

The BAC O'Connor Rehabilitation Centre - Newcastle Under Lyme

Quality Report

35 Clayton Road
Staffordshire
Newcastle-under-Lyme
ST5 3AF

Tel: 01782 615590

Website: www.bacandoconnor.co.uk

Date of inspection visit: 09 December 2016

Date of publication: 14/07/2016

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

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.

Overall summary

We do not currently rate substance misuse services.

We found:

- The unit was staffed 24 hours a day, seven days a week.
- Mandatory training had been completed by all staff. Electronic records demonstrated this alongside recording in personnel files.
- Clients who required alcohol detoxification completed this prior to admission at the providers' detoxification unit in Burton on Trent or at other detoxification facilities.
- There was evidence of reporting and learning from incidents and there had been no serious incidents in the service during the past twelve months.

Summary of findings

- Thorough assessments took place prior to admission including pre-rehab groups held on a weekly basis.
- The treatment records seen all contained recovery plans that were up to date, personalised, holistic and recovery orientated
- Information was stored securely, some information was stored electronically but the majority of treatment records were paper based
- Clients signed a written treatment contract which included consent to bag searches, urine screening, and breathalyser testing, reduced access to the telephone and no unescorted leave.
- There was a family/carer group which ran on a weekly basis.
- Therapies on offer included relapse prevention, relaxation, anger management, and stress management, cycle of addiction, life story work and 1:1 therapy sessions tailored to individual needs.
- The provider had a two year aftercare programme in order to continue to support clients in their recovery journey after completing the residential programme.
- A clear structure was in place for reporting complaints with timescales for response.
- Staff knew and spoke confidently and with passion for the organisation's recovery focused values.
- Both the Chief Executive Officer and senior managers had a visible presence and staff told us they were approachable.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Start here...

Summary of findings

Contents

Summary of this inspection

	Page
Background to The BAC O'Connor Rehabilitation Centre - Newcastle Under Lyme	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	17
Areas for improvement	17

The BAC O'Connor Rehabilitation Centre - Newcastle Under Lyme

Services we looked at:

Substance misuse services

Summary of this inspection

Background to The BAC O'Connor Rehabilitation Centre - Newcastle Under Lyme

The O'Connor Centre provides a residential rehabilitation substance misuse service using a recovery focused model of abstinence. The O'Connor Centre provides a residential service to 22 clients. Clients participate in a structured 18 week programme consisting of 14 weeks therapy programme and a four week resettlement programme. Following this they may move to supported accommodation for up to six months, provided at present by a partnership organisation. The provider told us that referrals come from prisons, community drug and alcohol teams and other substance misuse services. Clients can also self-refer.

The service is funded through Local Authority funding, clients Housing Benefit and clients are expected to make a contribution towards food.

Clients who had attended the programme were encouraged to come back to the service to attend groups as part of a two year after-care package.

The O'Connor Centre is registered for accommodation for persons who require treatment for substance misuse. This service does not take clients detained under the Mental Health Act. There is a registered manager in post.

The Care Quality Commission last inspected the O'Connor Centre in January 2014. At the time of inspection the O'Connor Centre was meeting essential standards, now replace by fundamental standards.

Our inspection team

Team leader: Amy Owen, CQC inspector

The team that inspected the service comprised three CQC inspectors, an assistant inspector, a pharmacist inspector

and an expert by experience (someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer).

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.

During the inspection visit, the inspection team:

- Visited the residential rehabilitation unit, looked at the quality of the environment and observed how staff were caring for clients;
- Spoke with five clients who were using the service;
- Spoke with the registered manager and other senior managers
- Spoke with six other staff members; including therapists, recovery support workers and peer mentors;

Summary of this inspection

- Looked at two care and treatment records of patients:
- Looked at a range of policies, procedures and other documents relating to the running of the service
- Attended a family/carers evening support group.

What people who use the service say

Clients we spoke to who used the service (or had used the service) were very complimentary about the staff. All clients said they felt safe and described the units approach to aggressive behaviour was reinforced within every weekly house meeting.

Clients were confident about the assessment and care of their physical health and always saw a doctor promptly when required.

