Ex-Services Mental Welfare Society

Tyrwhitt House

Inspection report

Oaklawn Road
Leatherhead
Surrey
KT22 0BX

Tel: 01372841630
Website: www.combatstress.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Tyrwhitt House is a service which provides accommodation for up to 33 people. The service provides support and treatment for veterans of the British armed forces who are suffering from post-traumatic stress disorder (PTSD).

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected Tyrwhitt House on 6 September 2016. The inspection was unannounced. The service was last inspected in September 2014 when it was found to be meeting the requirements of the regulations.

People stayed at the service for either a two or a six week period to undertake therapeutic programmes to assist them to recover from the symptoms of Post-Traumatic Stress Disorder (PTSD) and other mental health difficulties such as anxiety and social avoidance. Four therapy programmes were offered, a two week Trans diagnostic programme, a two week Anger Management programme, and a six week intensive therapy programme. The treatment consisted of individual therapies such as talking treatments such as Cognitive Behaviour Therapy and Eye Movement Desensitisation and Reprocessing; leisure, education and Occupational Therapy; and medicine review.

People told us they felt safe at the service and with the staff who supported them. People told us, "I have the utmost respect and praise for every person who works (at Tyrwhitt House)…together they make (Tyrwhitt House) work in the best way possible," and "I can honestly rate the service they have provided as excellent. The professionalism and dedication of all the staff…was first class and has helped tremendously in my recovery. " A health professional told us "Staff seem very caring and the people receiving care seem very happy with the help they have received."

Most people self-administered their medicines, and there were suitable procedures to ensure this happened appropriately. Where staff were involved in the administration of medicines, people told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as first aid and safeguarding at regular intervals.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure

people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. We observed staff being attentive to people's needs.

The service had a suitable therapy programme. People said the treatment programme was of great assistance to them. For example one person said, "I received treatment for many aspects of PTSD. All treatments seemed to have worked and I have learned more strategies…to cope with my symptoms," and "An amazing course of treatment which from the outset made me feel safe for the first time in many years. Very caring and knowledgeable staff. An amazing stay which I would highly recommend. I praise all staff." Suitable recreational activities were also available including a library, an occupational therapy workshop, a gym, relaxation room, gardening activities, internet access and TV room.

Care records were managed electronically. Records for each person included a care plan and risk assessments. Records were regularly reviewed. People who attended the programmes on offer needed to have mental capacity, but staff had suitable knowledge about the Mental Capacity Act (2005).

People were very happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included, "The food is of excellent quality and in good supply."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management. One person said, " I was fully informed of the complaints system, and I believe complaints would be dealt with fairly and professionally ."

People felt the service was well managed. We were told the management team were, "Very helpful and approachable. They would also approach us and ask if everything was ok." There were comprehensive systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Medicines systems were suitable. Where medicines were held on behalf of people there were suitable systems in place to store, administer, and record medicines.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good

The service was effective.

Staff had suitable knowledge and skills to assess people's capacity to consent to care and treatment in line with legislation and guidance.

People were supported to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about their treatment.

People could receive visitors, and there was suitable space for people to receive visitors in private.

Is the service responsive?

Good

The service was responsive.

People received suitable support from staff to assist them with their recovery. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable therapeutic programme available to people who used the service.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Tyrwhitt House

Detailed findings

Background to this inspection

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

We visited Tyrwhitt House on 6 September 2016. The inspection was carried out by one inspector and a specialist nurse inspector who had knowledge and skills of working with military veterans who had PTSD. The inspection was unannounced.

Before visiting the service we reviewed information we maintained about the service such as previous inspection reports, and notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with five people who used the service. We had contact (either through email or speaking to) with eight people who used the service, currently or in the past, and one relative. We also spoke with the registered manager and six members of staff. Before the inspection we had written contact with one external professional. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at three staff files and other records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments from people included; "I felt absolutely safe," "Yes very. I never once felt unsafe or vulnerable," "Yes, most definitely, "and "The service I received made me feel safe for the first time in 32 years."
The service had a satisfactory safeguarding policy. All staff received training in safeguarding adults and children. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Staff were able to identify the safeguarding lead for the service. Staff were also able to give us details of the process they had followed in the past which showed good use and outcome of the safeguarding process.

