Turning Point - Stanfield House

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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had enough skilled staff to care for the number of clients they supported. Staff were aware of the provider's visions and values and these were clearly demonstrated in their day to day work. Appropriate risk assessments were carried out and regularly reviewed. Staff were aware of safeguarding procedures and of things that should be reported.
- Clients were involved in the planning of their care. Staff supported clients to register with a local GP who was able to monitor their physical health while

Summary of findings

at the service. Staff worked with clients to produce individual relapse plans. Staff were trained in the Mental Capacity Act and were able to carry out capacity assessments when required.

- Clients told us they felt supported by staff and were treated with dignity and respect. Clients were involved in the recruitment of new staff.
- Reading materials were available in a range of formats. Some clients were able to bring their pets to the service. Staff supported clients with wider concerns like housing and benefits.
- Clients who lived within commuting distance were able to attend the rehabilitation programme each day.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated.

Summary of findings

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Summary of this inspection

Background to Turning Point - Stanfield House

Turning Point Stanfield House provides rehabilitation and support services for people aged 18 to 65 who are recovering from the impact of substance misuse. The service provides both residential rehabilitation services and day services for people who are able to commute.

Funding for placements is provided by Clinical Commissioning Groups in the area people usually live.

Turning Point Stanfield House is registered with CQC to provide accommodation for persons who require treatment for substance misuse. The service has a registered manager in post.

The service has 12 beds, one of which is accessible for people with mobility problems and can accommodate both male and female clients.

The service has been inspected on two previous occasions, November 2012 and January 2014. On both occasions they were found to be fully compliant with the regulations.

Our inspection team

The team that inspected the service comprised CQC inspector, Carole Charman (inspection lead), and one other CQC inspector.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

• 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, asked other organisations for information

During the inspection visit, the inspection team:

- toured the premises and observed how staff interacted with clients
- spoke with six clients who were using the service
- spoke with the registered manager
- spoke with one other staff member
- attended and observed a mood management session and a house meeting
- looked at six care and treatment records of current clients

Summary of this inspection

- looked at policies, procedures and other documents related to the running of the service.

What people who use the service say

We spoke with six of the people using the service.

Clients spoke positively about the service and described staff as kind, supportive and understanding. They told us staff treated them with respect and they were able to speak with them about any concerns.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was clean, safe and well maintained. Clients had access to good outdoor areas with a well maintained garden and courtyard.
- Client referrals were discussed within the staff team. Care and treatment records contained risk assessments with related action plans.
- Safeguarding training was mandatory for staff working at the service and this was renewed every three years.
- Staff were aware of their responsibilities under the duty of candour and what was included in this.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service used a recovery star tool to gather information about key areas on which clients wished to focus.
- Staff worked with clients to formulate relapse plans to ensure clients were appropriately supported if they relapsed while at the service.
- The service followed best practice and guidance as published by the National Institute for Health and Care Excellence.
- Staff received support and professional development through clinical supervisions and clinical governance groups.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us they felt supported and staff treated them with dignity and respect.
- Clients took responsibility for their treatment during their stay. A timetable gave details of therapy sessions which clients were expected to attend.
- Clients were encouraged to take part in walking groups and gym sessions which helped to improve their physical health.
- Clients were fully involved in the planning of their care and were encouraged to involve their families also.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Potential clients were invited to visit the service prior to starting their rehabilitation.
- Clients were supported to prepare for discharge throughout their time with the service.
- There was out of hours support available for residential and dayhab clients if they needed help.
- Staff supported people with different physical, dietary and religious needs.
- Clients knew how to make a complaint. They told us they would speak with staff if they had any concerns.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The vision and values for Turning Point Stanfield House were clearly displayed for clients and staff to see. Staff displayed these in their day to day work.
- Internal audits were carried out to ensure the standard of the service was high and the condition of fixtures and fittings was good.
- Staff were aware of the provider's whistleblowing policy and told us they would feel confident about speaking with the manager about any concerns.
- Clients were asked for feedback three and six months after leaving the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act was part of the provider's mandatory training schedule.