They told us that staff showed genuine care for them and they felt like staff treated them as individuals. One client shared an example of a fellow client who was of a different religion had their cultural / religious needs met by staff during their engagement with the unit.

Clients told us staff were supportive and always went the extra mile. Clients felt that staff believed in them and this developed their self-esteem. Clients who used the service felt that staff had given them both practical and emotional support during their treatment programme and involved in their care. Several clients stated that they had copies of their care plans and exit strategies.

Previous clients' told inspectors that their involvement in the service was valued. One means of giving feedback was a weekly 'process group' that focused on clients feeding back to the service. Other examples of client involvement shared included clients being on interview panels for new staff and involved in decisions about changes to the unit grounds.

Previous clients told us aftercare from the service continued in the community after the treatment programme had ended if they chose to stay in the locality. Several clients commented specifically on the support they received from the dedicated team dealing with housing and voluntary work being very good.

Relatives told us the family group was an excellent resource and they valued the fact anyone could access it, even if their relative currently did not engage with 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?

Inspected but not rated:

- The provider complied with same sex accommodation guidance; there were separate male and female areas
- The unit was staffed 24 hours a day, seven days a week
- Mandatory training had been completed by all staff. Electronic records demonstrated this alongside recording in personnel files
- Referrals were assessed on an individual basis for risk and the multidisciplinary team made the final decision
- Where an individual was not suitable for the service contact was made with the referrer and clients were signposted to other services
- There was evidence of reporting and learning from incidents and there had been no serious incidents in the service during the past twelve months.

Are services effective?

Inspected but not rated

- Assessments were started prior to admission and continued throughout the pre-admission process
- The treatment records seen all contained recovery plans that were up to date, personalised, holistic and recovery orientated
- Information was stored securely, some information was stored electronically but the majority of treatment records were paper based
- Clients signed a written treatment contract which included consent to bag searches, urine screening and breathalyser tests, reduced access to the telephone and no unescorted leave
- Staff spoken to during the inspection were experienced in their roles and where appropriate held the relevant professional qualifications.

Are services caring?

Inspected but not rated

- There was a family/carer group which ran on a weekly basis, this group provided support and information for carers/relatives.
- Staff interacted throughout the inspection with clients in a respectful and compassionate manner
- Clients told us that they felt valued and listened to by staff

Summary of this inspection

- Staff demonstrated a good understanding of the individual needs of clients
- Advocacy was provided by a local provider.

Are services responsive?

Inspected but not rated:

- Therapists were trained in specialisms for example post-traumatic stress disorder, childhood trauma and family relationships. This enabled clients to address underlying triggers for substance misuse and rebuild positive family relationships to support recovery
- Trans gender clients had been supported in accessing gender appropriate care
- There were easy read leaflets available
- The provider had a two year aftercare programme in order to continue to support clients in their recovery journey after completing the residential programme
- A clear structure was in place for reporting complaints with timescales for response.

Are services well-led?

Inspected but not rated

- Staff knew and spoke confidently and with passion for the organisation's recovery focused values
- The chief executive officer and senior managers had a visible presence and staff told us they were approachable and were often on site
- Volunteers were encouraged to complete recognised certificates in peer support for recovery from a national awarding organisation offering regulated qualifications. This enabled individuals who had used the service previously to develop recognised skills to improve their employment prospective as they moved forward with their recovery
- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.
- There were no bullying, harassment or grievance cases ongoing at the time of the inspection
- Staff spoke confidently about the whistleblowing process; they knew how to use it and said they would feel confident doing so.
- Morale was good; staff spoke positively about their roles and felt supported by managers.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training on the Mental Capacity Act. All the staff spoken to during the inspection demonstrated a good understanding of the Mental Capacity Act. They spoke knowledgeably about the five statutory principles
- We saw that assessments related to capacity to consent to treatment were completed as appropriate
- Staff told us they could access advice regarding the Mental Capacity Act from the medical director. They felt confident in doing this should they need to. There was evidence in treatment records of discussions taking place to support clients in making decisions.
- Capacity was assessed and reviewed throughout the pre-admission process.
- There was no Mental Capacity Act policy in place although the provider told us this was in development.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The provider complied with same sex accommodation guidance; there were separate male and female floors. There were 21 single rooms and a twin room which is shared by two people. Clients were made aware of this prior to entering the service.
- All areas were clean, although furnishings and decor in the bedrooms was dated. Clients were expected to keep their rooms and bathrooms clean and tidy as part of their treatment programme. There was a peer recognition scheme in place for this. Clients told us they felt proud to have won this.
- Annual health and safety, fire and infection control risk assessments were completed. We saw copies of these and action plans developed as a result of any identified issues.