Risk assessments were in place for each person. For example, about people's mental and physical health. Risk assessments were regularly reviewed monthly and updated as necessary.

Most people who used the service administered their own medicines. People were required to bring enough medicines with them when they started the programme. If this did not occur the service has a relationship with a local GP surgery, who could contact the person's GP and ensure medicines were prescribed.

When people entered the service a risk assessment was completed to check the person was suitable to self-administer their medicines. The person was required to sign an agreement whether staff administered or they self-administered their medicines. All medicines received for the person were recorded, and amounts kept in stock were regularly audited during the person's stay. The service had a psychiatrist who reviewed each person's medicines, during their stay, to check they were effective.

When medicines were administered on behalf of the person they were stored appropriately in a locked cabinet in the clinical room. Medicine Administration Records (MAR) were correctly completed when medicines were administered. A satisfactory system was in place to return medicines to the person at the end of their stay at the service. There was also a suitable system to dispose of medicine, during the person's stay, should this no longer be required. Medicines which required refrigeration were appropriately stored. Controlled medicines, requiring more secure storage, was stored appropriately, and suitable records were kept. The temperature of the refrigerator was checked daily. Relevant clinical staff were required to receive training in the handling of medicines. However, training records showed not all relevant staff had received this, although sample staff induction checklists showed observation of new staff administering medicines was covered during the induction period.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service did not keep monies on behalf of people. There was a safe in people's individual bedrooms where money and valuables could be kept. People could also lock their bedroom doors. The people we

spoke with all said they felt their belongings were safe, and nobody said any personal items had gone missing during their stay.

There were enough staff on duty to meet people's needs. For example, on the day of the inspection there were two registered nurses on duty during the day, and two recovery support workers. At night there was one registered nurse, and two recovery support workers. In addition to this there were other staff such as therapists, psychiatrists, psychologists, occupational therapists, community psychiatric nurses, administrative staff, cooking and cleaning staff, and managers. People told us there were enough staff to help them. For example, comments received included "There was always staff available able and willing to help," and "There were plenty of staff day and night. Whenever I needed to talk to someone I could always find staff available."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Nursing staff had suitable validation; from the Nursing and Midwifery Council (their regulatory body), that individual clinical registration was up to date.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People told us the building was "Clean and bright," "Always clean and tidy," and "The surroundings are beautiful, and the accommodation well kept, clean and comfortable." There was plenty of space where people could either spend time on their own, or in small groups. For example there were two main lounges. The Occupational Therapy department was open 24 hours a day so people could complete art and craft work when they chose.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire prevention equipment and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

Good

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said, "It's fantastic here," and "At first it was a bit daunting, but the support has been really good. It has been great." A relative said, "The therapy helped my husband understand his condition and start to use techniques to deal with it."

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. We were provided with copies of bespoke induction checklists for staff that had started at the service. These induction periods included giving staff an opportunity to be introduced to the service through discussions with established key staff, observation of therapy groups, shadowing of experienced staff, and completion of on line training. The registered manager said she was aware of the need for staff, which were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. We saw for registered nurses that national industry induction standards were covered during the induction period. We were concerned there were no completed induction checklists on staff's files, although the unsigned checklists we were provided for previous inductions were comprehensive.

We checked training records to see if staff had received appropriate training to carry out their jobs. We were provided with records showed that staff were required to receive training about safeguarding of children and adults, care planning, basic life support, data protection, equality and diversity, fire safety, health and safety, infection control and manual handling. Records showed delivery of training was satisfactory, although we identified some gaps in the delivery of training for example, about manual handling and infection control (hand hygiene). A training programme for the year had been developed for 'face to face' training sessions which included the role of the group facilitator, goal planning, anxiety management and motivational interviewing.

Staff told us they felt supported in their roles by colleagues and senior staff. Staff told us they were "Well supported" and there was "Good opportunities" for training and supervision. There were comprehensive records to demonstrate staff had regular individual formal supervision with a manager. Staff also told us nurses and senior staff were available and approachable if they had any problems or queries on a day to day basis.

