

The Cyrenians Ltd

Ridley Villas

Quality Report

91 New Bridge Street
Newcastle-Upon-Tyne
NE1 2SW

Tel: 01912329181

Website: <http://www.changing-lives.org/>

Date of inspection visit: 3 October 2018

Date of publication: 30/11/2018

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-166429036	Ridley Villas	Substance misuse services	NE1 2SW

This report describes our judgement of the quality of care provided within this core service by The Cyrenians Ltd. 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 The Cyrenians Ltd and these are brought together to inform our overall judgement of The Cyrenians Ltd.

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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8

Detailed findings from this inspection

Locations inspected	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	10

Summary of findings

Overall summary

We rated Ridley Villas as good because:

- Clients received an initial risk assessment prior to admission and risk assessments were updated regularly. Care plans were regularly updated and reviewed with the clients and clients were involved in developing the services recovery focussed programme.
- The service did not use bank or agency staff and sickness was very low.
- The service had good relationships with external agencies and knew how to safeguard clients. Staff received regular supervision and appraisals.
- Staff demonstrated positive, respectful and caring attitudes towards clients. Clients felt supported by staff and able to feedback and contribute to changes in the service.
- The service had clear admission criteria in place and supported patients well during discharge from the service.
- There were efficient systems in place to manage the running of the service and provider visions and values were clear and understood by staff.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Communal areas were clean and well-maintained.
- The service was consistently fully staffed to meet clients' needs, there was no use of bank or agency staff and sickness rates were low.
- Clients received an initial risk assessment prior to admission and we saw that risk assessments were updated regularly. Where risks were identified, risk management plans were implemented.
- There was a clear process in place for reporting incidents which staff understood and followed.

Good



Are services effective?

We rated effective as good because:

- Care plans were documented on a secure electronic system and were regularly reviewed with clients.
- All staff received regular monthly supervision and an annual appraisal.
- The service had good working relationships with external agencies.
- Staff were trained in and had a basic understanding of the Mental Capacity Act.

Good



Are services caring?

We rated caring as good because:

- We observed positive interactions between staff and clients which demonstrated compassion, dignity and respect.
- Clients were involved in the planning of their care and contributed to the development of the recovery programme within the service.
- Clients were entirely positive about staff and told us they were kind, caring and showed concern for their wellbeing. Clients felt very supported by staff.
- Clients told us they could feedback regularly about the service and contribute to changes.

Good



Summary of findings

Are services responsive to people's needs?

We rated responsive as good because:

- The service had clear and strict criteria in place for admission to the service.
- The service involved clients in the admission process and supported them well during discharge and engagement with the wider community.
- The service had made reasonable adjustments for clients with accessibility issues, which we saw in practice.
- The service had not received any formal complaints in the twelve months prior to inspection and clients told us they knew how to make complaints.

Good



Are services well-led?

We rated well-led as good because:

- The service was well led by the project manager and service manager, with regular input from group directors.
- The provider had clear visions and values in place which the staff knew and understood.
- Staff felt positive about working for the service and felt supported by management.
- There were systems in place to manage performance, staffing, sickness, training, supervision and appraisals.
- The service was responsive to feedback from clients.

Good



Summary of findings

Information about the service

Ridley Villas is an abstinence based housing and rehabilitation service for women and their children aged up to 16 years old. The service is based in the centre of Newcastle-Upon-Tyne. Clients are required to have a history of substance misuse but be abstinent at the point of admission before being accepted by Ridley Villas. The service has five beds and two satellite properties.

The registered provider for Ridley Villas is The Cyrenians Limited. The Cyrenians Limited operates under the name Changing Lives. Changing Lives (The Cyrenians Limited) is a registered charity and a company limited by guarantee. As the company is also a charity the directors are defined by law as charity trustees. The service is jointly commissioned by Newcastle and Gateshead City councils.

Ridley Villas had a registered manager in place at the time of inspection.

The service is registered to provide:

- Accommodation for persons who require treatment for substance misuse.

We have inspected Ridley Villas on two previous occasions. The last inspection on 5 December 2016 found two breaches of regulation; Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons and Regulation 20 HSCA (RA) Regulations 2014 Duty of candour. These regulations were both being met during our most recent visit.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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 provider:

- 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 and asked other organisations for information.