Safe staffing

- There were seven whole time equivalent (WTE) residential support workers plus a manager and four bank residential support workers, two resettlement support workers, four WTE therapists, 0.2 of qualified therapist, one WTE complementary therapist, one assessor and 0.2 independent nurse prescriber/registered mental health nurse (RMN).
- Average staff sickness was 2.6% and there were no staff vacancies at the time of inspection. Staff turnover of substantive staff was 36% as at the 06 August 2015.
- As of 04 August 2015 137 bank and agency shifts had been used to cover staff sickness, absence or vacancies for the residential team at the unit. There were no shifts not covered in this time.
- The residential unit was staffed 24 hours a day. Regular checks were carried out throughout the night. Bank staff

use was low and there was no use of agency staff. The provider used their own bank list that meant when bank staff were familiar with the service and clients. Clients told us activities were never cancelled due to staff shortages.

- Staff had completed mandatory training this included first aid, which enabled the provider to always have a first aider onsite. Other mandatory and statutory training completed by staff included infection control, food hygiene, safeguarding, child safeguarding, challenging behaviour, health & safety, medication training and equality act training. Electronic records demonstrated this alongside recording in personnel files.
- Clients with a GP in Newcastle Under Lyme were encouraged to remain with their own GP and any client with significant health issues remained with their GP if they were within Staffordshire to ensure continuity of care. All other clients were registered with a local practice as a temporary resident and the same GP Practice sees all the clients requiring this due to the close proximity of the surgery to the service and the support offered by the practice.

Assessing and managing risk to patients and staff

- Risk assessments took place as part of the assessment process. These were then updated at admission and evidence of monthly reviews was documented in the treatment records we looked at during inspection.
- There were risk management plans in place for identified risks. These included identified actions and timescales for completion. Risk management plans were evaluated quarterly by the governance team.
- Clients signed a written treatment contract. By agreeing to take part in the programme of treatment clients consented to bag searches, urine screening and breathalyser tests, reduced access to the telephone and no unescorted leave.

Substance misuse services

- All clients had an unplanned discharge plan in place. This was to provide a safe route out of treatment if the patient no longer wished to pursue the programme or had failed to maintain their abstinence. Staff recorded any unplanned discharge as a safeguarding alert, and informed the police and probation services immediately if relevant.
- Staff had completed safeguarding training for adults and children. This was repeated every three years. Staff we spoke with could discuss with confidence what would constitute a safeguarding concern and knew their responsibilities to report this.
- A medicines management policy was in place, this was last reviewed in October 2015. There was also a controlled drugs policy and a controlled drugs standard operating procedure. Recovery workers who had undergone additional training dispensed all medication.
- Staff allocated a separate room to accommodate children who visited and this was planned on an individual basis. There were no visitors for the first two weeks of the programme with the exception of parent for children under 11 years old or for those clients who had previously undergone detoxification.

Track record on safety

- There had been no serious events reported for the past twelve months prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents and what to report as an incident.
- There was evidence of incidents being reported using the organisations paper records.
- Quarterly reviews took place of any reported incidents. The learning from these incidents was then feedback to staff at the quarterly quality review meeting, daily handovers and supervision.
- Staff and clients shared an example of the unit learning from complaints when feedback from clients, reporting incoming phone calls were causing them distress the payphone had been changed to outgoing calls only. This meant that all incoming calls went through the main telephone number and the identity of callers could be known, if necessary in order to protect clients.