People told us they did not feel restricted. For example we were told "There were no restrictions placed on me during my time at the centre." People did say there were some rules (which were deemed as reasonable) were about "Acceptable behaviours/topics during group sessions to avoid disagreements/ setting off other patients' triggers." These were outlined in the programme handbook (which was provided to each participant) and helped to allow people to feel safe in the group environment.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We were told people would need to have mental capacity in order to complete the courses on offer. However, the registered manager was aware of the Mental Capacity Act 2005, and the processes necessary to submit Deprivation of Liberty Safeguard applications.

People were happy with their meals. Everyone said they always had enough to eat and drink. Meals were at set times, and there was a comfortable dining area where people had their meals. People described the meals as "Brilliant," "Great, with a healthy balance," "Excellent," and "Fantastic." We were told the menu was "Varied, with plenty of choice, with good sized portions." People could have a drink when they wished. We were told, "The staff observe who attends for meals, if you are not seen, they will knock on your door. You are able to request a meal to be saved if you are in a group, one to one meeting etc." One person did comment that food was not to such a good standard if there were agency staff preparing food.

We were told if people needed assistance learning to prepare a more balanced menu assistance was provided at the Occupational Therapy unit, and there was a training kitchen where this work could take place.

The service had an ongoing relationship with a local GP surgery who could provide assistance to people during their stay. Similarly local dentists and opticians could be used while people stayed at the service, if this was necessary. People told us, "During my stay I required medical assistance which was arranged promptly," and "I had the urgent need of a GP. The staff made me an urgent appointment. They even collected the prescription for me."

The service had appropriate aids and adaptations for people with disabilities. People with a disability told us the building was "Well laid out with ease of access to all rooms." There was access to a mobility scooter for people who found it difficult to walk, and scooter / wheelchair ramps were available. Induction loops were available throughout the building for those with an hearing impairment. There were some larger bedrooms available for people who were wheelchair users. Toilets, bathrooms and showers were suitably adapted for people with a physical disability.

The service's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The service was clean and tidy, and there were no offensive odours. People told us all facilities were maintained to a high standard, and bedrooms were always warm and comfortable. There was a range of facilities which people could use. These included two TV lounges; an Occupational Therapy department, a garden, a gym, a library and a room for reflection.

Good

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "Every member of staff was very supportive and extremely helpful….Nothing was too much trouble. They were all brilliant." and "I owe them all so much for all they did for me, and I am sure without them I would not be here now." An external professional working with the service stated, "Staff seem very caring and the people receiving care seem very happy with the help they have received."

We observed staff working in a professional and caring manner. Staff were seen to be very enthusiastic about the organisation and the people they worked with. The people we met told us care was provided in a kind and caring manner and their staff were patient. For example, we were told, "Staff were amazing, caring, supportive and knowledgeable," "I cannot praise the staff enough," "I cannot fault the treatment (that was) provided to me. It helped me cope and manage my PTSD and has been extremely useful in allowing me to get my life back on track, "All the staff were very knowledgeable in their particular area of expertise." "Staff were observed as to be calm, and did not rush people. Therapy sessions were held in private, with signs of doors to state that a session was in progress and there should be no disturbances.

One person was very complementary about a specific instance of support they received from staff. They told us: "I had several problems in relation to the Falklands War. During sessions (the therapist) explained that he would be able to take me to the Falklands War memorial in Reading. This was over an hour's drive from Leatherhead. Transport was arranged for me and another. This most kind and generous act has helped me in so many ways."

People said they were involved in decision making for example in drawing up care plans and the sessions they wished to attend. Choices were encouraged. For example, we were told "I was fully involved and encouraged in any decisions about myself…I was asked what I would like from (my stay) on the first day while I was being admitted." People had regular key working meetings, at least once a week, to assist in monitoring their progress. There were regular group meetings for people to give feedback about the general programme and provide any comments about their stay.

Care records were kept on an electronic system which was password protected. Staff had suitable training to use the system and also about data protection. From the records we inspected there was enough detailed information so staff were able to understand people's needs, history, likes and dislikes. We were told care plans were developed with the person concerned. People had a weekly meeting with their keyworker to review how their programme was progressing and a record was kept of these meetings. We were told, "I have a care plan which I was involved in developing and was given a copy."

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. People were able to bring any personal belongings with them during their stay. Bedrooms were lockable and people were provided with a key. There was also a safe in people's bedrooms so any medicines, money or valuables could be locked away. The people we were able to speak with all said they found their bedrooms warm and comfortable.

