

The Zone

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated The Zone as **good** overall because:

- The service provided safe care to patient adults experiencing their first episode of psychosis and for young people experiencing severe emotional distress. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff regularly contacted those on the waiting list and signposted them to appropriate services, if a patient's mental health had deteriorated whilst they were waiting to access the service. This was an improvement from the previous inspection. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. The service engaged well with local stakeholders and external organisations to ensure there was no gap in clients care and support. For example, by working with local alcohol and drug treatment services, homelessness services, and Livewell Southwest CIC.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access. Staff managed waiting lists well to ensure that patients were assessed in a timely manner and did not wait too long to receive treatment. This was an improvement from the previous inspection. The criteria for referral to the service did not exclude patients who would have benefitted from care. Since the previous inspection, the Icebreak service had reduced patient's length of wait to access the service by 62%. The maximum wait to access the service was now 16 weeks. Staff followed up patients who missed appointments.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly. Staff engaged in clinical audit to evaluate the quality of care they provided.

However:

- Some staff were overdue a refresher training in safeguarding and the majority were overdue to attend a refresher course on detecting radicalisation (known as Prevent).
- Staff were not clear on the provider's vision and values and how they were applied in the work of their team.

Summary of findings

Our judgements about each of the main services

Service

Community-based mental health services for adults of working age

Rating

Good



Summary of each main service

The Zone has two CQC registered services. Insight provides support to those experiencing first episode psychosis. The service is for adults aged 18 and above.

Icebreak provides support to those experiencing emotional dysregulation, who may have an emerging personality disorder. The service is for those aged between 16 and 23.

Summary of findings

Contents

Summary of this inspection	Page
Background to The Zone	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8
<hr/>	
Detailed findings from this inspection	
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	19
Areas for improvement	19

Good 

The Zone

Services we looked at

Community-based mental health services for adults of working age

Summary of this inspection

Background to The Zone

The Zone is a charity based in Plymouth city centre which provides a range of support services to young people.

The Zone provides two distinct services that are registered with CQC known as Icebreak and Insight.

Icebreak is for young people aged 16 to 22 who are experiencing severe emotional distress that are influencing their day-to-day lives and mental well-being. This service is for patients who may have an emerging personality disorder.

Insight is an early intervention service for adults aged 18 to 65 who are experiencing their first episode of psychosis. Insight is a secondary mental health service working in partnership with Livewell Southwest CIC. Livewell Southwest is a Plymouth based provider who provides community and inpatient mental health services.

As well as the two CQC registered services, the Zone provides services that are not within the scope of CQC: a sexual health service and a housing and accommodation service. The Zone and its commissioners aim to provide holistic care in one place to make them easily accessible.

The Zone is registered with CQC for treatment of disease, disorder or injury. The service has a registered manager and a clinical lead overseeing each of the CQC registered services; Insight and Icebreak.

The Zone was previously inspected in October 2017. The service was rated requires improvement overall, with caring and well-led domains rated as good. Following that inspection, we told the provider it must:

- monitor the safety and wellbeing of clients on the waiting list who have self-referred to the service to ensure the Zone or an appropriate health care professional monitors any deterioration in their mental health and the need to access the service quickly.
- consider how it protects clients who access the service from challenging behaviour at all times, including while they are using the waiting room and consider how children and adults use the waiting room.
- continue with its plans to address the waiting times for the Icebreak service to ensure clients who need the service can access it in a timely manner.
- provide staff with annual appraisals to monitor staff performance, encourage and enable development and progression.
- ensure staff report all incidents. It should investigate and learn from all incidents and share learning with staff.

During this inspection we found that the Zone had made all the required improvements.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one specialist advisor and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

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.

Summary of this inspection

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 requested feedback from relevant stakeholders of the service.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment and observed how staff were caring for clients

- spoke with six clients who were using the service
- spoke with the registered manager, the team leaders for Insight and Icebreak and the chief executive officer
- spoke with 17 other staff members; including nine care co-ordinators, one clinical psychologist, one assistant psychologist, one consultant psychiatrist, one medical secretary, one volunteer co-ordinator, one employment lead, one student social worker and one student nurse.
- attended and observed a multidisciplinary team meeting
- attended and observed one client's appointment
- looked at 16 care and treatment records of clients
- reviewed feedback received from ten stakeholders of the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients who used the service. Three clients accessed Icebreak and three accessed Insight.

All feedback we received was positive. Clients told us that they found the service very helpful. Clients said that staff were kind, respectful and caring. Clients commented that

having all services located at the Zone was beneficial. For example, clients could access housing support, sexual health screening and support from Insight or Icebreak in the same building.

Clients told us they were well supported by their care co-ordinators and other staff such as the psychiatrist or GP with special interest employed by the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The management of the waiting area had been improved since the last inspection.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk, which was an improvement from the last inspection. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. This was an improvement from the previous inspection.

