

Delaney House

Quality Report

Delaney House
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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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff considered client safety throughout their stay at the service and completed a comprehensive risk assessment of each client before they moved in. The risk assessment included physical health, mental health, as well as current and historic substance use. Staff reviewed risk assessments frequently and discussed this at each staff handover.
- The service had a comprehensive safeguarding policy for adults and children with reference to the safeguarding principles in the Care Act 2014. Staff completed safeguarding awareness training and knew the process for making a safeguarding alert. The service employed a social worker who provided the link with the local safeguarding authority.
- Staff completed a thorough two stage assessment for each client, including a homeless outcome star. Clients were involved in producing and reviewing their own support plan and they all had a copy of their own plan.
- Staff gave clients choices regarding treatment for their substance misuse issues. The service used an alcohol managed withdrawal programme to support those

Summary of findings

clients who wanted to reduce their alcohol use without stopping completely. Staff promoted clients' independence by encouraging them to engage with addiction services in the community, such as Alcoholics Anonymous, rather than run groups within the service.

- Staff received appropriate training, including core training in motivational interviewing, brief solution focused therapy and relapse prevention. The service supported staff to attend additional training, for example, managing overdose risk, emergency overdose first aid, mental health awareness and working effectively to reduce risk of suicide.
- Staff demonstrated a non-judgemental attitude towards their clients and showed respect for them at all times. Clients reported feeling safe in the service and said that staff were kind and encouraging towards them.
- The manager had a robust system in place for ensuring all staff supervisions, appraisals and mandatory training was up to date. Staff had regular monthly supervision with the service manager and staff appraisals were booked for the forthcoming year.
- The service was recovery focused and planned for clients' move on when they arrived at the service. Clients were encouraged to think of the service as their home and were able to personalise their rooms. The service had good links with housing associations and the local council to support clients to register on housing lists and bid for properties when suitable.
- Staff demonstrated the service values of hope and recovery. The staff reported high levels of job satisfaction and peer support. The manager consulted with staff regarding service development.

Summary of findings

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Delaney House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Delaney House

Delaney House located at 14 Selden Road is one of a number of services run by the Worthing Churches Homeless Projects. This particular service provides housing, rehabilitation and support for people who are homeless and have substance misuse support needs. The service is registered to provide both accommodation and if required personal care and support for up to 25 people. Clients can stay at the service for up to two years if required. Clients are encouraged to access community services wherever possible and the service has strong links with the local homelessness day service and local substance misuse support services.

Clients make a financial contribution to their stay at the service through their housing benefits.

The service was last inspected in July 2014. There were no compliance issues identified at the previous inspection.

There is a registered manager in place. The service is registered to provide accommodation for persons who require treatment for substance misuse.

Our inspection team

The team that inspected the service comprised of CQC inspector, James Holloway (lead inspector), one other CQC inspector and one specialist advisor who was a nurse with experience of working in substance misuse services.

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 and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with nine current clients and two clients who had used the service previously
- spoke with the registered manager
- spoke with six other staff members employed by the service provider, including support workers, a dual diagnosis worker and a social worker
- attended and observed one hand-over meeting

Summary of this inspection

- looked at seven care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with nine clients who were currently using the service, and two who had been previous clients at the service. All clients were very positive about their experience at the service and spoke very highly of the service provided. Clients told us they felt safe, listened to and supported. Clients reported staff were always available and they felt confident that staff could link them

in to other appropriate community services. All clients told us they had involvement in their support planning and stated that they had regular reviews and one to one sessions with keyworkers. Clients appreciated they did not have to give up their dog, if they had one, before they moved in. Clients liked that they could keep their dogs and move in with them.