- There had been no serious incidents in the past twelve months prior to inspection. The provider told us if there was there would be a de-brief and appropriate individual support provided by one of the therapy team.
- Staff turnover rate was 26% for the past 12 months prior to inspection. This demonstrated a significant turnover in staffing. The provider had undertaken exit interviews but no patterns had been identified.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care

- Information was stored securely. Some information was stored electronically but the majority of treatment records were paper based. Any of the information recorded electronically was also present in the paper records. Staff told us they had no issues accessing information.
- Assessments were started prior to admission and continued throughout the pre-admission process. Wherever possible this meant potential clients attended a weekly pre-rehabilitation group until admission. This gave clients a chance to prepare for residential rehabilitation and staff to continue to assess and monitor.
- Of the two treatment records seen both contained recovery plans that were up to date and contained personalised, holistic and recovery orientated information. Client or carer opinions were sought and their views were documented.

Best practice in treatment and care

- Medicine policies were available; these were written and dated by the medical director. We saw a variety of different policies which detailed how medicines should be managed. The policies had been read and signed by staff involved in managing medicines.
- Clients who require drug and/or alcohol detoxification completed this prior to admission at the providers detoxification unit in Burton on Trent or at other detoxification facilities and transferred to the Newcastle site once detoxification was completed.
- Clients participated in a structured 18 week programme consisting of 14 weeks therapy programme which included group work and individual therapy. Therapies

Substance misuse services

on offer included relapse prevention, relaxation, anger management, and stress management, cycle of addiction, life story work and 1:1 therapy sessions tailored to individual need.

- Clients with a GP in Newcastle Under Lyme were encouraged to remain with their own GP and any client with significant health issues remained with their GP if they were within Staffordshire to ensure continuity of care. All other clients were registered with a local practice as a temporary resident and the same GP Practice sees all the clients requiring this due to the close proximity of the service and the support offered by the practice. All clients who need to register as a temporary patient are registered on day one of their treatment with our service. Clients requiring dental work were registered with a nearby dental clinic
- Staff supported clients with education and employment opportunities as part of the therapeutic programme. Staff were knowledgeable about signposting clients for additional support with housing and benefits if required.

Skilled staff to deliver care

- All staff spoken to during the inspection were experienced in their roles and where appropriate held the relevant professional qualifications. There were psychotherapists, a complementary therapist, a psychiatrist, and an independent nurse prescriber who is a mental health, an assessor dedicated to the service, residential support workers and resettlement workers. All qualified staff were registered with relevant and appropriate boards for example the British Association of Counselling and Psychotherapy and Nursing and Midwifery Council (NMC).
- Staff on the unit also had access to training provided by Stoke Council, which is specific to working with substance misuse uses and covers legal highs training for therapists.
- Recovery and resettlement support workers were completing the care certificate and peer mentors had completed a certificate in peer support for recovery.
- Staff received supervision every 6-8 weeks, there were records of supervision having taken place within human resources records

Multidisciplinary and inter-agency team work

- Multidisciplinary handovers took place daily and staff attended weekly team meetings. This ensured all members of the team were aware of changes in client's presentation.
- We also saw minutes from previous multi-disciplinary meetings during the inspection. These meetings were observed to be inclusive of all team members and involved effective sharing of information.
- The provider worked closely with the local authority, community substance misuse teams and criminal justice to ensure that clients have access to a range of support both throughout their stay with our service and beyond into the community.
- Referrals were accepted from any professional or voluntary agency as well as self-referrals.

Good practice in applying the Mental Capacity Act

- All staff had received training in applying the Mental Capacity Act; this had been delivered by the medical director.
- All the staff spoken to demonstrated a good understanding of the Mental Capacity Act. They demonstrated knowledge of the five statutory principles.
- Staff told us if they were concerned that a client lacked capacity, they would make a referral to the local authority for assessment.
- There was no Mental Capacity Act policy in place, the provider told us they were developing a policy but this was not in place at the time of inspection.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff interacted throughout the inspection with clients in a respectful, compassionate and supportive manner. We observed group work and 1:1 interactions during the inspection which showed care was delivered in a kind, thoughtful and sensitive manner which respected clients' dignity.
- Clients told us that they felt valued and listened to by staff. They felt that staff had responded quickly to their needs and had shown sound knowledge as well as empathy.
- Staff demonstrated a good understanding of the individual needs of clients. There was evidence in care

Substance misuse services

plans of a range of different interventions being offered to different clients in direct response to individual need. Clients told us that staff were skilful at de-escalating situations using effective listening skills and by responding sensitively to clients when they were distressed.