Staff we spoke with were aware of the provider's policy in relation to the Mental Capacity Act and were able to carry out capacity assessments confidently.

Staff told us they assumed clients had capacity unless they were found to be intoxicated or under the influence of substances, in which case they would automatically carry out a capacity assessment.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The premises were clean and well maintained.

During their time at the service clients were required to adhere to set house rules. This included assisting with cleaning and cooking and these were arranged as part of a rota.

Most clients had their own rooms with lockable doors however there were two double rooms which, when used, were for two males sharing. There were also three bedrooms with en suite facilities which were used for female clients. Clients in shared rooms were advised that they may have to share at the time the application for the service was completed. There were separate bathing and toilet facilities for male and female clients.

Information on hand washing techniques was displayed in bathrooms, toilets and utility and kitchen areas. There were supplies of liquid soap and paper towels in all areas to support this.

The service had good outdoor areas with a well maintained garden area and courtyard. Clients were able to access all outdoor areas at any time.

Safe staffing

The service had four permanent staff. This comprised of one registered manager, one project worker, one support worker and one service administrator. There was at least one staff member at the service between the hours of 8.00am and 8.00pm week days and 9.00am to 5.00pm at weekends. Staff were required to work one weekend in three to provide cover. We looked at the contract which was in place with regard to services and found that the cover was in line with this agreement.

Clients were provided with telephone numbers where they could access support or assistance out of hours. This was either a member of staff who was on call or someone from Cumbria Health Authority. We were told by both staff and clients that this was rarely used.

Staff working at the service told us there was a good team in place and sickness levels were very low.

If additional staff were required to cover for sickness or holidays, support was provided by one of Turning Point's supported living services. However, this was rarely used staff who provided cover were used consistently and completed the same mandatory training as permanent staff members. This helped to ensure consistency of care and client safety.

Assessing and managing risk to clients and staff

Prior to admission, where possible, clients visited the service and an initial risk assessment would be carried out. In addition the application for services included a tick box risk assessment covering areas like violence, suicide, self-harm and neglect. Staff were able to request further information from the referrer if needed. The staff team met to discuss referrals and risk and on agreement that the client was suitable for the service, a more comprehensive risk assessment form was formulated. When clients were admitted to the service they met with their key worker who would formulate more comprehensive risk assessments and risk management plans.

We reviewed care and treatment records for six clients and found all contained an up to date risk assessment with a related action plan giving information on how to manage and minimise risks to both staff and clients.

Substance misuse services

The service did not prescribe any medication and all clients were registered with a local GP who was responsible for individual physical healthcare needs. In an emergency, clients attended the nearest accident and emergency site or called emergency response services.

Clients were responsible for managing their own medication which they kept in their own rooms and stored in locked drawers. However staff told us they were able to support clients if this was needed. There were no controlled drugs kept on site however, there was a secure locker where these could be stored if they were prescribed to any of the clients.

Safeguarding awareness training was mandatory for all staff. All the staff in the service had completed both e-learning and a safeguarding workshop. Staff were required to complete this training every three years.

There had been no safeguarding referrals in the 12 months prior to our inspection.

The service had policies and procedures in place to protect staff and clients. For example there was a lone worker policy and CCTV in some communal areas. Staff were also aware that they should not enter client's rooms alone.

Environmental risk assessments were completed and the service had regular safety tests for things like fire, electrical and gas equipment.

Track record on safety

There had been no serious incidents in the 12 months prior to our inspection.

Staff we spoke with were clear about how to report incidents and of the provider's policy on incident reporting. We were told by staff that the types of incident usually reported included relapses, accidents and injuries and broken windows. There had been no incidents recorded in the three months prior to our inspection.

Incidents were recorded on an electronic incident reporting system. Staff told us they report incidents to the registered manager who would in turn report to the provider's Senior Manager Team. We saw evidence of incidents recorded on the electronic incident reporting system.