During the inspection visit, the inspection team:

- Visited Ridley Villas to look at the quality of the environment and observed how staff were caring for clients.
- Spoke with 2 clients who were using the service.
- Spoke with the manager for the service.
- Spoke with 2 other staff members.
- Looked at 5 care and treatment records of clients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Clients were very positive about the service. Clients told us they felt safe in the service and praised the staff on their kind and supportive attitude towards them.

Good practice

Ridley Villas demonstrated good practice in the involvement of clients and understanding their needs prior to admission. The staff worked closely with the clients to understand what they needed to support their independence and give them the most comfortable start in the service. For each client that entered the service they were given brand new bedding, cutlery and toiletries. They also discussed the needs of the child with the client and provided equipment such as a new cot and feeding apparatus.

The service also had excellent links with an external social enterprise to support clients in living healthier

lives. The enterprise worked with clients to educate them on making healthier choices with food and demonstrated how to cook healthy meals. To enhance the work of the social enterprise Ridley Villas had introduced a weekly healthy eating evening. The staff worked with the clients to select a recipe they all enjoyed, supplied by the external organisation and cooked together to support each other. Ingredients for the meals were provided and paid for by Ridley Villas to encourage continuity of the healthy eating evening.

The Cyrenians Ltd

Ridley Villas

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Substance misuse services	Ridley Villas

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed Mental Capacity Act training. We found that staff had a basic understanding of the Mental Capacity Act. The provider had a policy to support staff with the Mental Capacity Act, which staff were aware of. Staff knew where to locate the policy if needed.

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

Ridley Villas was located in the centre of Newcastle-Upon-Tyne. Access to the premises was controlled through a locked gate at the front of the building, which required a fob key to access. There was also an entrance at the back of the building which required a key to open. A closed-circuit television system monitored the outside areas of the building.

We found communal areas were clean, furnished and well maintained.

The service had five individual flats that contained a kitchen, living area, bedrooms and a bathroom. Staff carried out weekly checks of the flats to ensure they were maintained to a high standard. Staff would support clients with cleaning if required, however most clients maintained their flats without support.

During our visit we found the health and safety audit was out of date and should have been updated in July 2018, however, following our visit we received an up to date health and safety audit from the provider. The service had an up to date fire safety audit. The Changing Lives group health and safety officer was responsible for updating the audits on an annual base.

Safe staffing

The service had 6 members of staff:

- One service manager who was also the registered manager
- One project manager
- Four support workers

The service had a low annual average sickness rate of less than 1%. There were no vacancies in the service during our visit. There was no use of bank or agency staff at Ridley Villas. The service had access to 'sessional' staff who were employed directly by the Changing Lives group to cover sickness, when required. The sessional staff were familiar with the service, had access to the electronic systems and received the same induction and training as the permanent staff based at Ridley Villas.

There were enough staff for clients to have regular 1:1 time with their key worker.

The service had an out of hours system in place which gave clients a designated staff contact in case of emergency. There was also a phone in each apartment so women could access 999 services if required.

The service had a training programme for 2018-19 in place. Mandatory training comprised of 11 training courses, including training in the Mental Capacity Act. Changing Lives group training policy allowed six months for all new staff members to complete mandatory training. The service training target was 100% following the six-month period. Training compliance sat at 100% for the four members of staff that had worked at the service for over six months. The two members of staff that had not completed all of their training had joined the service within three weeks prior to our visit. We could see from the recording system that training for new staff had been booked in and all courses were due to be completed before the six month deadline.

Training compliance was documented using an online system, which notified staff members by email when their training was due to be updated. The online system also allowed staff to book training sessions online. Mental Capacity Act training was provided through the local authority and was therefore documented separately.

Assessing and managing risk to patients and staff

During our visit we reviewed five care records. We found risk assessments were completed at initial referral stage, on admission and reviewed at a minimum of every three months or after an incident.

Risk assessments included risks to self, to children and to others. Where risks were identified as

medium or higher, a risk management plan was put in place which identified how the risks would be mitigated.

We were told that the service managed risk to clients through a strict admission criterion. Each admission was assessed on a case by case basis to ensure that the service could adequately manage the client risks. The service did

Are services safe?

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

not accept clients who were high risk as a result of active substance misuse, or where clients had a history of violent crime, arson, sexual offenses, or significant mental health issues.

