Douglas House Project (DHP)

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 Douglas House Project as good because:

- People's risk assessments were comprehensive and detailed.
- Care records were generally comprehensive and included physical and mental health needs. They were reviewed regularly and appropriate referrals were made.
- Staff received appropriate induction, supervision and appraisal.
- Staff received specialist training specific to the care and treatment of the service user group. This included a National Vocational Qualification (NVQ) in Life skills.
- The service held regular meetings for staff support.
- Staff interaction with people using the service were respectful and kind.
- Community meetings were held weekly and actions were taken in response to people's feedback.
- A social enterprise initiative was set up for people using the service to gain work experience.
- There was a great commitment towards continual improvement and innovation. The service had won an Enabling Environment award from the Royal College of Psychiatrists.

However:

- Safeguarding concerns were not always consistently identified or addressed robustly.
- Drug and alcohol tests were sometimes carried out at the reception area where other people could see. This did not promote the dignity and respect of the service user.

Summary of findings

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Good

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Summary of this inspection

Background to Douglas House Project (DHP)

Douglas House Project is a therapeutic residential service for personality-disordered offenders. It is a partnership between Turning Point, Oxleas NHS Foundation Trust and the Probation service to address the need of offenders with personality disorders. Douglas House Project also offers outreach support to people that have moved on from the project and are living in the community. This is called the Community Contact Service and at the time of inspection there were 12 people using this service.

Douglas House Project is registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The service had a registered manager in place.

Douglas House Project is an all-male service and has six residential flats with one assessment bed comprising shower facilities. On the days of the inspection all beds and flats were full.

This location was last inspected in October 2013. At the last inspection the service was meeting essential standards, now known as fundamental standards.

Our inspection team

The team that inspected the service comprised a CQC inspector, a CQC inspection manager, a specialist advisor who was a consultant psychiatrist and an expert by experience. An expert by experience is someone who has used, or has cared for someone using, a similar service.

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 service, looked at the quality of the service environment and observed how staff were caring for people
- spoke with six people who were using the service
- spoke with the registered manager and team leader
- spoke with eight other staff members; including a probation officer, clinical psychologist and senior therapeutic practitioners and therapeutic practitioners.
- attended and observed one hand-over and one multi-disciplinary meeting;
- collected feedback from seven people using the service using comment cards

Summary of this inspection

- looked at 11 care and treatment records of people using the service
- carried out a specific check of medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with six people who use the service.

The majority of people told us that they felt safe, supported and listened to by staff. People said that staff were available when they needed to talk. They also reported that they were involved with recruiting staff in the service and with a linked social enterprise project.

We heard positive feedback about people's experiences of the service. People told us this was the best place they had lived and they felt able to move on with a safety net in place.

However, we were told that there was feelings of frustration that the communal areas closed at 10pm so people had to stay in their flats after this time.

We left a box in the service for comments before the inspection. We received seven comment cards. All comment cards were positive. Positive comments were made about the staff and the support people were receiving.

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?

Good

We rated safe as good because:

- Peoples' risk assessments were comprehensive and detailed.
- The service environment was clean and fully equipped. There was a plan to refurbish the service.
- Staff knew and followed the service lone working policy and procedures.
- Staff regularly reported incidents and knew how to use the online reporting tool to do this.
- Details regarding people's legal curfews were communicated effectively. Curfews were discussed daily.
- Staff were very aware of the risks that people using the service could pose to others.

However

- Staff were not always mindful of the vulnerability of people and how they could be put at risk. Whilst staff knew who to report their safeguarding concerns to, it was left to management to report any safeguarding concerns.
- There was a high turnover of staff in the service.

Are services effective?

Good

We rated effective as **Good** because:

- Care records were generally comprehensive and included people's physical and mental health needs. Staff reviewed care plans regularly and appropriate referrals were made.
- Staff received appropriate induction, supervision and appraisal.
- Staff received specialist training specific to the care and treatment of people using the service. This included an NVQ in Life skills.
- The service held regular meetings for staff support.
- A social enterprise initiative was set up in 2015 by the service to promote client engagement, confidence and work experience.
- The service had good relationships with external agencies including the consultant psychiatrist from the local NHS trust.

Are services caring?

Good

We rated caring as Good because:

- People using the service were actively involved and engaged in their care plans.
- Staff were respectful and kind towards people using the service.

Summary of this inspection

- Community meetings were held weekly where weekly activities in the community were discussed.
- People were encouraged to have advance statements which outlined what they wanted to happen with their belongings should they be recalled to prison.