Reporting incidents and learning from when things go wrong

Staff told us a de-brief would be held after a serious incident. This would include a discussion about the event and any lessons learnt.

Incidents which involved a client would be recorded in the client's care and treatment record.

Staff received information relating to incidents which occurred across the organisation. This helped to ensure similar incidents did not occur in other locations.

Following an incident both staff and clients had the opportunity to receive additional support if needed.

Duty of candour

Staff were aware of their responsibilities under the duty of candour and were aware of what was covered by this.

At the time of our inspection there had been nothing which would need to be reported under the duty of candour.

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

Assessment of needs and planning of care

Where possible clients were encouraged to visit the service prior to admission. During this visit a care assessment was carried out. This included things like the use of substances, physical health, mental health, accommodation status, offending and relationships. Information provided along with referral papers helped to formulate a care and treatment plan which would be in place when clients were first admitted. If clients were unable to visit the service, the care assessment would be completed either by a staff member visiting them at home or on their admission.

The service used a recovery star tool to gather information from the client about key areas they wished to focus on. The recovery star is an holistic tool which measures progress towards recovery. Areas identified were personalised to the individual and covered a range of areas including relationships and mental health.

Clients were provided with a 'Prehab booklet' which gave information about the service and the support they would receive whilst there. This included keyworking, basic life skills and applying for benefits. In addition there was a workbook which clients were encouraged to start

completing before their admission. This was to assist staff to work with clients on their support plans and to help them understand the 'journey' clients had taken to get them to that point of their recovery.

The workbook also asked for personal information like people who are part of the client's support network, religious and cultural needs, hobbies and interests, personal goals and their motivation for seeking help.

On admission clients were helped to access a local GP where arrangements would be made to have a physical health check and ensure that any regular medication could be prescribed. During the first two weeks in the programme clients were not permitted to leave the service alone. Staff would accompany clients to GP appointments. If clients wished this could be continued throughout their stay.

A 'Service User Portfolio Workbook' was issued to clients when they first arrived at the service. This included a 'Background Check In' requesting information about the client's life before Stanfield House, how they felt physically and mentally, the impact of drugs or alcohol on their and their families lives and what they wanted to change. This information, the information from the Prehab booklet and also discussions with their key worker helped with the formulation of a comprehensive and personalised care and treatment plan.

Five of the six records we looked at had full care plans and needs assessments. The other care record we reviewed did not have an assessment of needs relating to alcohol, use of time or wellbeing.

Staff worked with clients to formulate relapse plans. These were used to ensure if there was a relapse while in the service, the client could be supported in a way that they would find helpful and would assist them to continue with their recovery. All the records we looked at had relapse plans in place.

All care records were stored securely in the staff office.

Best practice in treatment and care

During their time at Stanfield House clients participated in mindfulness-based relapse prevention. This was used in conjunction with Public Health England International Treatment Effectiveness Project. These treatments help clients to become aware of the link between thoughts, behaviour and feelings and help clients deal more effectively with problematic thoughts and situations.

Clients also participated in mood management, which included individual dialectical behaviour therapy as well as group sessions. Dialectical behaviour therapy is a type of talking therapy which has been adapted to meet the particular needs of people.

We were told by the registered manager that the service follows best practice and guidance published by the National Institute for Health and Care Excellence and also the national standards for drug and alcohol services. The care and treatment programmes offered reflected National Institute for Health and Care Excellence guidance QS23.

Skilled staff to deliver care

Staff had the skills and experience necessary to carry out their duties and deliver effective care and support. Staff working at the service had been trained in positive behaviour support and person centred care. In addition they were able to access specialist training and request courses relevant to their role. Staff training was evaluated and assessed to ensure staff were suitably competent to deliver the care and support clients required.

All staff working at the service received support and professional development through monthly clinical supervisions and quarterly clinical governance groups.

Staff performance was monitored constantly, allowing the registered manager to quickly address any concerns that may become apparent.

