specialists required to meet the needs of the client group. Managers ensured that these staff received training, supervision and appraisal.
- Staff worked well together as team and with external services who would have a role in supporting or providing aftercare. Staff treated clients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients in care decisions and involved family members where appropriate.
- Staff planned and managed discharge well, offered aftercare through their own service and liaised well with other services that would provide aftercare. The service had clear procedures in place for people who requested to leave the service unexpectedly.
- The service worked to a recognised model of rehabilitation. It was well led and the governance processes ensured that the service ran smoothly.

Summary of findings

Contents

Summary of this inspection

Page

Background to Seasons Rehabilitation Centre 5

Our inspection team 5

Why we carried out this inspection 5

How we carried out this inspection 5

What people who use the service say 6

The five questions we ask about services and what we found 7

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards 10

Outstanding practice 18

Areas for improvement 18

Good

Seasons Rehabilitation Centre

Services we looked at
Substance misuse/detoxification

Summary of this inspection

Background to Seasons Rehabilitation Centre

Seasons Rehabilitation Centre is an in-patient detoxification and rehabilitation service for people who misuse substances, for example alcohol and opiates. The service offers a service to people aged 18-65 and is based in Walsall. Seasons Rehabilitation Centre has been registered with the CQC on 9 January 2018. CQC register Seasons Rehabilitation Centre to carry out the following legally regulated services here:

- accommodation for persons who require treatment for substance misuse.

There was a registered manager and responsible individual in place for the service at the time of inspection. The service was registered to accommodate a maximum of ten service users.The service provided aftercare support and accommodation locally.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a CQC assistant inspector, a CQC pharmacy specialist and an expert by experience.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, spoke with community services who worked closely with the service and requested information from the provider about the service. During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment,
- spoke with the registered manager,
- spoke with five other staff members employed by the service provider, including the care manager, a registered nurse and three support staff members,
- attended and observed a handover meeting,
- looked at six care and treatment records for people using the service,
- spoke with five people using the service,
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

All clients we spoke with gave positive feedback about the service and staff. We spoke with five clients using the service. They told us the experience and genuine nature of staff helped them with their recovery. They told us the service contributed to them getting their life back and the service felt like a family. They said the routine and structure supported their recovery from addiction.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- The service was safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service had enough support, nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm.
- Staff assessed and managed risks well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate client's recovery.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health. The service had a good track record on safety.
- The service managed client safety incidents well.

Are services effective?

Good

- Staff assessed the physical and mental health of all clients on admission. They developed individual care plans which were reviewed regularly and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group. This included access to therapies in line with national guidance on best practice and support for self-care and the development of daily living skills. Staff 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. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The service had access to the full range of specialists required to meet the needs of clients. Staff had a range of skills needed to provide high quality care. Staff received appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. The service provided an induction programme for new staff.

Summary of this inspection

- 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. Staff had good and effective working relationships with external services including criminal justice and community teams.
- 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 patients who might have impaired mental capacity.

Are services caring?

Good

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood their individual needs and supported them to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Staff ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Are services responsive?

Good

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway.
- The design, layout, and furnishings of the ward/service supported clients' treatment, privacy and dignity. Clients had their own bedroom, or a shared room with an en suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and clients could access hot drinks and snacks at any time.
- The service met the needs of all people who use the service, including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Summary of this inspection

Are services well-led?

Good

- Managers had a good understanding of the service they managed. They had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for clients and staff.
- Staff felt respected, supported and valued. They reported that the provider promoted opportunities for development. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed routinely throughout treatment. Staff we spoke with recognised clients might be under the influence of substances on admission and took this into account when deciding what information to give and when is most appropriate to repeat information. The nursing staff within the service conducted capacity assessments if required. Staff received training and understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly and where appropriate.

Good

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good

Safe and clean environment

- Staff did regular risk assessments of the environment. The premises was laid out across three floors and there were multiple blind spots and ligature risks. The risks were adequately reduced using client risk assessment, CCTV and observations. Environmental assessments were up to date and reflected the environment.
- The ward complied with guidance on eliminating mixed-sex accommodation. The service admitted both male and female clients. Male and female bedrooms were located on separate floors.
- Staff could raise attention quickly using handheld radios.There were processes in place to ensure staff on duty carried radios and these were charged and working.
- All communal and private areas of the service were clean,had good furnishings and were well-maintained. Cleaning records were up to date and demonstrated that the service areas were cleaned regularly. Clients completed cleaning duties on a rota system as part of therapeutic activity. Staff oversaw and supported cleaning of the environment and ensured this was completed to a good standard. Staff adhered to infection control principles, including handwashing and appropriate disposal of clinical waste.Clients we spoke with told us the environment was kept clean and they appreciated the structure that daily therapeutic cleaning duties gave them.
- The service was fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and kept it clean.