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 staffed 24 hours a day. Staff worked shift patterns of 8am-3.30pm, 3pm-11pm and 10.30pm-8.30am, with two members of staff on each shift. The service used bank staff infrequently and used the same members of bank staff to ensure continuity.
- Staff completed a thorough risk assessment of all clients prior to them moving in to the service. All seven client records we reviewed had an up to date risk assessment signed by staff and client.
- Staff attended mandatory training including safeguarding awareness training for adults and children. Staff knew the safeguarding process and the social worker in the team provided the link with the local authority.
- The service had a good track record on safety and had reported no incidents or adverse events in the six months prior to inspection.
- The service was clean and well maintained. The kitchen was well equipped and all electrical equipment had in date portable appliance testing stickers. The service had fire alarms and fire doors which the manager tested fortnightly.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed a two stage assessment for all clients following an initial assessment. Initial assessments were carried out at a local homelessness day centre to gauge clients' motivation and to increase their understanding and expectation of the service. All clients then completed a first and second assessment at the service. Stage two of the assessment incorporated the homelessness outcome star and formed the clients' support plan whilst at the service.
- All seven client care records we reviewed included stage one and stage two assessments. Staff and clients had signed and dated each of the assessments.
- Staff gave clients choices regarding treatment for substance misuse issues. The service used a managed alcohol withdrawal

Summary of this inspection

programme. This approach always ended in abstinence with a commitment from clients to remain abstinent for three months post completion of withdrawal. All clients had a 21 day settling in period to familiarise themselves with the service, staff and other clients.

- All staff received core training in motivational interviewing, brief solution focused therapy and relapse prevention. All staff had completed core training in equality and diversity.
- Staff received regular supervision and an appraisal. Appraisals were all in date and booked for the forthcoming year.
- Clients stayed at the service for up to two years. Staff had good links with local housing associations and supported housing providers and supported clients with bidding for accommodation when appropriate.
- Each of the clients had a keyworker from the staff team and dedicated time with this staff member each week.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients reported that staff treated them kindly and offered support and encouragement when needed. We observed staff engage in positive conversations with clients and treating them with dignity and respect.
- Staff demonstrated a non-judgemental attitude towards the clients and showed respect for where the clients had come from prior to moving in to the service.
- All seven of the client records we reviewed showed that clients had been involved in developing their support plan. Clients reported having keyworking sessions when they discussed and reviewed their support plans.
- The service held a weekly community meeting where clients raised issues or made suggestions for developing the service. Staff attended and took minutes of these meetings.
- Staff gave clients an induction pack when they moved in. This included information on what the client could expect from the service, and what the service would expect from the client.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Each client had their own room which they could personalise as they wished. Staff encouraged this so that clients felt the service was their home.
- The service had rooms for clients to speak with staff confidentially if required.
- Clients could make hot drinks and snacks throughout the day and had access to the kitchen next to the communal area.
- Clients saw their family or visitors in the family room. The family room had a television, kettle, tea and coffee and a fridge. The service provided a games console which clients requested so they could play games with their families. There was a lift for clients who had mobility issues.
- The service had a complaints policy. Staff recorded details of the complaint in the complaints logbook. The service manager responded to all complaints. We saw evidence of clients making complaints about other clients which the manager had resolved.
- All staff received a full induction to the service.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated the organisational values of hope and recovery. Staff respected each client as an individual. We were shown around the service by a client which reflected the inclusiveness of the service and demonstrated the trust staff had in their clients.
- Staff encouraged clients to use community groups and facilities wherever possible to prepare them for life in the community when they left the service. Staff provided support to their clients without fostering dependence.
- All staff received mandatory training and there were systems in place to ensure that staff kept this up to date. Staff were encouraged to participate in additional training wherever appropriate, for example, management of diabetes, working with self harm and working with survivors of sexual abuse.
- Staff used suitable outcome measures to demonstrate clients' progress.
- We spoke with six staff members who all told us they enjoyed their jobs and felt well supported by colleagues and their manager. Staff reported a high degree of motivation and job satisfaction.

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- We observed an open culture and staff felt able to raise concerns without fear of victimisation. Staff were consulted and involved in service development.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed capacity assessments if required. Staff did not routinely assess clients' capacity, however, capacity was presumed in accordance with the Mental Capacity Act.
- Some staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. No clients were subject to a Deprivation of Liberty Safeguards authorisation at the time of the inspection.

Substance misuse services

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Are substance misuse services safe?

