Life Works Community Limited

The Grange

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Summary of findings

The inspection was unannounced.

The Grange is registered to provide accommodation with nursing for up to 24 people, at the time of our visit; there were eight people who used the service. The Grange provides treatment for people who have alcohol and drug addictions, eating disorders, mood disorders and compulsive disorders and works within the guiding principles of the twelve step programme. The Grange is a private specialist behavioural health facility and provides a free scholarship to combat veterans. A bespoke service was offered to people with high needs or who required privacy whilst entering the treatment programme.

The Grange had a registered manager in post that was a responsible for the day to day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us that they felt safe at The Grange. A person said, "I feel safe with the staff here and my wife knows I am safe." Staff had a good understanding about the signs of abuse and was aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

People were supported by staff that had the expert skills and knowledge to meet their assessed needs. Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life. If people's needs changed, staffing levels would be increase.

All people who entered the service had to have mental capacity, so that they could make decisions and were able to be involved and engaged with the treatment programme. We found there were a number of restrictions were placed on people whilst undertaking treatment. Any restrictions placed on them was done in their best interest using appropriate safeguards, information about the service's treatment programme and restrictions was given prior to admission. Consent was obtained before any restrictions was carried out such as searching personal belongings, to ensure that they do not bring anything that could be harmful to themselves or others; or hinder their own or others treatment and recovery.

Medicines were managed safely. Any changes to people's medicines were prescribed by the service's GP and psychiatrist. People were involved before any intervention or changes to people's care or treatment were carried out.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People told us, "Therapists and staff are fantastic."; "I have found someone that totally gets the big picture with me and pushes me to improve." Staff were happy, cheerful and caring towards people. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit. People's privacy and dignity was respected and promoted. Staff told us they always made sure they respected people's privacy and dignity before personal care tasks are performed. People told us, "I feel that staff upholds my respect and dignity." "The staff here are very supporting and caring."

The service was organised to meet people's changing needs. The treatment and recovery programme was focussed on individual's needs. People's needs were assessed when they entered the service and on a continuous basis. The provider used their database to ensure that people's needs such as environmental, physical, emotional and mental needs were met. For additional support and guidance people were allocated 'a buddy', someone already going through the treatment programme, who could provide an insight as to what it is like. The service also provided support for those leaving or who had left the service. People told us, "Fantastic staff.", "The support here is constant, there is always someone around so you can talk to them."

Summary of findings

People told us if they had any issues they would speak to the staff or the registered manager and something was always done. We asked people if there was anything they would change about the home. They all responded positively about the service. People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. We found there were a range of activities available within the home and community which aided people's recovery process.

The service was well led because the provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Senior management liaised with and obtained guidance and best practice techniques from external agencies, professional bodies and experts in their fields.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff told us the management and leadership of the service very good and very supportive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm because of good recruitment procedures and sufficient well trained staff working within current guidance.

People were protected because staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was completed in line with appropriate guidelines.

Medicines were administered and stored safely. Any changes to people's medicines were prescribed by a doctor.

Is the service effective?

Outstanding

The service was effective.

People's care, treatment and support promoted a good quality of life based on good practice guidance.

People were supported by a variety of staff that had the skills and knowledge to meet their assessed needs. The staff team supported the delivery of consistent care that was familiar with the needs of people who were going through therapeutic treatment and recovery programmes

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Is the service caring?

Outstanding

The service is caring.

Staff involved and treated people with compassion, kindness, dignity and respect. Treatment and support was focussed on people's individual needs.

Interactions between staff and people who used the service were kind and respectful. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

People's privacy and dignity were respected and promoted. Staff told us they always made sure they respect people's privacy and dignity throughout the treatment and recovery programme.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

The service was organised to meet people's changing needs.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people' s treatment, care and support was transferred onto a database which enabled people's records to be updated by all staff involved in their care. The database was also used to ensure that the environment meet people's emotional, mental and physical needs.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. We found there were a range of activities available within the home and the local community. People were given additional support in the form of 'a buddy', a person who was already in the treatment programme.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service.

Is the service well-led?

Outstanding 

The service was well led.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager. Staff told us the management and leadership of the service were very good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of the service provided. Senior management liaised with and obtained guidance and best practice techniques from external agencies, professional bodies and experts in their field.