Safe staffing

- The service employed nursing, medical and support staff and volunteers to support safe client care. There were enough staff on each shift to safely manage the service.Managers had calculated the number of staff required and could adjust levels if clients required more support. The service did not use bank or agency staff. A qualified nurse was available on call 24 hours. Staff used emergency services in the the event of a medical emergency. Staffing levels allowed clients to have regular one-to-one time with their named support worker. There was no evidence of short staffing or cancellations of the therapy programme due to staffing.
- There were enough skilled staff to meet the needs of clients. The service had contingency plans to manage unforeseen staff shortages including, arrangements for sickness, leave and vacant posts.
- The service had a programme of mandatory training and managers ensured staff were up to date. Courses included:practical emergency first aid, care planning, control of substances hazardous to health, equality, diversity and inclusion, fire safety awareness, food hygiene and safety, health and safety, infection control, Mental Capacity Act 2005, risk Assessment, safeguarding, safe handling medicines, information governance. The service paid for 6 staff to complete The Qualifications and Credit Framework level 3 and 5 in health and social care.

Assessing and managing risk to patients and staff

Good

Substance misuse/detoxification

- Staff completed a risk assessment of every client on admission and updated it regularly, including upon completion of detoxification and after any incident. We inspected six care records. Staff used a risk screening too land clearly documented how client risks would be managed within the service. Risk assessments were comprehensive, and documented indicators of deterioration in health, risk to others and children, including any contact with children that might not have been directly related. This was good safeguarding practice.Risk assessment included contingency plans should clients decide to leave the service unexpectedly.
- Staff made clients aware of the risks of continued substance misuse and provided harm minimisation and safety planning advice as part of recovery plans. Staff revisited advice at intervals throughout treatment and as part of therapeutic activity. We saw staff had documented in care records when harm minimisation advise had been given to a clients who had wanted to discharge before completing the programme.
- Staff identified and responded quickly to changing risks to,or posed by, clients and to sudden deterioration in people's health. Staff documented actions in care records and we observed good multidisciplinary team working to manage a client whose mental health status had changed.
- Staff adhered to best practice in implementing a smoke-free policy. Clients were not allowed to smoke on the premises and nicotine replacements were encouraged as part of changing lives and improving health.
- Staff were aware of and dealt with any specific risk issues,including, risk to physical health and risk of falls. Staff we spoke with showed good knowledge of individual clients and their specific risk issues. Staff had easy access to nursing support should they identify a concern and we observed examples of this in care records.
- Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching clients or their bedrooms.Staff used observations based on risk and stage of treatment, for example, during detoxification observation levels were higher. Staff recorded observations in care records. There was a comprehensive search policy in place and consent was taken to conduct searches. If a search was carried out, clients signed to consent and show they understood why these were conducted. Consent forms were stored in care records.
- Staff applied blanket restrictions only when justified. There was a list of restrictions in place while clients were in treatment to promote safety and recovery and these were provided to the client before agreeing to admission. Clients we spoke with understood why restrictions were in place and agreed with them. Clients could leave the premises at will, but were encouraged to approach staff and adhere to the restrictions in place for their own safety and the safety of others.
- 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 knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies to safeguard people at risk. Staff could give examples of how to protect clients from abuse and recorded this in care records.
- Staff kept detailed records of clients' care and treatment.Records were clear, up-to-date and easily available to all staff providing care. Records were kept in both electronic and paper form and staff demonstrated easy navigation of both. It was easy to find up to date information on client care.
- Staff followed good practice in medicines management when storing, dispensing, and recording and did it in line with national guidance.The service had effective policies,procedures and training related to medication and medicines management for staff. Staff always dispensed medication in pairs and countersigned medication cards.
- Staff regularly reviewed the effects of medications on each client's physical health and recorded results clearly in care records. This was in line with guidance from The National Institute for Health and Care Excellence and the General Medical Council guidelines.