Multidisciplinary and inter-agency team work

Staff working at the service had formed effective working relationships with external agencies to support clients both during and after their rehabilitation. For example education to employment, Forward Together Recovery and Social Group and Unity Drug and Alcohol Recovery Service.

Clients were encouraged to register with a local GP during their stay making it easier for them to have ongoing physical health support. If there were concerns about a client's mental health staff worked with the local community mental health team to ensure they received appropriate support.

Staff had good local links with local authority housing and safeguarding teams.

Adherence to the Mental Health Act

Substance misuse services

The service did not admit clients detained under the Mental Health Act 1983.

Good practice in applying the Mental Capacity Act

Staff completed training on the Mental Capacity Act as part of the mandatory training schedule.

Staff were aware of the provider's policy in relation to the Mental Capacity Act and were able to carry out capacity assessments confidently.

Staff assumed clients had capacity unless they were found to be intoxicated or under the influence of substances, in which case a capacity assessment would be carried out.

We saw evidence in one client's care record of a capacity assessment being carried out on their arrival at the service.

Equality and human rights

The service was able to cater to the needs of clients deemed to have protected characteristics under the Equality Act 2010. For example the service was fully accessible to disabled users and all meals were bought, planned and cooked on site meaning they could be adapted to suit any special dietary requirements.

Clients were able to access places of worship to suit their own personal requirements. Some clients had recently visited the local Buddhist temple.

There were some blanket restrictions in place but these were managed in such a way as to make them as least restrictive as possible. For example clients were not allowed out of the service alone within the first two weeks of their stay however, they were able to go out with other service users or staff members. This was done to help new avoid temptations during their first weeks of rehabilitation. All clients were made aware of these restrictions prior to admission.

There was also a restriction on clients being able to have home leave within their first six weeks in the service however, they were able to have visits from family and friends and leave would also be allowed in exceptional circumstances.

Management of transition arrangements, referral and discharge

The majority of clients who were referred were not transitioning from other services. When clients did move from another service staff were able to obtain detailed information relating to the client and their treatment up to that point. Where possible, potential clients were able to visit the service prior to admission. If this were not possible staff would visit them in order to carry out an assessment of needs. This would allow the service to make an informed decision on their ability to provide effective care and support.

The service took referrals from various sources including self-referrals, social workers, local authorities, care managers and GPs. Staff discussed all referrals to ensure the service was able to provide effective care and support to potential clients.

When referrals were received discussions were held with the referrer and potential clients and confirmation of funding was arranged.

The service did not have specific discharge plans in place however clients were prepared for their discharge throughout their time in the service. This was done with the use of workbooks, one to one time with key workers and through group sessions where there were discussions around temptation and how changing routines could help to avoid lapses.

Work carried out during their time at the service included promotion of personal responsibility and relapse prevention.

Are substance misuse services caring?

Kindness, dignity, respect and support

During our inspection we witnessed positive interactions between staff and clients. Staff appeared kind and approachable, treating clients with respect and empathy. Clients appeared relaxed around staff and peers.

Clients told us they felt fully supported and were able to speak with staff about any concerns they may have. Staff supported clients with practical matters as well as the rehabilitation program. For example one client had discussed housing matters and staff were able to support and guide.

While we were at Stanfield House a previous client contacted staff for help and advice. Staff spoke with them about their concerns and gave advice and guidance, encouraging them to behave independently while ensuring they knew they could contact the service again.

Substance misuse services

There was a clear confidentiality policy in place which both staff and clients respected. For example unless they had been given permission to speak with people about clients, staff did not disclose if a client was resident at the service and clients' identities were not disclosed. This helped to protect individuals' privacy during and after their stay.

The involvement of clients in the care they receive

Clients took responsibility for their treatment during their stay with the service.

A timetable was in place that gave details of therapy sessions and clients were advised individually of their keyworker sessions.

Clients were expected to attend all therapy sessions, this included the morning house meeting. This was agreed on their arrival at the service and was part of the contract signed on admission.