However,

- We observed drug and alcohol testing being carried out by staff at reception where other people could see. This did not promote dignity and respect for the person.

Are services responsive?

Good

We rated Responsive as good because:

- The service provided an outreach programme. This was for people who had moved on from the service into independent living.
- Support was also provided to people on the waiting list for the service. People could integrate into the service and access support groups. Contact was maintained with the staff at regular intervals
- Activities for the people were happening regularly, such as go-karting and trips to the zoo.

Are services well-led?

Good

We rated well-led as good because:

- The service used a comprehensive auditing tool called the internal quality assessment tool. It provided an analysis on the performance of the service.
- There was a commitment towards continual improvement and innovation. The service had won an Enabling Environment award from the Royal College of Psychiatrists.
- The service was responsive to feedback from people using the service, staff and external agencies. Management was able to receive feedback and implement change.
- A social enterprise project had been set up. Service users had started a bakery and were selling their goods to local businesses.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Mental Health Act Awareness training was provided for staff as part of their mandatory training.

There was no person detained under the Mental Health Act at the time of our inspection.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Tier 3 personality disorder services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Good

Tier 3 personality disorder services

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

Are tier 3 personality disorder services safe?

Good

Safe and clean environment

- The service consisted of seven self-contained flats, with a garden and a communal lounge and kitchen. Staff were not able to observe inside people's flats but there was closed circuit television (CCTV) operating throughout the communal areas at all times. People using the service had a key fob to access the building and their flats. Staff could see when the key fobs had been used and knew when people were in the building.
- The self-contained flats and assessment bed had some ligature points. A ligature point is anything which could be used to hang cord, rope or other material. When a person was at risk of self-harm this was addressed in their individual risk assessment. There were ligature points throughout the communal areas. A ligature audit had been completed for the kitchen and was appropriately assessed. However, there was no ligature audit for the communal areas or bedrooms. There were CCTV cameras covering all of the communal area. People had restricted access to the communal lounge at night that adequately reduced the risk. People using the service were considered low risk for self-harming. People were independent and able to access the community on their own as they please.
- There was no dedicated clinic room for the people that used the service.
- Staff and people who used the service had a rota to clean the communal areas on a daily basis. Records were kept of the cleaning tasks completed. Communal areas were visibly clean, although some redecoration was required. There was a panel leaning against a downstairs corridor wall exposing pipework inside the wall. The manager told us there were plans in place to redecorate the service and fix the panel back onto the wall. A newly fitted kitchen had been finished to a high standard.
- Staff conducted a weekly check on each person's flat. The level of cleanliness, the water supply and lighting and the fridge were checked.
- The service had conducted a number of environmental risk assessments, including for fire risks and Legionella. Regular health and safety audits were undertaken and carried out by external organisations. Staff followed up highlighted risks and carried out appropriate action.
- The service had a lone working policy that all staff knew about and adhered to. Each staff member's mobile phone was linked up to a centralised system and could be used as an alarm while supporting people out in the community.

Safe staffing

- At the time of our inspection there were 11 permanent therapeutic practitioners working at the service.
- The day shifts consisted of an early shift and late shift. At night, a staff member slept in the service and another staff member was awake. There were a minimum of two therapeutic practitioners on each shift. The service could be flexible. Additional staff worked when clients needed support to go to appointments.

Good

Tier 3 personality disorder services

- The service used bank staff regularly. Between 6 April 2015 and 6 April 2016 the service covered 278 shifts with bank staff. However, there was regular bank staff who people knew. Bank staff were included in receiving mandatory training if they were regularly working shifts at the service.
- There had been a high turnover of staff in the last 12 months. The service had an 86% staff turnover rate between 6 April 2015-6 April 2016 inclusive. This could be attributed to the low salary and staff needing to move on for more experience. There was a recruitment drive and the service was currently recruiting for two more full time therapeutic practitioners.
- The service had a part-time care coordinator and a probation officer onsite. The service was linked in with a forensic service which was a partner in the project. Staff could contact a psychiatrist by phone during the day if they needed psychiatry input.
- If there was a medical emergency, staff would contact the emergency services.
- Staff received mandatory training. The majority of staff had completed mandatory training, with 90% compliance overall. However, staff training for emergency first aid was lower than 85% compliance. There had been new starters in the last three months and these members of staff were not up to date with this training.
- We looked at six staff records and found that all of these had the correct pre-employment checks done. These included criminal record checks and two references from previous employers.