Track record on safety

- There have been no serious incidents reported within this service in the 12 months before inspection.

Reporting incidents and learning from when things go wrong

Good

Substance misuse/detoxification

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and put plans in place to ensure they were dealt with and did not reoccur. The manager shared learning with staff through email, team meeting and notices on the staff notice board. When things went wrong, staff apologised and gave clients honest information and suitable support. Staff gave examples of where mistakes were made and they had apologised and resolved with clients. We saw examples of improvements in safety following incidents, for example, improvements and changes to the environment and considerations around restrictive practice.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed a comprehensive assessment of every client pre-admission and on admission to the service. We inspected six care records and found information regarding the clients current and historical circumstances were documented to a high standard. Staff assessed the physical and mental health of all clients on admission and showed clear rationale for treatment and prescribing based on the information given. Physical health checks were clearly documented and there was evidence of use of medication administration records and alcohol and opiate withdrawal scales. We saw physical health concern documented in care records and staff had printed off information regarding the condition and displayed this in the staff office on the notice board to ensure staff had an awareness of the condition.
- Staff developed highly individualised recovery plans and updated them regularly throughout treatment. The service used a nationally recognised tool called an outcomes star to develop recovery plans. An outcome star is an online tool that allow clients to give a score in different areas of their lives and provide a rationale for why they gave themselves that score. This is then revisited throughout treatment as a visual indicator to measure progress and form a tailored action plan for the clients own identified needs. We saw holistic, person centred goal setting that had been written entirely in the client own words and from their perspective. This was followed by formalised plans created with the support of staff and fully reflected the goals identified by clients themselves. These had been updated at regular intervals and showed progress. This was in line with guidance from The National Institute for Health and Care Excellence (QS14).

Best practice in treatment and care

- Staff provided a range of treatment and care for clients based on national guidance and best practice. The therapy timetable incorporated structured psycho-social interventions including 12-step addiction programmes, access to anonymous addictions groups and therapeutic activities to support clients with recovery. The service offered detoxification where appropriate and subject to assessment of need. The service offered testing and referral for treatment for bloodborne viruses where appropriate. Staff involved families where appropriate and offered support and mediation.This was in line with guidance from The National Institute for Health and Care Excellence (CG51 and QS23). Clients we spoke with told us they liked the structure and content of the therapy programme.

Skilled staff to deliver care

- Staff had a range of skills needed to provide high quality care. Staff received appraisals, supervision, opportunities to update and further develop their skills. All staff and volunteers received mandatory training and opportunities to develop within the service. We saw examples of nursing staff providing competency-based training and information to support workers around common physical illness' such as diabetes. Support staff we spoke with were highly qualified from previous roles and qualifications achieved and we saw the service had supported them to use and maintain those skills appropriately within the therapeutic timetable. For example, two members we spoke with were qualified in psychological or counselling therapies and the service paid for them to receive external supervision in line with best practice.
- All staff had a comprehensive induction to the service and ensured robust recruitment processes were in place, including completion of disclosure and barring

Good

Substance misuse/detoxification

checks. Managers recruited volunteers when required, and trained and supported them for the roles they undertook.Volunteers had a period of shadowing and support from employed staff before working with clients.

- Managers addressed poor staff performance is addressed promptly and effectively and worked with staff to make improvements.

Multidisciplinary and inter-agency 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. Clients had an identified support worker while in the service who worked with them to produce risk assessments and recovery plans and provide one to one key working sessions. Support workers worked with the managers and clinical staff within the service to ensure good and up to date handover of information about clients between shifts or as required. We observed staff handover between shifts and saw staff knew their clients well and handed over appropriate information clearly, considering risk and noting any changes or progress.
- The service discharged people when specialist care was complete and worked with relevant support services to ensure appropriate transfer of information. The service worked with key agencies within the community to support opportunities for continued recovery and aftercare,employment and education opportunities and criminal justice teams.

Good practice in applying the Mental Capacity Act

- Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed routinely throughout treatment. Staff we spoke with recognised clients might be under the influence of substances on admission and took this into account when deciding what information to give and when is most appropriate to repeat information. The nursing staff within the service conducted capacity assessments if required. Staff received training and understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly and where appropriate.