The Grange

Detailed findings

Background to this inspection

We inspected the service on 7 July 2014. We spoke to all eight people who used the service. We also spoke with four staff, the registered manager and Chief Executive Officer. We observed care and support in communal areas, looked at some of the bedrooms, reviewed a range of records that contained information about people's care, support and treatment. We also reviewed the database that stored information about people's care and the quality assurance and monitoring systems that reviewed that quality of the service provided.

The inspection was conducted by two inspectors. Due to the confidential nature of the therapeutic work carried out at the service we were unable to observe any activities or group work. Instead we asked people about their experiences

Before our inspection, we reviewed the information we held about the service including previous inspection reports, notifications sent by the provider. We also contacted external bodies such as Surrey County Council's Safeguarding, Quality Assurance teams and Clinical Commissioning group to obtain their views. Surrey County Council raised their concerns about the deprivation of liberty that people might be experiencing.

We were unable to review the Provider Information Record (PIR) before the inspection as the provider had informed us that they were experiencing problems with the document. The PIR is information given to us by the provider; this enables us to ensure we were addressing potential areas of concern and highlights good practice. The information was provided at the beginning of the inspection.

At the last inspection made in August 2013, we found that the service met the standards set out in the regulations.

Good

Is the service safe?

Our findings

People told us they felt safe and they had received information that provided them with guidance about what to if they suspected abuse was taking place. People told us, "I feel safe with the staff here and my wife knows I am safe."

The service held the most recent Surrey County Council (SCC) multi agency safeguarding policy as well as their own current company policies on Safeguarding Children and Young People and Safeguarding Adults at risk. SCC is the lead agency for all matters relating to adult safeguarding in Surrey. This provided staff with guidance about what to do in the event of suspected abuse. The provider had obtained and followed external guidance from government initiatives for example Every Child Matters green paper, this provided guidance to help promote the well-being of children and young people. Staff confirmed that they had received safeguarding training within the last year. Staff knew what to do if they suspected any abuse. A member of staff told us, "I would report it to the manager or senior person on duty." They went on to say "They would report it to social services, safeguarding or the Police." This meant that the provider had systems in place and had taken reasonable steps to ensure that staff received up to date training regarding the protection of vulnerable adults from abuse.

Policies were in place providing clear guidance to staff about how to protect people and staff from racial harassment and bullying. This contained information about the definition of harassment and bullying and what action to take in different situations. For example what to do if there is racial harassment or bullying between people or between staff members and the role and responsibilities of managers and supervisors. A person told us "There was an incident where a client was racially bullying another client, staff handled the situation well."

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. All staff had been trained on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The basic principle of the act is to make sure people whenever possible are enabled to make decisions and where this is not possible any decisions made on their behalf are made in their best interests. DoLS provides a legal framework to prevent unlawful deprivation and restrictions of liberty. They protect vulnerable people in care homes and hospitals who lack capacity to consent to care or treatment and need such restrictions to protect them from harm. We noted that there were a number of restrictions placed on people whilst undertaking treatment. For example people were searched to ensure that they do not bring anything that could be harmful to themselves or others; or hinder their own or others treatment and recovery. A requirement of people coming into the service was that they agreed to the restrictions placed on them.

The registered manager stated that all people who used the service had mental capacity to make decisions for themselves. The registered manager stated that people must have capacity to make decisions when entering the treatment programme and be able to engage with the programme; otherwise they would not be admitted. People told us "If this isn't the place for you, they will discuss the options available to you, they won't force you to stay." If someone chose to leave, the service supported them to leave the service safely through conducting a risk assessment. They would make arrangements for the person to be collected."

Some people could, during their treatment, display behaviours which could be harmful to themselves or others. People felt safe and supported because staff were trained in recognising and dealing with these behaviours, in order to keep everyone safe.

Staff worked within set guidelines regarding disclosure of information because it was important to people using this service that their privacy was protected and that they were protected from discrimination. For example if you contacted the service they would not disclosure any information about a person until permission and verification of the caller's identity had been obtained. The service was very discreet about how they promoted themselves as they wanted to protect people from unnecessary attention from the media or unwanted callers which could hinder their recovery.

People were involved in the risk assessment for their behaviour, health and recovery and any issues that arose would be discussed along with the involvement of a healthcare professional such as the consultant psychiatrist or therapist. Risk assessments clearly detailed the support

Good

Is the service safe?

needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. This meant that the provider ensured people were supported safely in accordance to their needs.