Assessing and managing risk to patients and staff

- We reviewed the care records of eleven people using the service, including the community contact service. People's records contained up to date and detailed risk assessments. Risk assessments highlighted people's individual risk factors, risk triggers and relapse indicators. Care and safety management plans were in place for people that addressed their risks and triggers. Risk assessments were reviewed at least every six months or sooner if circumstances changed. Each person had a detailed crisis plan, which covered what staff should do in an emergency. However, safeguarding concerns were not always clearly identified.
- Staff used recognised risk assessment tools such as the HCR-20, a comprehensive set of professional guidelines for violence risk assessment and management and the ACUTE-2007, for particular types of offenders. The Hare Psychopathy Checklist- Revised (PCL-R) was also used where necessary. This is a recognised diagnostic tool to rate a person's psychopathic or antisocial tendencies.
- Staff compiled a weekly report, which captured all risk events and changes in people's behaviour linked to their level of risk. This supported staff in the monitoring and review of risks.
- Copies of people's licence conditions of release from prison were kept where staff could easily find them. When a person is released from prison by the Parole Board, dependent on their sentence, he or she is then released on a life licence or conditions under an imprisonment for public protection (IPP). At the time of inspection five people were on a life licence and two were on an IPP. Staff were aware of the curfew times of people using the service and knew when these had changed. We observed changes in curfew times being discussed at handover meetings. Most people using the service were subject to random alcohol and drug tests. The frequency of these tests was different for each person. The random tests were part of people's safety management plans.
- When people using the service used their personalised fob key to enter and leave the building this was recorded. This meant that staff could accurately monitor who was in the building.
- All knives for use in the kitchen were kept locked in the staff office. They were only removed when they were being used for preparing meals.
- Staff were trained in safeguarding adults and children and they could access a copy of the provider's core policy and procedure for safeguarding vulnerable adults electronically. The policy had been reviewed in March 2016. There was a named safeguarding lead for the provider. The appendix of the policy contained information for staff on different types of abuse and the signs and indicators of these. The probation officer supported other staff with the identification of safeguarding issues. Staff clearly understood and were focussed on the potential risks that people using the service posed to others. However, staff had less

understanding of the risks of abuse happening to people using the service either in the community or from each other. All staff that we spoke with had not raised any safeguarding concerns with the local safeguarding team in their time working at the service. They would tell the management team to raise it if they had witnessed or been told about potential abuse. The service had not made any safeguarding alerts in the last 12 months. An incident was raised with us during our visit which could have been a potential safeguarding concern. This was discussed with the manager at the time of our visit and was followed up.

- People's visitors were assessed by the probation officer to ensure their suitability. Visitors were allowed to stay overnight in people's flats if this had been agreed by the probation officer.
- The probation officer had regular meetings and discussions with therapeutic support staff in respect of risk management. The probation officer viewed recall to prison or hospital as a last resort and worked closely with people using the service to ensure their behaviour was safe.

Track record on safety

- In the last 12 months, the service reported one serious incident. This was reported on the service electronic reporting tool and discussed within the multidisciplinary team. The person's licence was reviewed to reflect the incident[CP1].

Reporting incidents and learning from when things go wrong

- Staff reported near misses, accidents and violence and aggression as incidents. They were able to give us examples of when an incident had occurred and how they reported it. The service used an electronic case management tool to report incidents.
- Incidents were discussed by staff in weekly team meetings and any changes that needed to be made as a result were implemented. We observed staff discussing the outcome of a particular incident.
- Staff also discussed incidents at weekly reflective practice meetings.
- The provider had a Duty of Candour policy and staff could access this electronically. Staff told us about a complaint a person had made regarding their medication. The service had written a letter to the complainant and apologised. The manager explained why the mistake happened and how the service would prevent future mistakes.

[CP1]Any learning for the provider

Are tier 3 personality disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed the care records of 11 people using the service. The records showed that staff had carried out comprehensive assessments of people's needs. Where people's particular needs had been identified there were care and support plans in place to address these. Peoples' physical as well as mental health needs were addressed. Care records were reviewed at least every six months and contained up to date information about people. Care plans were generally detailed, person centred, and recovery oriented. Staff considered and discussed the holistic needs of people, including their social networks, education and employment. However, possible safeguarding concerns were not always clearly identified in the care plans.
- Staff completed an intoxication profile on all new admissions within four weeks of arrival. People were referred to local substance misuse services if they needed further support.
- Care records were stored securely in the staff office. Staff passed on important information about people to other staff in the shift handover meeting.