Are substance misuse/detoxification services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with respect and compassion. They respected clients' privacy and dignity, and supported their individual needs. We observed staff interacting in a professional and open manner with clients and demonstrating individual knowledge through meaningful interactions.
- We spoke with five clients using the service. All clients gave positive reports of staff and the service. They told us the experience and genuine nature of staff helped them with their recovery. They told us the service contributed to them getting their life back and the service felt like a family. They told us the routine and structure supported their recovery from addiction.
- Staff we spoke with felt supported by management and could could raise concerns about disrespectful,discriminatory or abusive behaviour and attitudes from staff or clients without fear.
- Staff provided information to clients and supported them to understand and manage their care, treatment or condition. The service assigned roles to clients such as, house leader, medication monitor; to be mindful of medication times and prompt their peers at medication time, and shopping lead; to go to the shops on other behalf and collect a list of items requested by residents unable to go themselves due to recovery stage or risk. The role allocation was rotated and allowed clients to take ownership and develop mutual support and create a culture of taking responsibility for their own and others recovery.
- Staff directed clients to other services when appropriate and, if required, supported them to access those services. Care records showed evidence of staff supporting clients to access external support groups and physical support such as the dentist and GP.
- The service had clear confidentiality policies in place that are understood and adhered to by staff. Staff maintained the confidentiality of information about clients. Care records were stored in locked cabinets and electronic records were stored on a password protected system.Clients we spoke with told us they understood

Good

Substance misuse/detoxification

the service confidentiality policy and staff had explained it to them on admission with signed consent forms and confidentiality agreements. We saw these completed in care records.

Involvement in care

- Staff involved clients and those close to them in decisions about their care, treatment and changes to the service. Clients were routinely consulted about their experience of the service through daily groups and given the opportunity to provide anonymous or written feedback through comments boxes. Staff actively engaged people using the service in planning their care and treatment and demonstrated this in recovery planning and the therapeutic timetable.

Involvement of families and carers

- Staff offered families and partners support and mediation and provided them with information about external support agencies where appropriate.

Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

Good

Access, waiting times and discharge

- The service was available to people nationwide. They took self-referrals and referrals from any community or health services, for example, GP's, community drug teams, police,probation and local authorities. The service was a charitable organisation and places were either privately funded or subsidised by the organisation in conjunction with the persons housing benefit. The service had clear admission criteria and was able to admit people quickly following assessment by a nurse. The manager gave examples of referrals that had been declined as they did not meet the criteria and presented risks the service could not manage safely, for example, severe physical or mental health needs.
- The service did not have a target time for referral to admission. Due to limited places at the service and managing the gender mix safely, there were 10 beds available and up to five of those were charity beds. If a person was referred or self-referred into a charity bed, the service placed them on a waiting list and prioritised people according to the pre-admission information given. This meant they were able to see urgent referrals quickly when necessary.
- The service had robust alternative care pathways and referral systems in place for people whose needs could not be met by the service. They worked closely with other local rehabilitation services to ensure people who needed a service could access one if they did not meet Seasons criteria. For example, if they had a referral for siblings,family members or partners, they would work with another service to co-ordinate admission in separate services at the same time. This was to increase recovery capital and maintaining treatment and reduce further risk to the other person needing to access a service. If they received a referral for someone whose physical health needs could not be met by the service, they worked with other agencies to support them to access those instead.
- The service offered detoxification, rehabilitation and additional aftercare through day services and local dry houses. While the service made recommendations for length of stay, it was client's choice how long they chose to stay in treatment.

Facilities that promote comfort, dignity and privacy

- The design, layout, and furnishings of the ward/service supported clients' treatment, privacy and dignity. Clients had single or shared twin rooms and space to keep their belongings. They had ample access to bathrooms on their own corridor or en suite bathrooms. Every bedroom had a sink for personal care.There were enough rooms and outside space for clients to have one to one meetings with staff, meet with visitors or have quiet time for spiritual and religious reflection.
- Clients could make phone calls to family and friends in private once they had reached a specified stage of treatment and it was assessed therapeutically safe to do so. Clients could access drinks and snacks throughout the day and night. There was a qualified and experienced chef onsite Monday to Friday to prepare meals. At weekends,clients were encouraged to cook and prepare food with support of staff. Clients had a choice of meals and the service catered for varied diet choices, allergies or religious preferences. Staff gave consideration to clients who had an identified eating

disorder and worked with the client and chef to ensure meals were monitored and considered carefully as part of recovery. Clients we spoke with told they were happy with the food and choice.

