

Good 

Brevin Home Care Limited

Brevin Home Care

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-2827562124		Brevin Home Care	SW1W 0AU

This report describes our judgement of the quality of care provided within this core service by Brevin Home Care. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Brevin Home Care and these are brought together to inform our overall judgement of Brevin Home Care.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

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 / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Brevin home care as good because:

- The service had made improvements since the previous inspection in 2017. At the current inspection we found that the service had ensured that all patients had received comprehensive assessments by experienced staff. Since the last inspection, the service had stopped providing alcohol detoxification treatment. The service had recruited nurses, developed a bank system and a log of staff that were available to ensure that patients received care and treatment when they needed it. The service was completing appropriate checks on staff before they commenced employment to ensure they were qualified and suitable to work safely with patients in their own homes. Staff were no longer working excessive hours.
- At the previous inspection we found that the service did not have a safeguarding children's policy. In this inspection the service had an up-to-date children's policy that was easily accessible to all staff. Safeguarding was integral to the teams' daily practice. Care records demonstrated that staff clearly recorded safeguarding decisions and made appropriate safeguarding referrals where necessary. Staff were aware of who to contact about safeguarding concerns within the team.
- At the previous inspection we noted that different parts of patients' records were stored in different places. In this inspection the service had one electronic system with all aspects of a patients' assessment and care. This was easily accessible to all staff that through a secure log in system.

- Staff actively engaged with GPs, social services as well as other care organisations, if necessary. This ensured staff could plan, develop and deliver the service to meet the needs of the patients. This included liaison with GPs to ensure physical health checks had been completed.
- Staff received regular managerial supervision to provide support and monitor the effectiveness of the service.
- The service had introduced governance systems that included audits to monitor quality of care.
- The service was well-led by the senior leadership team. Staff had access to information they needed to provide safe care and high-quality treatment to patients.

However:

- Although the service had an appropriate appraisal policy, non-medical staff had not received appraisals in the past 12 months. Staff appraisals were affected by the high turnover of staff and registered managers.
- Although staff had care plans for each patient, the quality of care plans varied as some were not personalised according to patient needs. Staff did not always actively promote the needs of all patients, including those with a protected characteristic. Staff did not always include patients' religion, physical health, ethnicity and sexual orientation into their care planning.
- The service did not always ensure that discussions and decisions about patient care were always documented.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- The service had made improvements since the previous inspection. The service completed appropriate employment checks on staff and had a system to identify any outstanding checks. The service had sufficient staff and staff did not work excessive hours. Care staff working for the service were bank staff. However, each member of bank staff worked with one client consistently.
- Staff assessed and managed risks to patients and themselves. When necessary, staff worked with patients and their families to develop crisis plans.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service had suitable premises and equipment and looked after them well. Staff kept themselves, equipment and the premises clean.
- There were appropriate incident reporting procedures. Staff knew the types of incidents to report and how to protect patients from abuse.

Good



Are services effective?

We rated effective as good because:

- Staff completed a comprehensive mental health assessment of each patient that was person centred.
- The service had working links with other professionals. Staff consistently liaised with patients' GPs, psychiatrists and psychologists about patient care.
- The service made sure staff were competent for their roles. Staff received an annual appraisal of their work performance and received regular managerial supervision to provide support and monitor the effectiveness of the service.
- The service monitored the effectiveness of care and treatment. Staff routinely used outcome measures to see how patients were recovering. Staff measured this in collaboration with patients.
- However:

Good



Summary of findings

- The non-medical staff has not received appraisals in the last 12 months due to the high turnover of nursing staff and registered managers.
- The registered manager and consultant psychiatrist had daily meetings to discuss ongoing patient care. However, these discussions and decisions from these were not documented.
- Staff consistently developed care plans for each patient but some care plans lacked personalisation, such as patient views and specific physical health concerns. Staff did not always identify protected characteristics such as patients' religion, ethnicity and sexual orientation in their care planning.
- The service made sure staff were competent for their roles. Staff undertook appropriate specialist training. Medical staff received an annual appraisal of their work performance. The service manager and recovery workers received regular managerial supervision to provide support and monitor the effectiveness of the service.
- Staff supported patients 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?