In addition to mandatory sessions, clients were encouraged to take part in other activities like walking, playing badminton and swimming. The provider had arranged for clients to have free or subsidised entry to the local swimming pool and gym as well as obtaining tickets for the local theatre. This helped to ensure clients were busy and also helped to improve their physical health.

Staff involved clients fully in the planning of their care and all clients were offered a copy of their care and treatment plan.

Clients' families were involved with care and treatment if this was what clients wanted. Staff at the service encouraged clients to include their families as this would offer an important support network when they left the service.

Clients were invited to participate in the recruitment process. When recruiting new staff, clients would be asked to meet and greet candidates and a former client was part of the interview panel. Any applicants that were shortlisted would be invited to spend half a day at the service where they would be working directly with the clients. Clients would be asked for their feedback on candidates before decisions about potential employment were made.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

Access to the service was via referral, although this could be from the individual themselves. An application form was completed and staff discussed applications in order to ensure suitability.

Suitable clients were invited to visit the service to allow them to get an idea of what it was like and to talk with staff and others who were receiving treatment. If the client still wanted to proceed a date for admission was arranged.

Clients were able to stay with the service for up to 24 weeks however, clients usually went for an initial 12 week stay and opted to stay longer whilst there.

Throughout the time with the service clients were monitored for use of substances like drugs or alcohol. If they were thought to be under the influence of any of these, testing could be carried out. Positive tests did not automatically mean clients had to leave the program, instead there were discussions between the client and the staff about the reason for their lapse and whether or not they were still committed to the program. All decisions were on an individual basis.

Clients were prepared for leaving the service throughout their stay. All the work carried out during a client's stay included relapse prevention and methods for dealing with potential triggers.

When clients were due to leave the service they were given a 'Post-Hab workbook'. This included three sections, preparation, transition and aftercare.

The preparation section included 'my achievements', 'my journey and reflection' and priorities for a successful transition. There were also sections about triggers and when people would be tempted and a weekly structure table which allowed people to plan activities to help prevent temptation. Clients were supported to create a household itinerary which would help them to budget their income and plan future purchases.

The transition section provided clients with useful telephone numbers and services they could access for help or support as well as providing space where they could record their goals and information about 'what keeps me going'.

The aftercare section included an aftercare plan which detailed other additional support like key working sessions and worksheets, details of other professionals or agencies that would be involved in client's aftercare and budgeting information.

Clients received regular telephone calls from staff or peer support to check on their progress following their discharge from the service.

The facilities promote recovery, comfort, dignity and confidentiality

The facilities within the service promoted clients taking responsibility and independent living. Clients had responsibility for their own washing and cleaning their rooms as well as cleaning the communal areas and cooking for their peers as part of a rota.

Clients had free access to their bedrooms throughout the day and also access to communal areas and gardens.

Clients and staff discussed activities during their stay and apart from attendance at mandatory sessions, clients were able to spend the day doing activities that interested them.

Staff did not provide cover overnight but a member of staff was always on call and the on call number was clearly displayed within the service. Clients told us they also called if they were having a difficult night and needed additional support.

Clients attended daily meetings to discuss their mood and feelings and there were also discussions around planned activities for the day. Staff told us these sessions were useful as they helped them to get to know the clients and this helped them to recognise when someone may be struggling. Clients told us they found the sessions useful because they were able to express their feelings and it helped them feel supported.

Clients' families were welcome to visit their relatives whilst they were at the service. All visits were arranged with staff and clients were responsible for their visitors during the visit. A policy was in place in relation to visitors and this included a childrens visiting policy. Staff were trained in safeguarding, including children's safeguarding, to ensure they were able to keep people safe during visits.

Meeting the needs of all clients

The service was able to provide all their information in alternative formats if this was needed and support was given to clients who may have difficulty understanding or reading the information they contained. For example one client who was there at the time of our inspection had difficulty reading. Staff assisted the client to access services who were able to carry out tests for dyslexia. The client was found to be dyslexic and as a result the staff produced written information on coloured paper where possible. Where this was not possible they provided a coloured overlay which helped making reading easier.