The project manager explained that the service would not accept a referral for a client with mental health issues which posed a current risk to the client or others, although they would accept clients with a history of mental health issues who did not have associated risks.

The project manager told us that the service undertook basic checks on potential visitors to the service, prior to their visit. The checks ensured the visitors weren't a direct risk to the client or known to authorities for a significant crime.

We were told that if a client returned to the project and they had relapsed, the staff member on duty would contact the emergency duty team at the local authority. They would then make a joint decision as to whether the client was in a position to look after her child. If the client was incapable of looking after her child the staff member would inform the police and implement an immediate safety plan with the emergency duty team. Following an episode of relapsing clients revisited support plans with key workers and a recovery plan put in place.

Safeguarding

Basic safeguarding adults and safeguarding children training was part of the mandatory training programme. All staff had completed the training apart from two new members of staff, who were both booked on to courses within their six-month time frame. Staff at Ridley Villas were also required to complete higher level safeguarding training, four of the six staff had completed this training, the two new members of staff were due to complete the training within six months of their start date.

Staff we spoke to were aware of safeguarding policies and procedures and were able to identify adults and children at risk of, or suffering harm. All staff knew how to make a safeguarding alert. The manager told us that they had good links with other agencies and would initially discuss any safeguarding concerns with the child's social worker and follow this up with a referral.

Management at the service attended quarterly safeguarding adults group and safeguarding children group

meetings, in which all safeguarding incidents were discussed. Reports from these meetings were then escalated to the risk and compliance group and reported to the board.

Staff access to essential information

All client records were electronically stored on a password protected, online system. All information needed to deliver client care was available to all relevant staff, including sessional staff. Any relevant information passed on from agencies on admission to the service was scanned and documented on the online system.

Medicines Management

Ridley Villas did not prescribe or manage medication. They did not accept any clients that were on substance misuse replacement medication and other prescribed medication was managed by the clients with safe storage.

Track record on safety

There was no serious incident reviews in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

The service had an incident reporting procedure and all incidents were reported through the service's electronic incident reporting system. Once an incident was logged it was given a seriousness rating based on a four-point scale (crimson, red, amber or green). All 'red' incidents had to be reviewed by the area manager, the director and executive director. All crimson incidents were sent to the executive directors for immediate attention including on weekends and out of hours.

Staff were aware of what type of incidents they should report and how to report them, this included safeguarding, violence and damage to the building.

Monthly meetings were held with the staff team at Ridley Villas in which incidents was a standing item on the agenda, including feedback from incidents and learning from incidents. The project manager told us that group learning sessions following incidents had been held and that staff were supported following incidents in 1:1 supervision. We saw evidence of incidents being reported using the online system and staff told us they felt supported after incidents through team meetings, they also received updates via emails and verbal and written handovers.

Are services safe?

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

Staff had a good understanding of duty of candour and could explain when they would put this into practice. The service had a duty of candour policy in place, however the policy was due to be reviewed in July 2018 and was

therefore out of their review period. The project manager told us that the policy was under review and was expected to be signed off by the board of directors in November 2018.

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 five care records which all demonstrated good practice. They were holistic, outcome focused and showed evidence of staff supporting clients to engage with local GP's for physical health monitoring and annual health checks. All records showed evidence of a comprehensive mental health assessment being completed on admission.

The care plans established goals for the clients and included setting objectives which were linked to the clients' risk assessment and to statutory mandated plans such as Child Protection plans. Staff used 'outcome stars' to monitor clients' progress. These identified areas of need, and allowed clients to recognise their own strengths and set their own individual goals and targets. We saw that care plans were regularly reviewed with clients.

Clients were involved in the development of the newly implemented, recovery focussed and client led 'Ridley Villas programme'. The programme included topics that were discussed with and agreed with by clients such as; managing finances, positive parenting, relapse prevention, confidence and self-esteem, boundaries and positive language.

Best practice in treatment and care

Ridley Villas was designed to provide accommodation for clients and support them to access services in the community, to help clients maintain abstinence from substance misuse. The service and staff had links with external agencies with access to interventions and treatments such as a weekly dialectical behaviour therapy group. The model was designed for women who may have experienced trauma and includes: mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness. We saw that staff supported clients with the logistics of attending appointments with other services. The service used 'client progress measure' to monitor the outcomes for clients.