Safe and clean environment

- The service was based in a converted terraced house and had client bedrooms across three floors. Clients had access to a communal area, shared kitchen and a garden. Staff had office space on the ground floor.
- Clients had a cleaning rota to ensure all areas of the service were kept clean and tasks were distributed evenly. The service was clean at the time of the inspection.
- There were food hygiene posters in the kitchen. The service had had a cooking rota where each client took it in turn to cook for the whole service once a day. Clients could choose to cook for themselves if they preferred. All staff completed food hygiene training.
- The service had an up to date legionnaires risk assessment and an accompanying written scheme of control. Staff used this to identify measures required to control potential risks from bacteria. The service had a logbook to monitor these measures.
- Staff stored clients' medicine in locked storage. Staff did not administer medicine to clients.
- All staff completed medicines administration for care training.
- The service did not have a controlled drug register. We pointed this out to the manager who immediately purchased one to record use and storage of controlled drugs.

Safe staffing

- The service was staffed 24 hours a day. Staff worked shift patterns of 8am–3.30pm, 3pm–11pm and 10.30pm–8.30am, with two members of staff on each shift. The service manager worked 9am to 5pm, Monday to Friday.

- The staff team included residential substance misuse workers, a dual diagnosis worker and a mental health worker. The local GP practice provided medical support. Staff encouraged clients to register with the community GP to promote engagement with the community as much as possible.
- The service used bank staff infrequently and used the same members of bank staff to ensure continuity. This meant that bank staff knew how the service worked and clients became familiar with them.
- The service used agency staff if bank staff could not provide cover. Staff reported there were no difficulties in accessing agency staff if required.
- The service had a full time social worker who worked Monday to Friday, 9am–5pm.
- At the time of our inspection the service was recruiting a deputy manager. They had also advertised for two part time support workers to cover a twilight shift.

Assessing and managing risk to clients and staff

- Staff completed a thorough risk assessment of all clients prior to them moving in to the service. The risk assessment included physical health, mental health, offending history, as well as current and historic substance misuse issues.
- Staff completed a housing opiate overdose risk assessment as part of the initial assessment. Clients completed a client self-assessment at intake questionnaire.
- We reviewed seven client records which each had an up to date risk assessment signed by staff and client.
- Staff discussed risk at the handover from shift to shift. Staff used a red, amber, green rating scale to measure the current risk of each client. Risk status could change at each shift depending on the presentation or situation of each client. For example, if staff knew that a client was more withdrawn, or had received some negative

Substance misuse services

news they may choose to increase their risk status. Staff on the incoming shift planned how they would manage the clients' risk. Staff often managed risk by offering the client more one to one time.

- All staff completed safeguarding awareness training for adults and children. Staff knew the safeguarding process and the social worker in the team provided the link with the local authority.
- The service had a comprehensive safeguarding policy for adults and children which made reference to the six principles of safeguarding within the Care Act 2014.

Track record on safety

- The service had a good track record on safety and had reported no incidents or adverse events in the six months prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff followed the service's critical incident policy. Staff completed this form when they witnessed and reported an incident. Staff sent the form to the manager to investigate and the manager shared findings with the staff team at team meetings, or handovers if more urgent.
- The incident log showed a record of all incidents that staff had recorded. These included incidents of clients becoming aggressive towards staff, medication errors and if anything had broken or become unsafe through damage in the service.
- Each form had a section to record actions staff could take to prevent future incidents and any lessons learnt.
- Staff practice had changed as a result of a medicine error. Staff now label medicines more clearly to minimise the chances of an error.

Duty of candour

- Staff involved clients in reviewing incidents where appropriate. Staff demonstrated their duty of candour to residents by informing them if they had made an error.
- Clients reported that staff informed them if ever an error was made. Staff spoke with individual clients or at the community meeting for clients if this was more suitable.

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

Assessment of needs and planning of care

- Staff completed a two stage assessment process for all clients following their initial assessment. Initial assessments were carried out at a local homelessness day centre to gauge clients' motivation and to increase their understanding and expectation of the service. All clients then completed first and second assessments at the service. The service social worker completed all stage one assessments.
- The stage one assessment included information on the clients' physical and mental health, information on the clients' benefits, employment and education history, substance misuse history, anti-social behaviour, religious beliefs, life skills needs and current support networks. Support networks included any family or other services involved. Physical health issues covered included hepatitis C status, eye tests, dental care and HIV status. Stage two incorporated the homelessness outcome star and formed the clients' support plan whilst at the service.
- The support plan included a questionnaire where clients identified four areas of their life they wanted to change, for example, improving physical or mental health, motivation to change or self-care and living skills.
- All seven client care records we reviewed had completed stage one and stage two assessments. Staff and clients signed and dated each of the assessments.
- The client care records we reviewed showed evidence that clients had signed a health and safety induction to the service. Clients had also signed consent to share and data protection agreements which staff stored in the client record.