Some clients had brought pets with them. Following a donation to the service, kennels were built in the rear courtyard, enabling some clients to bring dogs with them. One client they may not have been able to participate in the programme without being able to care for their dog.

Staff had arrangements in place for clients to participate in courses at the local college. Courses included computer skills and english and maths for adults and were used to encourage clients with their rehabilitation and their ongoing recovery after discharge.

Clients planned and cooked all meals. Discussions were held every week to plan meals and to draw up a shopping list. This meant meals could be adjusted to suit individual dietary needs like diabetic and halal meats. Clients told us staff helped with planning and encouraged clients to eat more healthily.

Although clients were not able to leave the service alone for the first two weeks of their stay, they were able to access religious services if they wished. This would be done with the support of either a staff member or one of their peers.

The service had recently introduced a 'dayhab' service. This gave people who were able to commute the opportunity to take part in the same rehabilitation program as clients who stayed overnight. There was one person using the dayhab service at the time of our inspection. They told us they had received the same treatment as their peers and felt very much part of the service.

The service provided access to additional services like 'The Freedom Program' for people who had been in abusive relationships and post-traumatic stress disorder interventions for people who had experienced traumatic events during their life. There was also a peer mentoring program for people who wanted to help others after their discharge.

Substance misuse services

Listening to and learning from concerns and complaints

The service had a complaints policy in place.

Clients knew how to make a complaint and if they had concerns they would be raised during meetings. Clients said staff were approachable clients felt comfortable raising concerns with staff.

Information on how to make a complaint was on notice boards throughout the service and was also given to clients when they arrived at the service.

There had been no complaints during the 12 months prior to our inspection.

Are substance misuse services well-led?

Well led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and values

The vision and values for Turning Point Stanfield House were clearly displayed for clients and staff to see. Staff had made the vision and values display stand out by turning it into artwork.

Their vision was, 'To constantly find ways to support more people to discover new possibilities in their life.'

The values were abstinence, vision, support, determination, structure, motivation and success. These values formed a clear part in the support work carried out and in the booklets given to clients.

Staff were clear on the visions and values and were able to tell us what they were. We saw staff talking to clients about opportunities for mentoring and future support. We were also able to see staff motivating clients to take part in activities, communicate with family and friends and to share their experiences.

Good governance

As the service was small staff often discussed concerns informally. However they still followed the provider's policies and procedures for recording incidents and near misses.

The provider carried out internal audits using an 'Internal Quality Audit Tool' which was used to ensure care and treatment plans, staff supervisions and training were up to date as well as ensuring the standard of the service was high and the condition of fixtures and fittings were good.

The registered manager attended regular meetings with other Turning Point service managers where they were able to share experiences and best practice.

Staff provided clients with clear information relating to confidentiality and the sharing of information and consent was sought before information was shared with a third party. This included clients' family and friends.

Leadership, morale and staff engagement

The registered manager had been in post for five years and reported to the operations manager. The registered manager told us they felt supported by their colleagues, manager and the organisation.

At the time of our inspection there were no vacancies and sickness rates and staff turnover were low.

Morale of staff working at the service appeared high and staff told us they enjoyed their work and found it fulfilling.

Staff were aware of the provider's whistleblowing policy and told us they would have no concerns about speaking with the registered manager if they felt it was necessary.

Commitment to quality improvement and innovation

Clients were asked for their feedback three and six months after leaving the service.

There was a suggestion box in the service in which clients were able to put comments about the service or make suggestions about possible changes.

Client feedback forms and the suggestion box were used to review how the service was run and make improvements. We did not obtain any examples of how this had worked in practice.

Outstanding practice and areas for improvement

Outstanding practice

A donation to the service helped with the cost of building kennels. Some clients were able to take their pets to the service with them and this in turn lead to therapeutic pastimes like dog walking.