We rated caring as good because:

- Staff demonstrated a compassionate understanding of the impact on patients' care and treatment could have on their emotional and social wellbeing. Patients were positive about the care they received from staff.
- Staff involved patients in discussions around planning their treatment regime.
- Staff kept in regular contact with patients and ensured families and friends were involved if the patient wanted them to be.
- Patients were provided with information about the service and what they could expect from staff in their care and treatment.

However:

- The service had only recently conducted a patient feedback survey and the results to this were unavailable. Patient feedback surveys were not undertaken frequently.

Good



Are services responsive to people's needs?

We rated responsive as good because:

Good



Summary of findings

- The service planned and provided services that met the needs of patients. Staff engaged with secondary care services, patients' GPs and other health specialists.
- The service was easy to access and had clear inclusion criteria. Staff responded quickly to urgent referrals.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

We rated well-led as good because:

- The service had good governance processes in place. Clear systems of governance supported staff to learn from incidents and complaints.
- Managers promoted a positive culture that supported and valued staff. Staff felt well-supported by managers and colleagues. They were positive about the service as an employer.
- The service was well led by the medical director and the service manager. Staff demonstrated the service's vision and ethos of the service.
- Staff had access to information they needed to provide high-quality and safe care and treatment to patients.

Good



Summary of findings

Information about the service

Brevin Home Care provides treatment and nursing care to patients who have mental health problems, in their own home. Care and treatment are provided on a short or long term basis. Depending on patients' needs some input is provided by a support worker, psychological wellbeing practitioner, registered mental health nurse or a psychiatrist. The service provides nursing care to a maximum of 15 patients at any one time. At the time of this inspection, Brevin Home Care was providing treatment to 14 patients. Patients or their families fund the cost of services provided by Brevin Home Care. Brevin Home Care offers additional support for patients who are under the care of secondary services and treated in hospital who wish, and are able, to be discharged home. They also offer support for those that are having outpatient treatment with a practitioner such a psychiatrist or psychologist. In the last inspection the service was providing detoxification from drugs/alcohol, however in this inspection the service no longer provided detox services.

Brevin Home Care is registered to provide the regulated activities: Personal care; Diagnostic and screening procedures; and Treatment of disease, disorder or injury.

Brevin Home Care has a new registered manager at the service that has been in the role for three months. We have inspected Brevin Home Care three times since 2010.

At the last inspection in January 2017, Brevin Home Care was in breach of three regulations: Regulation 12 safe care and treatment; Regulation 18 safe staffing; and Regulation 19 fit and proper persons employed.

At the inspection in 2017, we found one patient was not comprehensively assessed prior to commencing care and treatment. Staff did not undertake a risk assessment of every patient during the initial assessment, including where appropriate details of the patient's current and past substance misuse and physical health histories. There was no record that patients had a medical review during alcohol detoxification. In addition, we found gaps in checks carried out on prospective new staff, a shortage of qualified staff and staff working excessive hours.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one specialist advisor who worked in community settings.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

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

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

Summary of findings

Before the inspection visit, we reviewed information that we held about the location and sought feedback from patients.

During the inspection visit, the inspection team:

- visited the Brevin Home Care office;
- spoke with two patients who were using the service;
- spoke with the registered manager, office manager, director of the service;
- spoke with five staff members; including nurses, support worker, and team doctor;
- looked at 14 care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with two patients who said that staff were attentive, helpful and approachable. Both patients were positive about the service. Patients said staff supported them whenever they needed and that they appreciated this.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all staff have an annual appraisal.
- The provider should ensure that all patients have care plans, which are detailed and personalised to support patients with their recovery.
- The service should ensure that senior team discussions and decisions about patient care are always documented.
- The provider should ensure that it undertakes regular patient feedback surveys.