People received the right medicines when they needed them. People were involved in the discussion about changes to their medicines. A person told us “If our medicines have to change for some reason, a review will be done with the psychiatrist.” Medicines were managed by staff in a safe way. Medicines were disposed of safely and correctly in accordance with their guidelines. Any changes to people’s medicines were prescribed by the service’s GP and psychiatrist involved. Staff informed us that they received up to date information and guidance from external agencies such as Controlled Drugs unit, Patient Safety Agency and their pharmacy supplier.

We saw that there were sufficient qualified, skilled and experienced staff to meet people's needs. People who used the service told us “During the day there is a lot of staff at the home.” “After 10.30pm there is one night nurse on duty, when there is a bigger group there would be more staff.” Another person told us “If people needed more support staffing would be increased .” People confirmed that there were enough staff to meet their needs. The staffing rotas were based on the individual needs of people. The rota for June 2014 confirmed that there was sufficient numbers of staff to meet people’s needs. This included one to one support, and supporting people to attend appointments and activities in the community. The registered manager told us that if an individual’s needs changed, staffing levels would be increased. The service provided a separate staff team for people who used the bespoke service this did not affect the overall service or staffing levels. The registered manager also stated they used bank staff so there was a consistent staff team on hand to support people’s needs. There was a recruitment and selection process in place. The registered manager conducted checks to ensure that people were of good character, had no criminal record and was able to work with vulnerable adults. The registered manager verified staff’s qualifications and membership to professional bodies.

Outstanding ☆

Is the service effective?

Our findings

People said their health and social care needs were known by the provider and were met. They told us, "If I have any issues, then I can speak to the psychiatrist, therapists or staff here." "My therapist organised my outside appointments.", "Any changes to my medicines, I will see the psychiatrist." All the people who used the service had access to healthcare professional such as GPs, psychiatrists, psychologists and other healthcare professionals. People who used the service were supported by staff or relatives to attend all of their health appointments. Outcomes of people's visits to healthcare professionals were clearly recorded in the care plans and on the database. Prior to admission information is obtained information regarding medicines, other drugs or alcohol use or physical or medical issues are obtained. This showed that the management and staff ensured people's health needs were met.

As a requirement of people coming into the service, they were requested to stay on site in the first seven days of their stay. For some people, as part of their treatment programme certain activities, food and drinks were not allowed at various points of their recovery. These restrictions were based on the individual needs of the person. For example, people who required treatment for an eating disorder were given restrictions at meal times, their eating, weight, food and fluid intake were closely monitored and recorded. We saw that people had signed consent forms accepting these conditions. People told us they were happy with the arrangements. One said, "I know that I can't contact my partner for seven day but they can contact here if they have any concerns, I don't have a mobile phone or a laptop, actually that is ok, as I can concentrate on my well-being." People participated in planned and structured activities throughout the day.

The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities. Staff confirmed they had completed application forms which had recorded their education, training and employment histories. Discussions with staff confirmed that they received an induction programme. The staff team consisted of a variety of skilled and professionally qualified staff such as doctors, psychiatrists, therapists, counsellors, dietician and nurses who were trained in addiction and behavioural therapies and treatment programmes. This ensured that people were supported throughout their treatment and recovery by staff that were skilled and experienced to do so. The registered manager ensured that staff maintained their membership to professional bodies.

People told us they felt supported and staff knew what they were doing; they said "Therapists and staff are fantastic." The provider promoted good practice by developing the knowledge and skills staff required to meet people's needs. A staff training chart showed that all staff had been trained in areas such as substance use and misuse, detoxification and observation techniques regarding alcohol and drugs, observation and support of positive behaviours with people who have eating disorder addiction, anxiety de-escalation and management, motivational interviewing, understanding the twelve step programme, conflict management and de-escalation and medication administration, CPR, first aid, safeguarding, MCA, DoLS, infection control, nutrition training and diet. Staff ensured they received information from professional bodies to keep up to date with current practices.

Staff told us they had regular meetings with their line manager to discuss their work and performance. One member of staff said, "The manager is very supportive, friendly, affirms my skills and doesn't micro manage me." They went on to say "I have supervision every six weeks and I can request training if I want it. I get my professional journals and all staff can benefit from them and they are paid for by the organisation." Another told us "If I have stuff I'm struggling with, or need to further enhance myself, I bring this up in supervision." The registered manager confirmed that supervision took place with staff to discuss issues and development needs. Staff confirmed that they had annual appraisals where they identified development & training needs. A member of staff told us "Yes I have an appraisal once a year, had mine in May." A member of staff attended the train the trainer course and now provided training to staff on MCA, DoLS and safeguarding.