However:

- Not all staff had completed refresher training in safeguarding and training to detect radicalisation (known as Prevent). Only two members of staff had completed mandatory Prevent training in the past year. Three staff from Icebreak and four from

Good



Summary of this inspection

Insight were overdue their refresher course in safeguarding. The provider was looking at alternative sources for this training as there was a waiting list with the current external training provider.

Are services effective?

We rated effective as **good** because:

- Staff assessed the mental health needs of all patients. They worked with patients, families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. For example, Icebreak offered patients dialectical-behaviour therapy groups. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. This was an improvement from the last inspection. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.

Good



Are services caring?

We rated caring as **good** because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.

Good



Summary of this inspection

- Staff informed and involved families and carers appropriately. Where appropriate, families were part of their loved one's care planning. The Insight service ran a carers group as well as family interventions. The Icebreak service offered support to carers on an individual basis. Families, carers and friends of clients were also signposted to local and national carers support networks.

Are services responsive?

We rated responsive as **good** because:

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients in a timely manner and patients did not wait too long to start treatment. Since the previous inspection, the Icebreak service had reduced patient's length of wait to access the service by 62%. The maximum wait to access the service was now 16 weeks. Staff followed up patients who missed appointments.
- Staff started discharge planning at the start of a client's engagement with the service. Staff liaised with external organisations such as local community health mental teams, personality disorder services and GPs to ensure a smooth transition between services.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



Are services well-led?

We rated well-led as **good** because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- The clinical lead and registered manager had been collating data for the past year to evaluate the effectiveness of Icebreak's

Good



Summary of this inspection

service model. Early findings suggested that clients were less likely to drop-out of treatment and those who had completed treatment were less likely to relapse compared to the previous model.

- The service engaged well with local stakeholders and external organisations to ensure there was no gap in clients care and support. For example, by working with local alcohol and drug treatment services, homelessness services, and Livewell Southwest CIC.

However:

- Staff were not clear on the provider's vision and values and how they were applied in the work of their team.






Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed Mental Capacity Act training, know how the Act applied to their work and how to access the provider's policy on Mental Capacity Act.

Deprivation of Liberty Safeguards were not applicable to this service.

Community-based mental health services for adults of working age

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

Are community-based mental health services for adults of working age safe?

Good 

Safe and clean environment

- Staff completed and regularly updated environmental risk assessments and removed or reduced any risks they identified. The waiting area was shared with other services ran by the Zone and therefore adults, older adults and children used the same waiting area. There was a waiting area management policy and risk assessment in place to manage the risk of the shared space. For example, patients who had a history of harming children were not seen on the premises. There was a designated quiet space which the duty worker was able to observe discreetly for patients who were anxious or were mentally unwell.
- Staff had access to personal alarms, which they brought into interview rooms. There was a system in place for staff to respond when the alarm sounded.
- All clinic rooms had the necessary equipment for patients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order.
- All areas were clean, well maintained, well-furnished and fit for purpose. Staff always followed infection control guidelines, including handwashing.

Safe staffing

- Both teams had enough staff to keep patients safe. Where the teams had vacancies, the service was actively recruiting into those roles. The service did not employ

agency staff and rarely used bank staff. Managers made arrangements to cover staff sickness or absence and staff typically covered each other's caseload when needed.

- The service had a high staff retention rate and staff that had left the service did so to pursue career development opportunities.
- Sickness levels were low (less than 2%) and managers supported staff to complete a phased return to work and referred to occupational health when needed.
- The service had adequate access to medical staff, including a consultant psychiatrist for Insight and a GP with a special interest for Icebreak. Patients had rapid access to a psychiatrist, would attend home visits and provided evening appointments to be flexible to patient's needs.
- Staff had completed and were up to date with the majority of mandatory training. However, staff were due refresher training in two courses. These were safeguarding training and training to identify radicalisation and its risks, known as Prevent. The mandatory training programme was comprehensive and met the needs of patients and staff. However, staff commented that family intervention training was not mandatory and few staff had been trained to provide family therapy.
- Managers monitored mandatory training and alerted staff when they needed to update their training. The service had recently implemented a web-based system to track and record staff training. Managers were looking at alternative sources for the two outstanding training courses as there was a waiting list with the current external training provider.

Assessing and managing risk to patients and staff

Community-based mental health services for adults of working age

- Of the 16 records reviewed, all contained an up to date risk assessment and management plan. Staff completed a risk assessment for each patient when they were assessed and reviewed this regularly, including after any incident. Staff used a recognised risk assessment tool.
- Staff could recognise when to develop and use crisis plans according to patient need.
- Staff responded promptly to any sudden deterioration in a patient's health and encouraged patients to contact their GP or other relevant mental health professionals to get their needs met.
- Staff continually monitored patients on waiting lists for changes in their level of risk and responded when risk increased. Patients had access to a 24 hour telephone out of hours service, that was operated by Mental Health Matters.
- Staff followed clear personal safety protocols, including for lone working.