Ridley Villas worked directly with multiple groups and agencies including drug treatment services, social care services, primary healthcare services and other voluntary organisations and groups. Staff had a clear understanding of the purpose of the service.

The service did not provide nursing care, however, staff ensured that patients had good access to physical healthcare and supported clients in registering with a local GP as part of the admission process.

Staff supported patients to live healthier lives. For example; the service had links with a local social enterprise who worked with the clients to educate and inspire them to cook healthy foods. As a result of working with the enterprise, the clients had set up a weekly cooking night with support from staff. Clients agreed on a healthy option recipe and cooked the food together to support and encourage each other on making healthier choices.

Skilled staff to deliver care

Staff had the right skills and knowledge to meet the needs of the client group. All staff received the appropriate induction into the service. The service had a supervision policy which stated that supervision should be offered to staff every four to six weeks. At the time of our visit the service was at a 100% compliance rate for staff supervision. All staff that had been at the service long enough had received an annual appraisal. The project manager was responsible for logging all supervision and appraisal records and stored the documents electronically, which we saw evidence of during our visit. Staff also held weekly meetings for case review and peer support.

All staff received specialist training such as domestic abuse awareness and drug awareness and overdose training. Staff in the service had access to additional non-mandatory training, including the managers who had received additional leadership training from an external provider.

The project manager told us they identified any training needs of staff through 1:1 supervision.

There were protocols in place to address poor staff performance. This would be managed jointly through HR and the project manager, providing extra support to the identified staff member. All staff received an enhanced disclosure and barring service check before starting employment at the service.

Multi-disciplinary and inter-agency team work

The service worked directly with several external agencies including drug treatment services, social care services, primary healthcare services and other voluntary organisations and groups.

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.

Where women were not already involved with children's social care, staff undertook an early help assessment with multi-agency partners. Changing Lives staff were often identified as Lead Practitioner within the process. Staff also attended regular child protection meetings in which the client's key worker would attend.

Staff held daily evening handover meetings each evening. The verbal handover updates were written up and emailed to the relevant staff members for the next day, to ensure information was shared across the team.

The staff had effective working relationships with the children's social care team and communicated with them regularly regarding their clients.

Good practice in applying the Mental Capacity Act

Five out of six members of staff had completed training in the Mental Capacity Act at the time of our visit. The members of staff that had not completed the training started her role a week prior to our visit and had a date booked to complete the training.

Staff had a basic understanding of the Mental Capacity Act. The staff we spoke to were able to describe how the Act influenced practice in the service and describe the circumstances which would require a capacity assessment or a best interest decision. Staff were also aware of where to locate policies and guidance on the Mental Capacity Act.

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

We observed positive interactions between clients and staff which demonstrated dignity, compassion and respect.

Clients at Ridley Villas spoke highly of the staff and their attitudes towards them. Clients felt supported by staff and told us that staff operated an open-door policy which meant they could easily approach them when needed.

We saw staff providing responsive practical and emotional support as appropriate. Staff showed concern for clients' wellbeing, for example one staff member had stayed past the end of her scheduled shift to support a client in crisis, until professional mental health support was received.

Clients told us staff were kind, caring and respected their privacy. We were told staff would always knock before entering a client's flat. If there was no answer, staff would enter only after two knocks.

Clients told us staff directed and encouraged them to access other services in the community. For example, a client wanted to know more about what was going on in the area, including activities or groups she could get involved in. The client told us that following her feedback, the staff provided her with information leaflets and made her aware of events that were taking place in the local area, based on her interests and needs.

Staff maintained the confidentiality of information about clients where appropriate.

The involvement of people in the care that they receive

Staff used the admission process to inform and orient clients to the service. Clients were invited to Ridley Villas before accepting their placement and were involved in the process prior to moving to Ridley Villas. Clients told us that staff worked with them to understand their needs. One client told us that when she entered the project she was given brand new bedding, cutlery, toiletries and everything she needed for her baby, including a new cot and feeding equipment. Staff told us it was important to them that clients feel at home and as comfortable as possible during their time at Ridley Villas, this was evident during our visit.

Clients told us they were involved in their care planning, had access to copies of their care plans and discussed them at key worker sessions.