- During the inspection, we observed confidentiality being maintained at all times. Records were stored appropriately and clients or carers were not discussed in public places.

The involvement of people in the care they receive

- Care plans were completed and showed involvement of clients and client choice when appropriate. Clients we spoke with during inspection confirmed that they were involved and had copies of care plans and exit strategies individualised to their needs and circumstances.
- Staff knew how to signpost carers for a carers assessment. Carer support groups were advertised in the waiting room.
- During inspection, previous clients' told us that their involvement in the service was valued. One means of giving feedback was a weekly 'process group' that focused on clients feeding back to the service. Other examples of client involvement shared included clients being on interview panels for new staff and involved in decisions about changes to the unit grounds.
- There was access to locally provided advocacy. Clients told us that staff encouraged them to express their views and seek advocacy. Staff knew how to contact the service if necessary. Peer support was allocated upon admission to encourage self-advocacy.
- There was a family/carers group which ran on a weekly basis. This group was open to anyone who had a relative or friend with a substance misuse issue and they did not have to be actively engaged with the service.
- With the permission of individual clients family therapists carried out reconciliation or support work with families.

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

Access and discharge

- The service had clear exclusions to their admissions policy in order to manage risk. These include persons with convictions for arson, sexual offences, violence, and significant mental health issues.
- Referrals were assessed on an individual basis for risk and the multidisciplinary team made the final decision. Where an individual was not suitable for the service contact was made with the referrer and clients were signposted to other services.
- All client records we looked at during the inspection had an individual unplanned exit from their treatment plan. This contained contact details for family and carers alongside professionals involved. The client had given permission for information sharing with these people in the event of them leaving the service unexpectedly to ensure their safety.
- Information was given to clients regarding increased risk of overdose and harm minimisation if they should exit the treatment programme early.
- The provider had supported accommodation in Burton on Trent available for clients who had finished the treatment programme but required additional ongoing support. The provider was planning to open a similar supported accommodation in Stoke on Trent in the future. The provider had a good relationship with another local housing charity in order to meet client need until this happened.
- There were no instances of delayed discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- There were rooms to facilitate both group and individual sessions. The residential building had rooms for socialising and seeing visitors in.
- There was a payphone situated in the residential building for clients to use, the payphone no longer accepted incoming calls following requests from clients. Due to the intensive nature of the rehabilitation programme, it was an important part of the treatment plan that clients focus on their own recovery and clients were aware of these restrictions prior to admission.
- There was outside space available and a smoking area for those clients who wished to smoke.
- Clients had access to tea and coffee making facilities day and night.

Substance misuse services

- During the inspection, we saw evidence of clients personalising their bedrooms with photographs and artwork.
- There was a scheduled timetable of structured group and individual therapies Monday to Saturday. Therapy was an essential element of the programme and attendance was compulsory. Visiting was on a Saturday afternoon. Clients told us that staff facilitated and encouraged clients to build support networks external to the service for example attending the AA (Alcoholics Anonymous), NA (Narcotics Anonymous) meetings externally, visiting friends and family, being involved in activities such as cinema, bowling, gym and , football tournaments outside of these times.

Meeting the needs of all people who use the service

- There was information available for all clients including easy read formats.
- The unit was able to demonstrate meeting the cultural and religious needs of clients they worked with. Clients were supported to attend their chosen place of worship with staff supervising them or allowing visits from someone of their faith or religion. The service had also made adjustments to accommodate the needs of a trans gender client and had involved them in the planning of care in order to provide gender appropriate support.
- Translation services were not used by the provider as due to the intensive therapeutic nature of the programme they had identified their service as not being appropriate for clients who could not speak enough English to participate.
- Therapists were qualified in a variety of specialisms for example post-traumatic stress disorder, childhood trauma and family relationships. This enabled clients to address possible triggers for relapse and rebuild positive family relationships.
- The two-year aftercare programme continued to support clients in their recovery journey after discharge. There were weekly meetings and clients could access 1:1 sessions with therapists and telephone support if required.