Best practice in treatment and care

- Medication was not prescribed at the service. However, staff supported people with their medication if they needed them to. People using the service stored their medication in a locked box in their flats and self-administered the medicines. Staff received medication administration training as part of their induction.

Good

Tier 3 personality disorder services

- People using the service were registered with a local GP. They were encouraged to consult the GP for all minor ailments. People's risk assessments included promoting a healthy lifestyle through cooking and exercise plans. Staff were also actively engaged in referring people to specialist substance misuse services where appropriate.
- Staff supported people using the service to develop their independent living skills. Care records showed that people attended educational courses and voluntary work.
- A social enterprise initiative was set up in 2015 by the service. Three business initiatives were set up, involving people using the service, to create engagement, work experience opportunities and boost people's confidence. At the time of the inspection, one business was a bakery cooking and selling the good to a local business. Another involved the preparation of easy read materials for health organisations.
- People could access psychological therapies if they needed to. A clinical psychologist was based at the service twice a week. Most people had received psychological therapy in prison or hospital before coming to the service. A service audit was carried out annually and demonstrated practice in respect of physical health followed national institute for health and care excellence (NICE) guidelines. The provider had a policy on implementing NICE guidelines at service level.
- The psychologist used recognised rating scales to assess and record people's progress and outcomes. For example, they used clinical outcomes in routine evaluation (CORE-10). This is a self-report tool designed to measure psychological distress, focus of control assessment and the social functioning questionnaire.
- Staff carried out a monthly audit of people's medication to identify any medication errors and address them.

Skilled staff to deliver care

- Care and treatment was provided by a multi-disciplinary team. The team included a probation officer, psychologist, operations manager, team leader, care coordinator, senior therapeutic practitioners and therapeutic practitioners.
- Staff received regular supervision and an annual appraisal at the service. Therapeutic support staff also received group supervision once a week. There were nine permanent staff in total of which 50% had received an annual appraisal in the last 12 months. Some staff had not received an appraisal because they had not yet worked with the service for 12 months.
- New staff working in the service, including bank and agency staff, received an induction. The induction orientated staff to the service and its policies and procedures.
- Some staff had undertaken specialist training for their role. For example, some staff had undertaken a national vocational qualification Life and Living Skills. The majority of staff had also received mentalisation based therapy training.
- We saw evidence that poor staff performance was addressed promptly and effectively.

Multi-disciplinary and inter-agency team work

- Regular multidisciplinary meetings took place every week. The care coordinator attended the service once a week and held group supervision with the therapeutic support staff. There was a weekly business meeting where people's care was discussed.
- We observed a handover, where people's curfews and drug and alcohol tests were discussed and updated. Staff updated each other on anything outstanding or incidents that happened where appropriate.
- The probation officer supervised the orders which governed people's stay in the service.
- The service was linked in with London Pathway Partnership (LPP), which is a forensic partnership with four London mental health trusts. Douglas House Project provided data to the LPP detailing what psychological support they provided, their clinical input and the time spent with people using the service.

Adherence to the MHA and the MHA Code of Practice

- Staff had basic training on mental health awareness. The service did not have any people detained under the Mental Health Act and had not taken referrals in the past.

Good practice in applying the MCA

Good

Tier 3 personality disorder services

- Mental Capacity Act training was part of mandatory training. At the time of inspection 10 staff had completed the e learning training.
- A quarter of staff we spoke with were aware of the importance of assessing mental capacity and when they needed to do so.
- Staff worked on the presumption that people using the service had capacity to give consent.
- No service users were subject to a deprivation of liberty safeguards authorisation.
- Most people living at the service had restrictions placed upon them in terms of night time curfews when they were required to be in the building. The curfews were part of people's licence conditions. People understood that if they breached their licence conditions they could be recalled to prison.

Are tier 3 personality disorder services caring?

Good

Kindness, dignity, respect and support

- We observed staff speaking respectfully to people using the service. Staff showed kindness, compassion and concern. Staff spoke respectfully about people during handover meetings.
- The majority of the feedback we received from people was positive about the support they received from staff. People informed us that they felt listened to by staff.
- We observed staff carrying out tests for alcohol and drug use in the reception area near the front entrance. A person using the service was asked to blow into a breathalyser and place a swab in his mouth as part of this process. By carrying out tests in a public area the privacy and dignity of the person was compromised. The manager stated that staff should ask people if they preferred to undergo the test in a more private area. However, it was not clear that they always did this. The manager said they would remind staff that they needed to ask people and use a more private space for these tests.