People could have visitors, preferably not during the times of therapy sessions, and there was suitable private spaces for people to meet with them. There was a pay phone and Wi-Fi so people could contact friends and relatives. People could also go home at weekends if they wanted to.

Good

Is the service responsive?

Our findings

People were very positive about the responsiveness of the service. We were told, "Participation in the programme has been emotionally tiring but eye opening and a revelation," "It was a bit daunting, but support has been really good…I am more focused than before I got here," and "Brilliant. It has given me the tools and massively helped me. The sessions have been very beneficial."

We observed staff acting in a kind and considerate manner. People told us "Staff are fantastic, they could not do anymore. They are kindly and gracious in their approach."

There were call bells in people's bedrooms. The people who used these said they were answered promptly. For example we were told call bells are "Always taken seriously and a quick response is taken every time."

Before coming to the service people were referred through a number of sources for example by their GP. People came to the service from throughout southern England. There were similar services, managed by this provider, in Shropshire, and in Scotland. People may also have support from the organisation's regional community staff which may lead to a referral to the residential programme. Decisions about which programme would be most beneficial (as well as issues such as the person's availability to complete either programme) would be made at the time of assessment. Copies of pre admission assessments on people's files were comprehensive and helped to develop a care plan for the person.

Each person had a care plan in their individual file. Files were stored securely on the organisation's computer system. Care plans contained appropriate information to help staff provide the person with individual care. Information included appropriate assessments for example about the person's mental health. There was information about the person's military history and what assistance they required due to the trauma they had experienced. There was also information about the person's physical health, and any personal care needs as necessary. Care plans were drawn up and regularly reviewed with the person concerned, for example with their key worker on at least a weekly basis. Care plans were accessible to the person concerned, and accessible to relevant staff on the organisation's computer system.

A suitable risk assessment system was in place. From people's care plans and risk assessments, suitable treatment plans were developed to assist people, during their stay, with necessary objectives to be worked on. Staff we spoke with were very attuned to the complexity of risk presented by people who used the service, and staff told us communication of risks between the staff group was very good for example through written records, hand over and team meetings.

The service had suitable structured therapy programmes arranged. Three therapy programmes were offered a two week Trans diagnostic programme, a two week anger management programme, and a six week intensive therapy programme. The trans diagnostic programme provided an introduction to therapies to assist the person to manage their post-traumatic stress disorder. People could repeat this programme if it was necessary, or subsequently attend the six week intensive programme. The six week programme provided treatment recommended by NICE guidelines. People received 55 group sessions during their stay,

and 15 one to one sessions. People were requested to attend at least two group sessions a day. Groups which people could attend included understanding PTSD, anxiety management, managing low mood, art therapy, communication and relationships and improving sleep. People also had regular one to one sessions with a key worker, and psychology staff. Cognitive Behaviour techniques were used with an emphasis on planning actions to improve people's health as people became more aware of their diagnosis, and symptoms. According to provider documentation there was a high completion rate of the six week programme of 94%.

There was a relaxation session available at the end of each day. People could also learn mindfulness techniques, yoga, and Tai Chi. There were also various opportunities for recreational activities, outside the therapy timetable. For example, there was a library, and two TV rooms with satellite television available including sport channels. There was a snooker table, a large selection of board games and a vegetable garden.

People had access to religious ministry during their stay. There was a multi denominational room which people could use for worship. People were provided with a list of local religious groups. A Church of England minister regularly visited the service and offered spiritual assistance to people as they wished.

People said they were provided with "Lots of hand-outs," and a comprehensive 'Participant Handbook,' which enabled people to refer back to information about what they had learned on the programme after it had been completed.

People felt they would be supported once they left the programme. People told us they would be reviewed, after they left the programme, to check how they were and what support would be required in future. Staff told us the person's GP (and / or other medical staff involved) were provided with handover information, once the person had left the service, with any recommendations for follow up treatment and support. People also told us there was a helpline if they needed further support, with an opportunity to repeat programmes if there was a clinical need and funding could be identified. People felt there would be suitable aftercare support for example we were told "They will keep tabs on me," and "If you were in big trouble they would look after you." One person who left the service said "They provide a fantastic service whilst staying there and also the aftercare now I have left." One person told us it would be helpful (for at least some people) to have a "phased return home to help ease anxiety about returning to 'normal' life," particularly for people with chronic conditions, and who are deemed as very vulnerable. One of the manager's however did say there also needed to be some cut off point to ensure people did not become dependent on services.