People were supported to eat and drink healthily in line with their treatment programme. There was a choice of suitable and nutritious food and drink. Care records contained information about their food likes and dislikes and preferences such as religious or cultural needs; this information was given to the staff who prepared the meals. The meal plans for people who were on the eating disorder programme were written by the dietician. People were

Is the service effective?

offered a choice of menu for breakfast, lunch and tea. The menu had pictures as well as written information to describe the meals on offer. Due to the nature of people recovering from addictions, certain foods and drinks were not allowed. For example snacks were only available at specific times during the day. Caffeinated drinks were excluded, but a range of alternative hot and cold drinks were available throughout the day. People confirmed that they had sufficient quantities of food and drink. Staff confirmed that the meals were nutritionally balanced and met people's dietary needs.

Individual's nutritional intake was assessed and monitored and their identified needs were accommodated. Information regarding people's health and nutritional needs such as weight, dietary needs, food intake and allergies were recorded on their care plans.

We saw that pre admission assessments recorded individual's personal details, details of healthcare professionals such as GP, psychiatrist, care manager, information about any specific eating conditions, past and current usage of substances or alcohol, medication, allergies, physical and mental health and any potential risk to self or others. All information regarding people's medicines were verified with their doctors. This information was reviewed prior to any treatment given. This meant that staff had the most up to date medical information that related to the person.

We saw that entry to the home was through an entry service and that visitors were asked to sign a visitor's book. The home had a large garden which had high walls to ensure people's privacy and safety. We saw that all visitors were asked to sign a confidentiality statement ensuring they did not disclose any information about people who used the service.

There was a private cottage adjacent to the main building where the provider offered a bespoke service for people whose high needs could be disruptive to people's treatment and recovery. The bespoke service also offered support to those whose identity if known could be disruptive to the service or who wanted to maintain their privacy whilst entering the treatment programme. The bespoke service consisted of a separate staff team who would be on hand to support that person's needs.

For additional support, people were allocated 'a buddy', someone who was at a different stage in their recovery and would be able to offer support and help whilst the individual was settled into their treatment programme. People's preferences and needs are taken into account when allocating a buddy. A person told us "I have a buddy, he told me what I needed to know, and he is always there when I need him."

To ensure that people were engaged and involved in the service, people told us they could choose from allocated tasks as such as waking up people in the morning, clearing up the cigarettes in the garden, take minutes of meetings or the lead for the weekly client feedback meeting.

The service recognised that treatment and recovery is very difficult for people and their family and that they need to create a healthier environment for when they leave the service. As part of the structured programme activities, a three day work programme for people and their family are held to discuss the impact of the addiction and how their behaviour affected them and their family.

The service monitored people's progress by using an evaluation tool that measured people's mental health before and after treatment and evaluated people's progress.

Outstanding ☆

Is the service caring?

Our findings

The service ensured that people's treatment and recovery was centred around their needs and support. Staff treated people with kindness, compassion and dignity. People said, "I knew it was a professional service that's what made me come here in the first place and I couldn't wait to get here, to help me find my feet.", "They are very supportive, empathic and caring towards everyone." Before people came in an assessment was carried out with them to ensure the service could meet their needs. The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people's care and support needs before they received care, support and treatment.

People told us they received the care, treatment and support they needed and any changes to their needs was discussed with them. One person told us "When my medicine needed changing, I discussed it with the psychiatrist first." Another person told us staff obtained their permission before changes were made, they said, "They always ask my permission and if there are any changes to my plan, I would be asked to sign any changes." Information about people's 'life history', likes, dislikes, preferences, goals and significant relationships was obtained and recorded. Detailed information about the type of treatment and support each person received was documented. This information helped staff to get to know the person well and provide them with the right care, support and treatment in accordance with their needs.

To aid their recovery, people told us that the staff encouraged and supported the involvement of family and friends. One person told us that staff had helped make travel arrangements so they could see their family whilst in the treatment programme.

People confirmed that they were involved in the planning and delivery of their care. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care. Staff told us, "We will sit with clients once a week and look at their plan and discuss it with them. Then we will provide feedback to staff about any issues later on." This meant that people were involved in decisions about their care and treatment.