The involvement of people in the care they receive

- People were orientated to the service before moving in. The service had an assessment bed which meant that people could stay overnight at first. This was situated on the ground floor and people could get to know the layout of the service before moving in.
- Some people using the service had undertaken training in the service to become a peer mentor. They supported other people using the service, particularly when they first arrived. The probation officer in the service matched people to a mentor and met with them both every month to monitor how the relationship was progressing.
- The service had won an award for its Enabling Environment in 2016. This is a Royal College of Psychiatrists quality mark that shows a service has met the standards to be an enabling environment. An enabling environment is a healthy psychosocial environment. This was a collaborative project with staff and people that use the service that incorporated all the involvement of the people that use the service. Staff and people were given questionnaires to complete about the service. It covered areas of achievement and areas for development.
- People were actively involved in the recruitment of staff at the service. Recruitment of new staff was undertaken in a two stage process. The first stage involved job candidates meeting people who used the service and answering their questions informally. If the people involved agreed they were suitable, then the candidate would then go on to have a formal interview.
- People were fully involved in developing their care and support plans. They were encouraged to give their input and their views were recorded in the records. Staff gave people a copy of their care plan.
- Minutes of a meeting held between people using the service and the national offender management service and NHS co-commissioners of the Douglas House Project in May 2016 were displayed in the kitchen where people could see them.
- Feedback about the service was given by people in weekly community meetings. People provided feedback on a range of issues, including complaints and maintenance. The minutes of these meetings recorded the actions the service had undertaken in response. Staff also organised activities in the community that the people suggested.

Good

Tier 3 personality disorder services

- Due to the conditions of some of the people's licences, they were unable to contact their families. Only two of the people we spoke with had family involvement. These people told us that their family would visit them regularly and build positive relationships with them.
- The service was linked in with the local advocacy organisations. Staff we spoke to were aware of the advocacy service and that they could make a referral to them if the person using the service wanted to. Staff gave people who used the service a welcome pack. This contained information on how to access an independent advocate.
- People were encouraged to put in place advanced statements of their wishes and preferences. Copies of the statements were kept in people's care records. The advanced statements allowed people to record their wishes in relation to a range of issues including arrangements for their personal belongings should they be recalled to hospital or prison.

Are tier 3 personality disorder services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- Most people using the service stayed for around 18 months and then moved on to more independent living. There were 12 people who lived independently in the community. These were community contact clients. Staff visited or met with the community contact clients according to their agreed care plan. Community contact clients came to visit the main service building after 5pm if they wished. There was seven residential clients altogether. One person was from outside of London. The rest were all from London boroughs.
- The probation officer assessed all new referrals, with input from the clinical psychologist and the operations manager. The service did not take people with active psychosis or people who were currently using drugs and alcohol. The service also did not accept people who were unwilling to engage in treatment or were not motivated.
- There was a small waiting list for the service. The service provided support to people who were on the waiting list. They were invited to come to the project, and spend time with other service users and start group work.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a communal lounge, kitchen and spacious garden area. There was a computer in the kitchen that people had access to. People fed back that they thought of this place as a home and it was the best place they had stayed.
- All people using the service had their own mobile phones and could make calls in private. Staff called people on their phones to speak to them rather than going to their flats upstairs. People were expected to respond to missed calls from staff as soon as they could.
- The service kept a rabbit in a hutch in the garden. This had been requested by people using the service and it was looked after by them.
- People had access to outside space whenever they wanted except when they were subject to a curfew at night. Curfew times were different for different people.
- People using the service lived in their own flats and were able to make drinks and snacks whenever they wanted to. The person in the downstairs flat, which was smaller than the other flats, was able to use the communal kitchen whenever they wanted to make drinks and snacks.
- People took part in activities in the community. Staff provided groups in the service one day a week. We saw in the minutes of the community meeting a go-karting trip was being organised.

Meeting the needs of all people who use the service

- The service had ground floor disabled access. However, there was not a lift for access to the flats upstairs. There was a smaller separate bedroom and bathroom on the ground floor that could be accessed by people with decreased mobility.
- Information leaflets were not available in other languages. However, a social enterprise project had been set up. People using the service prepared advice and guidance on creating easy read documents. These were used internally and externally for people with a learning disability or who had limited literacy skills.