Patients'/service users' engagement with the wider community

- Staff supported clients to maintain contact with their families and loved ones if they wanted to. Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. The therapy timetable incorporated protected family visiting times and phone calls. Clients could see family on or off the premises, and were encouraged to do so. The therapy timetable incorporated visits to community venues and groups and shopping activities.

Meeting the needs of all people who use the service

- The service was accessible to all who needed it and took account of clients' individual needs. Staff helped clients with communication, advocacy and cultural support. Staff demonstrated an understanding of the potential issues facing vulnerable groups. Staff were knowledgeable and understanding about issues facing marginalised groups, for example, people who identified as lesbian, gay, bisexual or transgender, black and ethnic minorities and people who have experienced trauma and abuse or are homeless. The service was working with local community services who support survivors of abuse to provide training for staff around specific issues faced by survivors.

Listening to and learning from concerns and complaints

- The service had a complaints policy and procedure in place. The manager oversaw complaints to the service and followed the complaints policy. If a complaint was raised by a client informally, this was often done in groups or the client forum and actions from this complaint were recorded. The service had no formal complaints in the 12 months before inspection. The details of a local advocacy service was displayed prominently in the communal area of the service and staff supported clients to access it is they felt they needed to. There were two comments boxes in communal areas of the service for clients to raise further concerns if any. The service had received some informal complaints regarding staff attitude and tone and the manager had managed these through mediation between staff and clients. The manager advised that as result of the concerns raised, lessons had been learned and fed back to staff. We saw this had been done through staff meetings.

Are substance misuse/detoxification services well-led?

Good

Leadership

- The service manager had the right skills, knowledge and experience to perform their role. They lead by example and ran a service with a recovery orientated ethos which was shared and understood by all staff. The manager showed excellent understanding of the service, staff and client group. They could explain clearly how the staff were working to provide high quality care. They were visible and approachable in the service for clients and staff.Vision and strategy The service had a vision for what it wanted to achieve and staff had the opportunity to contribute to discussions about the strategy for their service.

Culture

- The manager promoted a positive culture that supported and valued staff. Staff we spoke with felt respected,supported and valued. Staff felt positive and proud about their job and working for the service. Staff were actively encouraged and supported by management to develop and achieve in their roles and never stop learning or educating. Staff received support for their own physical and emotional health needs from management and if they could not be supported effectively, they were referred to external support services and networks. Staff worked well together and where there were difficulties managers dealt with them appropriately. Staff told us they could raise a concern without fear of the consequences.

Governance

- The service continually tried to improve the quality of the service and ensured there were effective governance

arrangements to feed back progress to the board. The manager had a system in place to review the effectiveness of policies and procedures and update them as needed.There was a clear framework of what needed to be discussed in team meetings and fed back to the board to ensure that essential information, such as learning from incidents, safeguarding and complaints, was shared and discussed. Staff undertook local clinical audits and acted on the results. Data and notifications were submitted to external bodies and internal departments as required.Service had a whistle blowing policy in place.

Management of risk, issues and performance

- The manager monitored staff sickness, turnover and performance effectively. The service had plans for emergencies, for example, adverse weather or a flu outbreak. No staff were subject to performance management at the time of inspection.

Information management

- The service used data to monitor outcomes and effectiveness of treatment and displayed these in an open and transparent manner in a communal area of the service.There was sufficient access to technology for staff to carryout their roles effectively and up date client records in a timely manner. There were appropriate information-sharing processes and joint-working arrangements with other services in place. For example,access to a local partner GP, while ensuring service confidentiality agreements are clearly explained to clients,including in relation to the sharing of information and data.

Engagement

- Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The could meet with the manager to give feedback if they wanted to and the managers were available and approachable to do so.The service engaged well with the local community and community based services. Their relationship with local police, council and probation services was excellent. We received overwhelmingly positive feedback from stakeholders we approached before inspection. Feedback from staff and clients within the service was overwhelmingly positive.

Learning, continuous improvement and innovation

- The service strived for meaningful change within the lives of the clients they admitted and the communities they came from. Staff joint worked with local police to rehabilitate prolific offenders who affected the local community through criminal activity. We saw excellent examples of staff supporting clients to give back to the community through working with local police, businesses and public healthcare providers.

Outstanding practice and areas for improvement