Staff told us that they had recently received client feedback regarding the 'My Journey' booklet. The booklet was designed to record the progress of clients, however, clients felt it wasn't working for them and they didn't feel the booklet was structured enough. This led to the staff working with the clients to develop a more structured client led 'Ridley Villas programme'. Clients commented that they worked through the programme in key worker sessions which made them feel involved in their care and encouraged them with future planning.

Clients had access to advocacy services and were given information regarding the service on arrival at Ridley Villas.

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 admission criteria and would only accept women who were either pregnant or had children and required abstinence-based support for substance or alcohol misuse. The service would not accept referrals where the client was still actively misusing substances, or had a history of violent crime, arson, or was a risk to others due to significant mental health issues or sexual offences. The service explained that the exclusion criteria was in place to reduce the risk to clients and children in the service. The project manager told us that the service had a standard of responding to all initial contacts within 24 hours and to arrange an initial case management meeting within 7 days of initial contact.

The decision to admit clients was jointly shared between the staff at Ridley Villas and other partners in a multi-agency case management meeting. We were told that the client is also involved in the decision to join the service. Staff hold a meeting with potential clients prior to admission, to provide information about the service and invite them to look around Ridley Villas. The project manager told us that aspect of the process was important to ensure Ridley Villas was the right environment for the client.

The expected average length of stay was between 6-12 months. However, women and their children could stay at the service for up to two years. At the time of our inspection there were seven clients using the service, five based at Ridley Villas and two clients using satellite properties. There were no out of area placements within the service.

The project manager told us that the service had a variable waiting list as demand for the service fluctuated.

The service used a three-stage recovery model, in which they planned for discharge from the first stage. The third stage of the model concentrated on belonging and community integration. During the third stage the service would support clients in applying for housing and grants, preparing to leave the service. The manager told us during their last discharge they supported a client in doing different bus routes from her new property to ensure she felt comfortable in the area. Following discharge from

Ridley Villas the staff would continue to link in with other agencies and help support the client for a period of six months. In the last 12 months there were no delayed discharges.

The facilities promote recovery, comfort, dignity and confidentiality

All clients had their own flats which contained a bathroom, kitchen, living area and bedrooms. Clients could personalise their flats and each had their own key to access the main property and individual flats. There was a communal lounge and dining room which was clean and well maintained, however clients commented that the communal lounge could be homelier. The project manager told us she had applied for a grant to make improvements to the communal area. Clients had access to a garden which contained toys for the clients' children. Clients shopped for and prepared their own meals and had 24/7 access to hot drinks in the communal dining room.

Patients' engagement with the wider community

The service provided clients with good links to the community. Stage two of the three stage model concentrated on recovery and resilience, in which the staff and clients would look at building positive relationships, development of skills, jobs and purposeful activity for the clients. The service encouraged clients to do voluntary work and take part in community groups and exercises, including softer approaches such as meditation, yoga and relaxation sessions.

The staff told us they supported the clients in attending community sessions until they felt confident and comfortable enough to attend on their own.

Staff supported clients to maintain relationships with people that mattered to them and encouraged contact with friends and family. Clients could have up to two visitors in their flat at a time.

Meeting the needs of all people who use the service

Not all areas in the facility were accessible to clients requiring disabled access. However, we saw that the service had made reasonable adjustments. All communal areas were located on the ground floor. There was one flat available to clients on the ground floor which was

Are services responsive to people's needs?

Good 

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

accessible to clients in a wheelchair. One client who had mobility needs had been allocated the ground floor flat and given a key to the back door of the service which was more accessible than the main entrance.

Staff ensured that clients could obtain information on local services and community groups. There were information leaflets available in the communal areas during our visit.

Listening to and learning from concerns and complaints

In the 12 months prior to our visit the service had received no complaints. The service had a robust complaints procedure in place, which staff understood. The service had recently introduced feedback questionnaires for the clients which were completed quarterly. Clients told us they could feedback regularly about the service and understood how to make a complaint if required. The service logged complaints using an electronic management information system.

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

Managers at Ridley Villas had the skills, knowledge and experience to perform their role and had a good understanding of the service. Staff told us senior managers were visible in the service. Clients told us that management were always approachable.

The project manager told us there were development opportunities for management and for support staff. All staff were supported with development, for example; the project manager was studying for a master's degree in public health at the time of our inspection.