Good

Tier 3 personality disorder services

- Staff accessed interpreters when needed. We were told about one person where English was not there first language. Staff used an interpreter to discuss their care plan with the person and also his family.
- People prepared their food in their flats. They shopped and cooked meals of their choice with support from staff.
- Staff supported people to access their local church or mosque. Spiritual leaders were invited to the service to offer guidance.

Listening to and learning from concerns and complaints

- The service had received two complaints in the previous 12 months. These complaints were not upheld.
- There was information on how to make a complaint displayed on a notice board in the kitchen. Staff gave people a welcome pack which contained information on the complaints process.

Are tier 3 personality disorder services well-led?

Good

Vision and values

- Staff knew and understood the values of the provider and put them into practice in their work. Staff interaction with people using the service was positive and proactive and promoted stability.
- Staff were aware of senior management and who they were.

Good governance

- Staff that had been with the service for over six months were up to date with their mandatory training. Staff who had been there for less were in the process of completing it all. Staff were supervised regularly and had an annual appraisal.
- Incidents and complaints were discussed in handovers and weekly staff meetings. Feedback from people using the service was encouraged in community meetings. The service took action on people's feedback. There was strong involvement of people in the service.
- There were clear quality assurance indicators in place to monitor performance. The service used an internal quality audit tool (IQuAT) which measured performance in the service. It also outlined actions that the service needed to put in place to improve.
- There were quarterly steering group meetings held at the service. These were attended by senior managers from the partner organisations, including commissioners. Governance issues were discussed at this meeting.
- There was no administrative support for the manager. However, tasks were delegated amongst the team. Each member of staff had an area of responsibility that they led on. , The manager led on safeguarding.
- The service had a risk register which the manager and team leader could update.

Leadership, morale and staff engagement

- Staff knew about the whistle-blowing process and felt able to report any concerns they had. They felt confident that their line manager would listen to them and support them. Staff felt able to bring forward new ideas for the service and were confident that they would be taken on board.
- There was a high turnover of staff. The manager and staff highlighted possible causes as staff salaries and high levels of staff stress. The manager had successfully put in a bid to increase staff pay levels for up to five staff.
- Staff were provided with additional support and supervision groups in recognition of the stressful nature of the work. The probation officer facilitated a staff group every week. The service also had an away day. All staff attended and discussed the organisation's values and communication throughout the service.
- Staff were able to give feedback in the staff survey which had taken place earlier in the year as part of the enabling environment project. The survey was completed by staff and people using the service together.

Commitment to quality improvement and innovation

- A social enterprise project was introduced into the service in 2015. It engaged service users in three initiatives, resettlement, catering and easy read projects. The resettlement project supported

community contact clients to become peer mentors for new residents at the service. Training was provided and the mentor gained work experience and new skills. The catering initiative involved people using the service in supplying baked goods to a local organisation who sold them in their shop. This again allowed people to gain work experience for which they were paid.

- A service user involvement open day was held at the service in November 2015. This was led by the people using the service and involved discussions around engaging with the local community and around each individual's personal journey.
- The service had recently received an enabling environments award from the Royal College of Psychiatrists. The award is given to services that can demonstrate best practice in creating and sustaining a positive and effective social environment.

Outstanding practice and areas for improvement

Outstanding practice

- The service had recently received an enabling environments award from the Royal College of Psychiatrists. The enabling environments award is a quality mark given to services that can demonstrate they are achieving an outstanding level of best practice in creating and sustaining a positive and effective social environment. Enabling environments are places where positive relationships promote well-being for all participants, people experience a sense of belonging, all people involved contribute to the growth and well-being of others, people can learn new ways of relating and places that recognise and respect the contributions of all parties in helping relationships.
- A social enterprise project was introduced into the service in 2015. It engaged service users in three initiatives; resettlement, catering and easy read projects. The resettlement project supported community contact clients to become peer mentors for new residents at the service. Training was provided and the mentor gained work experience and new skills. Another project involved people putting together funding applications and organising the budget to make easy read versions of existing documents and for the service and other organisations. The service is running also ran a catering business supplying baked goods to an external organisation. People were fully involved in the projects which allowed them to gain important work experience and skills and boost their confidence.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all safeguarding concerns are reported and embedded throughout the service, including instances where people using the service are potentially being abused. Measures should be put in place so that all staff are involved in reporting safeguarding concerns.
- The provider should make sure that staff carry out drug and alcohol testing in a private space. Drug and alcohol testing should be conducted in a way that promotes people's privacy and dignity.