Safeguarding

- Staff received training on how to recognise and report abuse, appropriate for their role. However, three staff from Icebreak and four from Insight were overdue their refresher course in safeguarding but were booked on an upcoming course. All staff we spoke to knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All safeguarding concerns and alerts were discussed at each teams weekly multi-disciplinary team meeting.

Staff access to essential information

- Patient notes were comprehensive, and all staff could access them easily. Patients under the Insight service notes could be accessed by both staff employed by the Zone and those employed by Livewell Southwest as they use the same system.
- When patients transferred to a new team, there were no delays in staff accessing their records.
- Records were stored securely.

Medicines management

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Patients seen by Icebreak did not have their medication prescribed by the Zone however those seen by Insight had their medication prescribed by the

consultant psychiatrist. Patients from Icebreak who required medication support were seen by the services GP, who then liaised with the patient's own GP who then prescribed the recommended medication.

- Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.
- Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Only qualified members of staff accessed the medication cabinet.
- Staff followed current national best practice to check patients had the correct medicines.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

- The service had a good track record on safety. There had been two serious incidents in the 12 months prior to the inspection. Managers took part in serious case reviews and made changes based on the outcomes.

Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them.
- Staff reported serious incidents clearly and in line with the providers policy. Managers debriefed and supported staff after any serious incident.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.
- Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.
- Staff received feedback from investigation of incidents, both internal and external to the service.
- Staff met to discuss the feedback and look at improvements to patient care.

Community-based mental health services for adults of working age

Are community-based mental health services for adults of working age effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed a comprehensive mental health assessment of each patient and developed a care plan for each patient that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated and staff regularly reviewed and updated care plans when patient's needs changed.
- Staff made sure that patients had a physical health assessment and knew about any physical health problems. Patients had access to a physical health clinic as well as the service's GP.

Best practice in treatment and care

- Staff provided a range of care and treatment suitable for the patients in the service such as family therapy, emotional awareness groups, and mindfulness groups. However, staff commented that not enough were trained to provide family therapy.
- Staff delivered care in line with best practice and national guidance. Patients from the Icebreak service were offered dialectical behaviour therapy, which is best practice for those with an emerging personality disorder. Patients from Insight were offered cognitive behavioural therapy, which is best practice for those with a form of psychosis.
- Staff made sure patients had support for their physical health needs, either from their GP or community services. Patients from Insight accessed a physical health clinic on site.
- Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. Patients had access to the sexual health clinic on site.
- Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes for example the health of the nation outcome scales.

- Staff used technology to support patients for example by sending text message reminders for appointments.
- Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, following the previous inspection the Icebreak service changed its model and had been evaluating the effectiveness of this change using CORE-34, an outcome measure.
- Managers used results from audits to make improvements.

Skilled staff to deliver care

- The service had or had access to a full range of specialists to meet the needs of each patient.
- Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. A volunteer co-ordinator recruited, trained and supported volunteers to work with patients in the service.
- Staff received a full induction to the service before they started work. Managers supported staff through regular, constructive appraisals and clinical supervision of their work. Clinical supervision included caseload management. Staff had access to external and group supervision. Staff attended regular team meetings and managers gave information to those who could not attend.
- Managers recognised poor performance, could identify the reasons and dealt with this promptly.

Multi-disciplinary and inter-agency team work

- The Insight team consisted of a clinical lead, care co-ordinators, who were typically registered mental health nurses, a consultant psychiatrist, a clinical psychologist and assistant psychologists. The Icebreak team consisted of a clinical team, care co-ordinators, who came from a range of disciplines including occupational therapy and social work, a GP with a special interest in mental health and a recovery support worker. Some care co-ordinators in both teams were also trained family therapists.
- Staff held regular multidisciplinary meetings to discuss patients and improve their care. They made sure they shared clear information about patients and any changes in their care, including during transfer of care.

Community-based mental health services for adults of working age

- Staff had effective working relationships with other teams in the organisation and external teams and organisations. The provider had additional services that client's accessed in addition to Insight and Icebreak, such as a sexual health service and housing service. Staff can refer or sign-post patients to the local drug and alcohol services and have regular contact with the local psychiatrist liaison service.

Adherence to the MHA and the MHA Code of Practice

- Staff had completed Mental Health Act training. The majority of patients were not subject to the Mental Health Act. No patients were under a community treatment order at the time of inspection.

Good practice in applying the MCA

- All staff had completed Mental Capacity Act training, know how the Act applied to their work and how to access the provider's policy on Mental Capacity Act.
- Staff considered capacity when working with patients and referred patients for a mental capacity assessment when appropriate.
- Deprivation of Liberty Safeguards were not applicable to this service.