Vision and strategy

Staff knew and understood the provider's visions and values and how they applied to the work they do at the service. Staff felt they had the opportunity to contribute to discussions about change and development in the service. The project manager was influential in the development of the service and continually researched and gained authorisation for additional grants for clients, which we saw evidence of during our visit. On the morning of our visit the project manager had attended a meeting with the finance director to discuss available grants and budgets for desired improvements.

Culture

Staff felt respected, supported and valued in their roles and were very positive about their team and the service they provide at Ridley Villas.

Staff were aware of and knew how to use the whistle-blowing process and felt able to raise concerns without fear of retribution.

There were procedures in place to manage staff performance when needed which the project manager could describe to us.

Staff appraisals and supervision included conversation about career development and how it could be supported.

Changing Lives had an equality, diversity and inclusion policy which was introduced in May 2015. The policy committed the service to 'promoting equality and valuing diversity,

ensuring accessibility and respecting human rights for all employees, services users and volunteers'. Staff had

received equality and diversity training in the provider's corporate induction. Protected characteristics were also referenced in the Changing Lives recruitment and selection criteria.

Governance

There were clear frameworks in place to share information throughout the organisation. Monthly meetings were held at director level to discuss essential information, such as learning from incidents and complaints. Information from monthly meetings was then shared and discussed with project level staff at local team meetings and through email communication.

There were systems in place to ensure there were enough staff to keep clients safe and support them appropriately. The staff were fully trained, supervised and appraised in line with the provider's policies and procedures.

Client care records evidenced that patients were assessed and involved on admission to the service. Discharge planning was also evident throughout all client care records. Incident reports provided by the service showed that incidents were reported as appropriate. Feedback from staff and clients demonstrated that investigations took place following incidents and outcomes were communicated following investigations.

Staff had a good understanding of arrangements in place for working with other teams in the Changing Lives group and external agencies. Relationships with external agencies were integral to the service provided at Ridley Villas. During our visit, discussions with staff demonstrated positive relationships with all associated agencies. Staff were knowledgeable about their stakeholders and how important their working relationships were with regards to clients' recovery.

Management of risk, issues and performance

There were risk registers in place at project level and provider level. The project manager told us the health and safety officer was responsible for updating their risk register, any identified risks would be initially discussed with the service manager and escalated through the governance structure meetings to be discussed with the board. The project manager told us that staffing was currently on the risk register as an on-going risk but with no current identified concerns.

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.

The service had annual meetings with the local authority to discuss performance and outcomes. The service was also subject to regular quality visits from directors and area managers of the Changing Lives group, which ensured actions from internal audits were carried out.

Information Management

The service used electronic systems to collect data and client information which staff found easy to use. All clients' information was stored online and password protected to maintain confidentiality. Staff told us they had all the equipment and information they needed to do their job.

Management had access to a dedicated data management function, which allowed them to regularly review and run reports on service performance. They used dashboard tools to monitor success or areas of concern in relation to meeting targets and outcomes. These reports were used to inform leadership meetings and action planning activity. During our visit we found that information was easily accessible.

Staff had close links with external bodies and made notifications to them as needed, we saw evidence of safeguarding referrals being made where appropriate during our visit.

Engagement

Staff had access to up to date information through the providers intranet and 1:1 discussions. Clients were informed of information through, group sessions, key worker sessions and information displayed throughout the service.

Clients had the opportunity to feedback on the service through conversation with staff or regular service feedback surveys. Managers had access to the feedback from service users and acted on it to make improvements to the service. The implementation of the new 'Ridley Villas programme' demonstrated this. Clients were often involved in decision making about changes to the service and had instigated positive changes to the communal environment, by suggesting they were made homelier.

The Changing Lives group held an annual conference for all staff which provided an opportunity for them to meet with senior leadership and give feedback.

Learning, continuous improvement and innovation

Changing Lives had two working groups in place at the time of our visit both relating to equality and diversity. One workshop was set up to assess and support people using their services and staff who have dyslexia, this workshop was being ran in partnership with the University of York. The second working group was established to develop their policy for LGBTQ people, in relation to supporting transgender people in their services. These were both ongoing pieces of work during our visit.

A reflective practice facilitator had recently been recruited as a new initiative within Changing Lives. As part of this initiative front-line support staff were due to receive training in reflective practice and subsequently receive reflective supervision every 6 weeks as a team.