Brevin Home Care Limited

Brevin Home Care

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Brevin Home Care	Brevin Home Care

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act. Staff has completed both Mental Capacity Act and Deprivation of

Liberty Safeguards training and knew how to find the policy. Staff ensured that clients consented to their care and treatment. Staff completed consent agreements with clients during their initial assessment.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The service saw patients at their home addresses. The office base was visibly clean, with good furnishings and well maintained.
- Staff used secure cases to carry equipment to carry to patient homes. They maintained was equipment well and kept it clean. The case contained a range of equipment, including burns dressings, first aid kit, and an electronic sphygmomanometer. Staff could also take additional items in the case if needed such as an alcohol breathalyser. There was a log of expiry dates and battery tests for the equipment that was used. The equipment was last calibrated in February 2019, which meant it was fit for purpose.

Safe staffing

- The service ensured robust recruitment processes were followed. We reviewed five staff records that contained up to date criminal record checks, two references and evidence of suitable experience for the role to ensure staff were safe to work with vulnerable adults. The service had developed a tracking system for recruitment. They were awaiting responses for one outstanding reference and an outcome of a DBS check for staff due to start work with the service.
- The service used bank staff to meet their staffing needs. There had been no occasions when the provider was not able to obtain a nurse to support clients. The service did not have permanent members of staff employed on a full-time basis. The service was able to meet the needs of the patients by having a specific member of bank staff allocated to each patient. The service had cover arrangements in place for sickness, leave. Staff reported that they had breaks during working hours and did not remain in patient homes for more than 7 days. Care staff worked varied hours from visits to clients of a few hours to 12 hour shifts in clients' homes. Care staff members hours were monitored by the registered manager and the office manager.

- Cover arrangements for sickness were in place to ensure patient safety. For example, the team manager kept an updated availability list each month and initial assessments were carried out by the registered manager or the consultant psychiatrist.
- Staff had undertaken and completed mandatory training. Staff in this service had undertaken 89% of the various elements of training. This training included, basic life support, information governance, health and safety, equality and diversity, fire safety, infection control, safeguarding adults, safeguarding children, moving and handling, lone working, Mental Capacity Act, deprivation of liberty, complaints and conflict resolution.

Assessing and managing risk to patients and staff

- At the previous inspection, we found that the service plan did not have comprehensive risk assessments in place. During the current inspection we reviewed care records of 14 patients at the clinic and found improvements had been made. Staff completed a risk assessment of every patient at the initial assessment and updated it regularly, including changes in risk. Risks identified reflected patients' current circumstances. If any safeguarding concerns were raised, staff included potential risks concerning family and children in the risk assessment.
- Staff liaised with local agencies such as GPs and district nurse teams who were involved in patient care, to update them on the care they provided. This liaison ensured that all professionals involved in the care of a patient knew the treatment plan.
- When appropriate, staff created and made good use of crisis plans. Staff included crisis management plans in patients' progress notes. These included how patients could access services in an emergency outside of the service hours of operation.

Management of risk

- The service had developed good personal safety protocols, including lone working practices. For example, the service discussed safety aspects of their lone working policy in the governance team meetings.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Governance team meetings were mainly attended by the registered manager, consultant psychiatrist, business manager and office manager. Other staff received updates on the meeting through supervision, telephone contact and access to team minutes.

Safeguarding

- Staff worked effectively with other agencies to promote safety including systems and practices in information sharing. Staff liaised with patients' social workers as required. The service had a safeguarding lead, who was the registered manager. This meant that staff had a person they could go to for advice and guidance if they had a concern about a patient's safety.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. This was evident in patients' comprehensive assessments and ongoing reviews of patient care. The service worked in partnership with other agencies. For example, staff were able to give us examples of safeguarding concerns where communication with the police and local authority had been considered and discussed with patients.