The service involved and sought people's views about the service, people told us they were supported to express their views about their care, support, treatment or the service in different ways such as: one to one and group therapy sessions; individual meetings with staff, daily meetings held by people and weekly client feedback meetings. One person told us they didn't like to speak in groups but with the support of staff and others, they were able to do so.

People told us that they felt very supported by staff and other people when dealing with difficult issues that relate to the effects of the treatment. A person told us "The clients have a responsibility to look after each, it's about being together.", "They encourage us to support each other and talk about how things affect us." Staff are given guidelines and training about to support people with challenging behaviours. People had access to healthcare professionals such as psychiatrists and therapists to discuss their behaviour and gain the support they needed.

People told us that they were treated with dignity and respect. One person said "Staff are willing to help you and you don't feel guilty to ask, they want to help", "I feel that staff uphold my respect and dignity." Staff told us about how they ensured they maintained people's dignity, showed respect and involved people. Staff also sought the views of healthcare professionals and relatives to make sure the person's needs had been fully considered. Staff told us they used their skills and knowledge of the person to understand the person's needs, including their facial gestures and body language. Prior to admission, information is provided to people about the service including the necessity to conduct a search. People confirmed that they were searched and they told us "I felt that staff upheld my respect and dignity", "The search wasn't intrusive, staff were very fair, I was given guidelines so I knew what to expect, a nurse was with me and it was done in private." We saw that information was provided and arrangements were in place about searching people's rooms, lockers and personal effects. The provider had obtained and followed external guidance from The Mental Health Act 1983, Code of Practice, NICE Clinical Guidelines and recent changes in the law. We also saw arrangements were in place to safely secure people's money and possessions.

Good

Is the service responsive?

Our findings

People who used the service confirmed they were involved in the planning and delivery of their care. People told us "I am involved in one aspect of my care but there are still things I need to plan for."

The care plans were written in great detail to outline the care individual's required at each stage of their recovery. Any changes to people's care was updated on the database which assisted with care planning and support, this system alerted staff to any changes made, so that staff had up to date information in regards to people needs and care. The manager confirmed that the service involved people, health care professionals and relatives in the decisions and planning of care.

We saw that the provider used the database to ensure that the environment meet people's emotional, mental and physical needs. For example providing larger beds for tall or large people, single bedroom occupancy for those who sleeping problems would affect others. People who were in crisis or who had higher needs/risks and thus could trigger a response in people who were in recovery were placed near the nurse's station so that assistance could be given when needed. We also noted that due to the support required through people's recovery, they shared rooms and were given a buddy for additional support. Consideration was given to gender, individual's needs, and stages of recovery before deciding which people would be sharing. People told us "I like my room, and I don't mind sharing, it is nice to know that you have someone there." "There is also a member of staff there to support you." "We are also encouraged to support each other."

People confirmed that they attended various activities such as individual and group therapy sessions, walks, yoga, shiatsu or other forms of exercise. Each person had an individual weekly structured activity plan. People were supported to attend therapeutic interventions within the local community which aided their recovery and provided additional support. As part of their agreement people were encouraged and supported to take part in a variety of activities inside and outside the home. Staff we spoke with confirmed that people were supported to attend all their planned activities. People also confirmed that friends and relatives visited them.

Clear arrangements were in place when people moved between services. People said "They have been really flexible with me, I had to go home, they made an effort to make sure I was ok when I left I think they are amazing." "They are arranging outside appointments for me with other services and they are making sure that I am ok to move on." Staff were aware of the difficulties people faced when moving services and ensured they planned and made suitable arrangements for a smooth transition. They also provided aftercare support when they left the service, so that people received and maintained continuity of care.

People were made aware of the complaints system. This was provided in a format that met their needs and people had their comments and complaints listened to and acted upon without the fear that they would be discriminated against for making a complaint. Peoples' feedback was obtained in a variety of ways such as weekly meetings, surveys and one to one meetings with staff. We looked at the provider's complaints policy and procedure. The complaints policy gave staff clear instructions about how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint. People confirmed that "There is client feedback meeting every Monday, you put in a request to discuss issues." "You could speak to staff they are very approachable." People told us of an incident that happened regarding an agency member of staff, "On Saturday, there was an agency member of staff cooking instead of the normal cook. The food he cooked wasn't very nice, so the cook came in and cooked. The nurse told us about the problem and apologised. They dealt with it in an amazing way."

The staff we spoke with told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The service maintained a complaints log. We were informed by the manager that the service had received one complaint since the last inspection.

Outstanding ☆

Is the service well-led?