Listening to and learning from concerns and complaints

- There was a clear structure for reporting complaints with timescales for response dependent upon the nature of the complaint; staff demonstrated a good knowledge of this process.
- The unit had received one formal complaint in the 12 months prior to inspection. This was not upheld or referred to the parliamentary and Health Service Ombudsman (PHSO). Staff we spoke to told us that most complaints can be managed and addressed at a local level.
- In this same 12 months prior to inspection, the unit had received 73 compliments from clients. Forty three of these were general positive feedback regarding the unit and 16 were specifically relating to positive feedback and experiences of therapy received.”
- During inspection, we also saw several compliments on display in the staff office from previous clients stating “a sincere thank you for listening and supporting myself and all other family members who attend the family group”. Another read “thank you for making me feel so welcome during my stay at the BAC”.
- Clients told us they knew how to make a complaint and there were freely available information leaflets supporting this.
- All complaints were discussed in the governance group and action plans for learning were shared with staff through weekly team meetings and the daily handover. Clients had raised a complaint about the payphone and changes had been made in response to this.

Are substance misuse services well-led?

Vision and values

- All staff knew and spoke confidently and with passion for the organisation’s recovery focused values.
- Senior managers including the chief executive officer had a visible presence and staff told us they were approachable and were often on site.

Good governance

- Staff were up to date with mandatory training. All staff received management supervision on a regular basis. Different professional groups received their own clinical supervision within their discipline. Appraisals took place annually and if appropriate, they involved staff’s clinical supervisors in these.

Substance misuse services

- Staff received management supervision on a six to eight weekly basis. Staff also accessed clinical supervision in their professional groups. There were regular team meetings held and all staff members attended these. All non-medical staff had received an appraisal within the last twelve months and we saw documentation that supported this during the inspection.
- All staff spoken to had an excellent understanding of safeguarding children and vulnerable adults. They were aware of the organisation's policy, the designated lead for safeguarding and what to refer and how to refer onto the multi-agency safeguarding hub. Safeguarding discussions were allocated time in team meetings.
- There was a good level of understanding of the Mental Capacity Act and the medical director had provided training. Senior leaders spoke knowledgeably about the Mental Capacity Act and possible implications for their client group, particularly concerning individuals when they were intoxicated. They monitored staff training on this and ensured learning took place at team meetings and supervision.
- The provider had clear key performance indicators set out to gauge the performance of the service. Managers understood these clearly and used them as a tool to monitor performance and develop practice.
- Managers told us they had good administrative support and felt they had sufficient authority to make decisions concerning the service.
- The provider had a risk register and action plans associated with this. As part of this, there were clearly identified time scales for action and proposed outcomes.
- There were robust systems in place for identifying and sharing learning from incidents and complaints.
- Staff spoke confidently about the whistleblowing process; they knew how to use it and said they would feel confident doing so. Staff described it as a process that protected both clients and staff.
- Within the teams, staff felt able to raise concerns and debate issues with colleagues without a fear of victimisation.
- Morale was good; staff spoke positively about their roles and felt supported by colleagues and managers. Staff we spoke with shared that they were engaged in discussing development plans within their appraisals and there was opportunity to develop and progress.
- Staff told us they felt supported by their colleagues and there was a sharing of knowledge across professional disciplines.
- Managers and staff understood their responsibilities in relation to duty of candour. There was no example of the provider exercising this duty to date.

Commitment to quality improvement and innovation

- The provider was in the process of developing an electronic care records system that clients would use. This would allow active participation in the electronic planning of their care and their recovery journey. This system was in development and the provider was planning to be active by April 2016.
- Volunteers were encouraged to complete recognised certificates in peer support for recovery from a national awarding organisation offering regulated qualifications. This enabled individuals who had used the service previously to develop recognised skills to improve their employment prospective as they moved forward with their recovery.
- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.

Leadership, morale and staff engagement

- There were no bullying, harassment or grievance cases ongoing at the time of the inspection.
- There were no current performance issues within the teams. The two team leaders spoke confidently about structures and policies for managing poor staff performance. One team leader gave examples of past use of these structures and policy with good effect.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure there is a mental capacity act policy in place to ensure members of staff are aware of the act and how to appropriately meet their responsibilities under the act.