Staff access to essential information

- Staff maintained all patient care and treatment records electronically. The service adopted a new electronic record system in November 2018 to record patient records, which meant all records were kept on one system. This included risk assessments, care plans, crisis plans and contingency plans. The service was migrating historical records to the new system. These historical records were for patients that were previously under the care of Brevin Home Care but were not currently receiving care from the service.
- Staff had access to information needed to deliver patient care when they needed it. For example, they had access to electronic portable devices to record

information when they were in the community seeing patients. Patient records could be updated by them remotely without having to go into the service office. The devices had security measures to ensure patient information remained confidential.

Medicines management

- There were appropriate systems for medicines management in the service. Staff followed medicines management policies. For example, staff did not administer medicines but offered support as patients self-administered medication. GP surgeries retained responsibility for all prescribing. The psychiatrist in the service made prescribing recommendations to GPs, and on occasion, prescribed medicines to clients.
- Staff reviewed regularly the effects of medicines on patients' physical health. This included reviews of patients who were prescribed antipsychotic medicines or lithium. These reviews were in line with guidance from the National Institute for Health and Care Excellence. The service liaised with GP surgeries and other secondary services that were managing any prescriptions for patients using antipsychotics. This was to ensure patients' had physical health checks.

Track record on safety

- Between 7 April 2018 to 8 April 2019, the service had reported no serious incidents.

Reporting incidents and learning from when things go wrong

- The service had a centralised incident log that was reviewed in governance meetings with the registered manager, consultant psychiatrist, business manager and office manager. All discussions and learning from these discussions were shared through supervision with staff to ensure learning.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed 14 patient care records. Staff completed a comprehensive initial assessment of each patient. These assessments included patients' mental health and were completed within 48 hours of a patient's referral being accepted by the service. There was also a brief pre-assessment of patients over the telephone.
- Staff consistently developed care plans for each patient and updated them as necessary. Each patient was allocated a member of staff and the name of the staff was recorded on the patient record system. However, eight out of the 14 care plan records reviewed lacked personalisation such as patient views and specific physical health concerns such as diabetes. Staff did not always identify protected characteristics, such as patients' religion, ethnicity and sexual orientation in their care planning.

Best practice in treatment and care

- Staff signposted patients to additional psychosocial interventions and services local to them that could support them in their recovery. The service did not have any contractual arrangements with therapists.
- Staff ensured that patients' physical healthcare needs were being met, including their need for an annual physical health check. Staff ensured that any necessary assessment of the patient's annual physical health had been undertaken by the GP.
- Staff completed weekly clinical audits for assurance that the service was performing well. This audit included date of admission, consent form, completed core assessment, a crisis and contingency plan, lone working, discharge date and if a discharge summary was sent. The registered manager also developed a quality improvement plan to address issues which had been identified. For example, the audit identified that formal feedback from patients was needed and a patient survey should be undertaken. A survey had been started by the service but no results from the service were available at the time of the inspection.
- The service monitored the effectiveness of care and treatment. Staff measured this in collaboration with

patients with tools such as the Beck Depression Inventory; Hospital Anxiety and Depression Score; Yale-Brown obsessive-compulsive scale and Beck Anxiety Inventory.

Skilled staff to deliver care

- Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. For example, the service identified skilled nurses to complete comprehensive initial assessments. This provided consistency in the quality of assessments for the service, which was evident in their records.
- Managers provided new staff with an induction that included familiarising staff with systems, values of the organisation and human resources. The induction included informing them of the lone working procedures for staff as outlined in the service policy.
- Managers provided staff with supervision. Supervision records showed that staff discussed cases, wellbeing, training, safeguarding and appropriate incidents at supervision meetings.
- Non-medical staff did not have any completed appraisals in the past 12 months. The service had a high turnover of staff and registered managers in the last 12 months, which had an impact on the ability of senior staff to complete the appraisals. The medical director has undertaken revalidation and was due to be revalidated again later in the year.
- Managers dealt with poor staff performance promptly and effectively. For example, staff who were identified as not completing probation due to performance were informed and employment was terminated.