Are community-based mental health services for adults of working age caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff were discreet, respectful, and responsive when supporting patients.
- Patients told us that staff gave them help, emotional support and advice when they needed it. Patients said staff treated them well, supported them and met their needs. Staff understood and respected the individual needs of each patient.
- Staff supported patients to understand and manage their own care treatment or condition.
- Staff directed patients to other services and supported them to access those services if they needed help.

- Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff.
- Staff followed policy to keep patient information confidential.

Involvement in care

- Staff developed care plans with patients and offered patients a copy of their care plans.
- Staff involved patients in decisions about the service, when appropriate.
- Patients could give feedback on the service and their treatment and staff supported them to do this.
- Staff made sure patients could access advocacy services and helped families to give feedback on the service.
- Staff supported, informed and involved families or carers.
- The clinical psychologist was working with other members of the team to develop a carers support service. They were in the process of creating a training programme with input from carers, for example a psycho-education group on what is psychosis.

Are community-based mental health services for adults of working age responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The service had clear criteria to describe which patients they would offer services to and offered patients a place on waiting lists.
- The service met national target times for seeing patients from referral to assessment and assessment to treatment. Insight were assessing and treating patients within two weeks, which is the national target for early intervention for psychosis services. Icebreak's assessment to treatment target was 18 weeks, in line with best practice for community mental health services. At the time of inspection, those on the waiting list were waiting between five and 17 weeks, with only one patient waiting 23 weeks. This was a significant

Community-based mental health services for adults of working age

improvement from the last inspection, where patients were waiting up to 65 weeks. Since the last inspection, the service has reduced the wait times to access the Icebreak service by 62%.

- Staff monitored those on the waiting list every six weeks by making telephone contact.
- Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services.
- Staff tried to contact people who did not attend appointments and offer support.
- Patients had some flexibility and choice in the appointment times available.
- Appointments ran on time and staff informed patients when they did not.
- Staff supported patients when they were referred, transferred between services, or needed physical health care.
- Staff started discharge planning at the start of a client's engagement with the service. Staff liaised with external organisations such as local community health mental teams, personality disorder services and GPs to ensure a smooth transition between services.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support treatment and care.
- Interview rooms in the service had sound proofing to protect privacy and confidentiality.
- The service could support and make adjustments for people with disabilities, communication needs or other specific needs.

Patients' engagement with the wider community

- Patients who accessed Icebreak and Insight also had access to sexual health monitoring, housing support and other services within the Zone. Clients were also supported to engage with education, volunteer and employment opportunities.

Meeting the needs of all people who use the service

- Staff made sure patients could access information on treatment, local services, their rights and how to complain.

- The service provided information in a variety of accessible formats, so the patients could understand more easily.
- The service had information leaflets available in languages spoken by the patients and local community.
- Managers made sure staff and patients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

- Patients knew how to complain or raise concerns.
- Staff understood the policy on complaints and knew how to handle them.
- Managers investigated complaints and identified themes.
- Staff protected patients who raised concerns or complaints from discrimination and harassment.
- Patients received feedback from managers after the investigation into their complaint.
- Staff received feedback from managers after investigations.
- The service had received compliments reflecting that patients were satisfied with their care.

Are community-based mental health services for adults of working age well-led?

Good 

Leadership

- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.

Vision and strategy

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. However, staff were unclear on the providers vision and values but could describe the services holistic, person-centred approach to providing support to young people. The provider had recently simplified its vision and values.

Culture

Community-based mental health services for adults of working age

- Staff felt respected, supported and valued. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear.
- Staff in the Insight team had lower morale than the Icebreak team. The provider had recently held a team away day and discussed this issue with the team.

Governance

- Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Management of risk, issues and performance

- Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

Information management

- The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.

Engagement

- The service engaged well with patients, staff, equality groups, the public and local organisations to plan and manage appropriate services. It collaborated with partner organisations to help improve services for patients.
- The service engaged well with local stakeholders and external organisations to ensure there was no gap in clients care and support. For example, by working with local alcohol and drug treatment services, homelessness services, and Livewell Southwest CIC.

Learning, continuous improvement and innovation

- All staff were committed to continually improving services. Leaders encouraged innovation and participation in research. For example staff were looking to work with the local university in conducting research.
- Following the previous inspection, the Icebreak service changed its model and had been evaluating the effectiveness of this change using CORE-34, an outcome measure.
- As part of monitoring, reporting and reviewing of incidents, the manager identified areas for improvement and presented this to the board of trustees and staff team.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff have received a refresher course in safeguarding and Prevent training.
- The provider should ensure that staff have a clear understanding of the providers vision and values and how it relates to their work.
- The provider should ensure that sufficient numbers of Insight staff are trained to provide family therapy to clients.