The service had an Occupational Therapy department where people could participate in wood work, gardening, pottery, model making, various crafts, needle craft, and art work. Music therapy was also available and there was a range of musical instruments. Pet therapy was available where people could pet a range of small animals such as guinea pigs and a bearded dragon. The Occupational Therapy department was open 24 hours a day, and was seen as "Veteran's own space," where they could relax and learn new creative skills with the support of trained occupational therapy staff. A member of staff said they tried to develop a culture, within the department, where "People can make mistakes." This had not been looked on positively in the culture of the military, and this new mentality subsequently helped people live more positively as they recovered from PTSD.

People we spoke with and contacted were very positive about the therapy programme. Comments received included that the programme was "Very helpful," "The sessions are very beneficial," "I received CBT therapy which was supplied with great skill and finesse by all staff who were caring and thoughtful, "and "All treatments seemed to have worked and I have learned more strategies i.e. grounding, relaxation, thought

challenging and mindfulness to cope with my symptoms" but someone also pointed out "It depends on the individual if they wish to engage."

There was a day for family members and carers on the 6 week intensive treatment programme to come and have an understanding of the service.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People we contacted said they were "Fully informed of the complaints system," which was displayed around the service, and also on the organisation's website. People said they felt confident appropriate action would be taken, and complaints would be dealt with "Fairly and professionally" if they raised a concern. We were told there were no open complaints on record, and a record was kept of any previous complaints received

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered manager and the organisation which provided the service. We were told management were, "Helpful at all times," "The service ran very smoothly and was well managed," and "Staff were very approachable and open. Staff told us managers were "Excellent," and "Brilliant."

People said there was a positive culture at the service. One person said, "I can't fault my stay at Tyrwhitt House. I was made to feel extremely comfortable, and the staff were excellent. They provide a fantastic service." and "They do a great job and myself and fellow veterans/ 'Brothers in Arms' are totally grateful for." Staff said there was a positive culture among the staff team. We were told about the organisation, "They care about me and I am proud to work for them." Another member of the staff said they were "Utterly privileged to treat the patients," and we were also told by one member of staff that to work at the service you have to be "Caring, honest and show compassion." None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management.

People said communication between staff and people was good. For example, there were regular group and one to one meetings with people, and opportunities to safely express any concerns or complaints.

There was a day for family members to come and have an understanding of the service. During the day family members are provided with some insight into the intentions of the treatment programme.

There had a clear management structure. Senior managers were based at the service. There was a clear organisational structure. Recovery support workers and nurses said they could approach more senior managers as necessary. We were told managers were "Really approachable," staff felt "Well supported," and a member of staff said they would have "No qualms" talking to managers if they had any concerns. Another member of staff said "Heather (the registered manager) is always accessible." Staff said they were able to approach any other staff, across the various professions employed, for advice and clinical guidance. Staff said they felt their "Opinion always counted," and there was "respect" for each other throughout the various roles.

The registered manager worked in the service full time. A registered nurse was on duty 24 hours a day, every day. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered provider had a comprehensive approach to quality assurance. The organisation used the CQC's 'five questions' (Is the service safe, effective, caring, responsive and well led) as a framework for assessing quality. Surveys were completed by people who used the service and staff. There was also a comprehensive system of audit for example of clinical issues(such as of care records, delivery of individual and group therapy sessions); audit systems for example of health and safety, medicines, infection control,

staff training, complaints, serious incidents and near misses. The organisation had a thorough clinical governance structure with various sub committees to monitor performance and progress across the organisation. There was a process to evaluate each therapy programme provided. The organisation sponsored academic research to assist in the evaluation of the success of its therapy programmes.

Within the service there were regular meetings with individual people and a weekly a group meeting to enable people to express their views about the service. The registered manager said there was regular weekly staff meetings, as well as handover meetings between staff shifts. Managers also met on a weekly basis. Staff we spoke with felt communication within the service was good.

The registered provider was registered with the CQC in 2016. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.