Multi-disciplinary and inter-agency team work

- The registered manager and consultant psychiatrist had daily meetings to discuss ongoing patient care. However, these discussions and decisions were not documented. Staff reported that outcomes of these discussions was communicated to them by phone.
- Staff directed patients to other services when appropriate and, if required, supported them to access those services. For example, staff provided details of local services that offered psychological therapy if this was identified as a need in the assessment.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The service had good working links with GP practices, secondary care NHS services, out-patients' practitioners and independent health providers. For example, when required the registered manager attended ward rounds to discuss patient care.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The service did not provide care and treatment for patients detained under the Mental Health Act 1983.

Good practice in applying the Mental Capacity Act

- Staff understood mental capacity and worked under the principle that capacity was always assumed. Where they queried a patient's capacity this was discussed in the team meetings. There was evidence in patient notes of capacity assessments, court of protection documents and best interest meetings for a patient that was deemed to lack capacity.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Staff supported patients to understand and manage their care, treatment or condition. Staff demonstrated good knowledge and understanding of patients' needs. We spoke with staff about a sample of patients during our review of records. Staff were able to clearly describe the risks for individual patients as well as the treatment they were receiving from the service.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of negative consequences.
- The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about patients.

The involvement of people in the care that they receive

Involvement of patients

- Staff reported that they involved patients in care planning and risk assessment. For example, one

patient's care records had evidence of staff using the recovery star. The recovery star is used to create recovery focused plans of care and is developed collaboratively with a patient.

- Staff reported that care plans were shared with patients and paper records were provided, although there was no record kept showing this had been done. Patients we spoke to did not have a copy of their care plan but were able to explain their plan of care. Patients felt they knew how to contact staff if they needed a copy of their care plan.
- The service identified the need to obtain patient feedback on the service they received. Staff reported that a survey had started but results of the survey were not available at the time of the inspection.
- Staff understood confidentiality and appropriate steps to provide discreet and confidential care and treatment to patients.

Involvement of families and carers

- Staff informed and involved families and carers appropriately and provided them with support when needed. For example, where consent was given by patients, staff were in contact with carers to discuss concerns and treatment plans.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The service had clear criteria for which patients would be offered a service. The service provided supported for patients with a mental health problem. For example, patients were offered a service in addition to outpatient treatment with a GP, consultant psychiatrist or therapist. Referrals were reviewed by the consultant psychiatrist and registered manager and the service only accepted patients if the service could meet their needs and it was safe to do so. The services did not accept patients with substance and alcohol misuse as a primary diagnosis. This was a change since our last inspection.
- The service had set a target for time from referral to triage/assessment and from assessment to treatment. At the time of the inspection the service had six patients waiting for assessments. For example, the service had a target that staff offered assessments within 48 hours of being referred. The registered manager and consultant psychiatrist provided additional assessment cover in case any registered nurses were unavailable to offer an assessment within 48 hours. Patients did not wait more than seven days from referral to allocation of a member of staff and initial treatment intervention.
- The team respected the wishes of patients who no longer wanted to have contact with the service. For example, patients were introduced to other services, if this was appropriate.
- Where possible, staff offered patients flexibility in the times of appointments. Staff kept to appointment times.
- Staff supported patients during referrals and transfers between services. For example, staff attended community mental health team meetings if a community mental health team had overall responsibility of patients care.
- Staff planned discharges with patients and sent discharge summaries to GPs with details of treatment received and any follow-up. This included patients no longer wishing to receive care from the service.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients were seen in their own homes.