Our findings

People were involved in how the service was run in a number of ways. People told us that there was a weekly meeting for people and staff to address and where possible resolve any issues relating to the service. The information was fed back to the senior management team for action. We saw minutes of this meeting where people suggested that the times of the breaks were extended and daily walks introduced. We noted the daily walks had been introduced and the extension of the breaks was being implemented. The service also used feedback from people's exit surveys, family week exit surveys called 'Family Member Questionnaire' and data on ethnical and diversity of people to ensure that they were providing a service that is accessible and equitable to all. We saw that people's feedback was positive and stated that they were well looked after and encouraged to form positive relationships between healthcare professionals, staff and people.

The service adopted a non-judgemental and person centred environment that aided people in their treatment and recovery. The provider's ethos was embedded in providing care, compassion, competence, communication, courage and commitment to people. A member of staff told us, "We never look at them and judge them on how they look. We always treat them as a person and treat them with dignity and respect." Staff provided us with guidelines of how to approach people during our visit to ensure that we did not trigger issues that were being treated. This demonstrated that people were supported by staff that ensured that their dignity and well-being was maintained at all times. Staff told us they obtained permission and discussed matters before any intervention was carried out and included the person in any decision making.

We saw that the service obtained guidance from external bodies to ensure they worked within current guidelines. We also saw that the service had achieved an Investors in People award. This is an award given by UK Commission for Employment and Skills as a benchmark for best practice, it recognises the commitment an organisation has to developing people and showing ambition, drive and focus to the rest of the world. The service is using an evaluation tool to measure people's mental health before and after treatment, this enabled them to measure a person's progress. The registered manager also told us that the provider consults with experts in their fields to review the programme. These methods were used to assist in the improvement of the service.

Staff had the opportunity to help the service improve and to ensure they were meeting people's needs. This was done by attending a variety of meetings held with management and staff; to review what they do, discuss best practices and people's needs. Staff told us, "We are always looking of ways to improve the services, adding new features, refurbishing. We have a meeting away for the building to discuss where we are and what we are doing, issues and new developments, this meeting is chaired by the director."

The senior management of the service understood the key challenges, risks and concerns because of the variety of meetings and feedback obtained from the registered manager, staff, relatives and people. We saw minutes of a board meeting held in March 2014 which highlighted areas of concern such as: staffing levels at specific times and the impact of recent flooding problems. We saw measures had been put in place to resolve these issues and minimise the risk to people, such as placing additional staff on duty when needed, and using equipment to pump out the flooded area.

Staff told us they worked with experts in their fields to ensure they worked within current guidelines and innovative programmes. A member of staff told us "We are making sure that they remain up to date with current therapies so they provide a cutting edge service." The Chief Executive told us they conducted research, kept up to date with current guidelines from external professional bodies and visited other countries to ascertain best practices, techniques and treatment processes. For example we saw the database that was used to record people's care, treatment and support was developed in consultation with a consultant psychiatrist to ensure that relevant information regarding an individual's needs and treatment was assessed and recorded. The service's mission statement was displayed in the communal area and the staff we spoke to understand their mission statement which was 'Transforming people's lives'.

We saw accident records were kept and audited monthly to look for patterns or trends. This enabled staff to take immediate action to minimise or prevent accidents.

Outstanding ☆

Is the service well-led?

The provider had a system to manage and report incidents, and safeguarding. Members of staff told us they would report concerns to the nurse in charge on shift or the registered manager. We saw incidents and safeguarding's had been raised and dealt with and notifications had been received by the commission.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. We saw there were various monthly audits carried out such as health and safety, clinical governance, medicines, facilities, housekeeping, care plans, and an additional medicines audit conducted by an external agency in January 2014. Staff told us the registered manager conducted regular spot check on rooms.

We saw that the registered manager had an open door policy, and actively encouraged people to voice any concerns. People told us "He is very empathic and caring, he really listens to you." Staff said they felt well supported by the manager. One staff member said, "You can talk to both Registered manager and Chief Executive, they are nice guys I can talk to them if I have any concerns, they do listen.", "The registered manager is very supportive; he is good at managing and developing the service."

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance by signing to say they had read and understood this. This ensured that people continued to receive care, treatment and support safely.

The Chief Executive told us they were planning to make some changes to continually improve the service. They are looking at how they can streamline the treatment programmes and identify what is not necessary so that it continuously relates to the needs of the people who use the service.