Meeting the needs of all people who use the service

- Overall, staff demonstrated an understanding of the potential issues facing vulnerable groups such as black and minority ethnic group, LGBT+, older people and victims of domestic violence. However, staff did not always ensure that patients' holistic needs were met. For example, patients' recovery plans did not contain information on a person's cultural, sexual identity and religious needs. This meant that staff may not consider the patients' holistic needs to support them with their recovery.

Listening to and learning from concerns and complaints

- The service had a clear policy to treat concerns and complaints seriously and investigate them. The service received one formal complaint and three informal complaints in the past 12 months. We reviewed completed investigations and complaint responses which demonstrated accountability and transparency. People who complained received a full written response and were given information on the local government and social care ombudsman.
- Staff knew how to handle complaints appropriately. They reported any concerns to the team manager.
- Staff told patients and carers how to complain, including how to complain to independent bodies. The service had a complaints system and patients knew how to complain. Staff knew how to deal with complaints and there was learning from complaints. The policy stated that managers must handle complaints directly. The manager kept a log of all complaints, formal and informal, received about the service. The managers discussed complaints with staff at monthly team meetings and shared any learning that had resulted.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The service had a clear vision and strategy that all staff understood and put into practice. The vision for the service was to provide a high-quality service focused on patient safety and evidence-based interventions.
- Staff had opportunities to contribute to discussions about the strategy of the service.

Good governance

- Appropriate systems to evaluate the safety and effectiveness of the service were in place. Governance policies, procedures and protocols were last reviewed in October 2018 and were due for review again in October 2019.
- The provider had a clear framework of discussions in team meetings to ensure essential information was shared amongst staff. The service held monthly meetings with the registered manager, consultant psychiatrist, office manager and business manager. The governance minutes from meetings in January and February 2019 discussed incidents, safeguarding, complaints, audits of admissions and discharges, induction and service improvements plans.
- There service had up-to-date policies and procedures. The service had online policies, which could be accessed from any location on an electronic device with a secure log in system. The online policy system indicated which policies staff had accessed and read. The service had a system that notified staff of regular updates to policies through emails. Any changes and updates in policy were also discussed in monthly governance meetings.

Management of risk, issues and performance

- The office manager maintained a risk register for the service. A range of risks had been identified for example a legionella risk assessment that had been completed by the office building landlord. Staff were able to suggest risks for inclusion on the register.

Information management

- Staff had access to the equipment and information technology needed to do their work. For example, staff has access to tablet computers during home visits and

to complete patients notes. Mobile phones were also provided, and patients could make direct contact with staff if needed. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

- The service manager had access to information to support them in their management role. For example, staff human resources records, supervision records as well as training data.
- The registered manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Leadership, morale and staff engagement

Leadership

- Leaders had the skills, knowledge and experience to perform their roles.
- Leaders had a good understanding of the services they managed. Leaders could clearly explain their roles and demonstrated a high understanding of the services they managed.
- The medical director provided supervision to the service manager on a regular basis.

Culture

- Staff we spoke with said they felt respected, supported and valued. Staff felt positive and proud about working for the service and their team.
- Staff felt able to raise concerns without fear of retribution.
- Staff felt able to raise concerns and knew about the provider's whistleblowing policy and procedures. Staff could speak openly to the senior leadership team. The service did not have a system in place where staff could give feedback anonymously.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the service through regular conversations. The service was developing a newsletter for both staff and patients. The potential

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

contents of the newsletter has been discussed in governance meetings between the consultant psychiatrist, registered manager, office manager and business manager.

- Patients and staff could meet with members of the service's senior leadership team such as the registered manager and the consultant psychiatrist to give feedback. For example, patients reported that they had opportunities during home visits or contact with the leadership to discuss concerns.

Commitment to quality improvement and innovation

- The service was implementing additional training on the recovery star for their staff. This was part of the service improvement plan for patients in the planning or their care and to measure their own recovery progress. This would also help the service measure the effectiveness of the services they delivered.