Best practice in treatment and care

- Staff gave clients choices regarding treatment for substance misuse issues. The service supported clients to stop or reduce their use depending on the clients' personal choice.
- The service offered a managed alcohol withdrawal programme which always ended in abstinence with a commitment from clients to remain abstinent for three months post completion of withdrawal. Clients could

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then consider a supported return to social drinking depending on their wishes, however, most choose to remain abstinent. This programme was clinically approved by the local drug and alcohol advisory team and received a clinical review from psychiatrists and mental health experts.

- Within first 21 days there was an expectation for clients to be abstinent or reduce their drug and alcohol use. However during this period the service worked flexibly with clients and no warnings were issued. Clients could spend this time to become familiar with the service, staff and other clients. This meant that clients could start to reduce their substance use at a time that felt right for them and was therefore more likely to succeed.
- Staff encouraged clients to engage with local mutual aid services such as Alcoholics Anonymous rather than run groups within the service. Staff believed that clients benefitted more from accessing community support. This meant that clients were more integrated into the community when they moved on from the service.
- All clients had a keyworker and dedicated time with this staff member each week.

Skilled staff to deliver care

- All staff received core training in motivational interviewing, brief solution focused therapy and relapse prevention. Staff also received annual external training in managing overdose risk, emergency overdose first aid, mental health awareness and working effectively to reduce risk of suicide.
- Staff received regular supervision and an appraisal. Appraisals were all in date and booked for the forthcoming year.
- All staff received a full induction to the service and attended mandatory training.
- The service held a monthly staff meeting where staff took minutes.

Multidisciplinary and interagency team work

- We observed one handover which was client focused and staff discussed each client in turn. Any relevant risk information was verbally passed on from one shift to the next and recorded in the clients file. Handovers took place between each shift.
- Staff at the service had strong links with the local homelessness day centre and local authority.

- The service had good connections with local housing providers, pharmacy, GP practices and dental surgeries.
- The social worker at the service had established links with the local authority and both children's and adults safeguarding teams.

Adherence to the Mental Health Act

- At the time of the inspection there were no clients subject to the Mental Health Act.
- Staff had links with the local authority and approved mental health practitioner service. Staff knew the process for requesting a Mental Health Act assessment.

Good practice in applying the Mental Capacity Act

- Staff completed capacity assessments if required. Staff did not routinely assess clients' capacity, however, capacity was presumed in accordance with the Mental Capacity Act.
- Two staff members had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. No clients were subject to a Deprivation of Liberty Safeguards authorisation at the time of the inspection.

Equality and human rights

- The building had a lift to accommodate clients with mobility issues and had rooms for clients on the ground floor if appropriate.
- All staff completed core training in equality and diversity.

Management of transition arrangements, referral and discharge

- The service received the majority of referrals from the homelessness day centre. However, clients also self referred by presenting at the service.
- Staff had good links with local housing associations and supported housing providers. They supported clients to bid for accommodation when appropriate.
- The service had six rooms for clients who required less support and were used as a step to moving into the community. Clients who lived in these rooms were fully independent of the main service, but could access all the support provided by staff if needed.

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Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff engaged in positive conversations with clients treating them with dignity and respect.
- Clients reported that staff treated them kindly and offered support and encouragement when needed.
- Staff promoted the independence of clients and encouraged them to engage in community activities as much as possible.
- Staff demonstrated a non-judgemental attitude towards the clients and showed respect for where the clients had come from prior to coming to the service.
- One client was allowed to buy a dog to live with her in the service. Staff risk assessed this in relation to other clients and developed a contract for the client to agree to before bringing the dog into the service. This demonstrated the flexibility of the service and support offered to clients.

The involvement of clients in the care they receive

- All seven of the client records we reviewed showed that clients were involved in developing their support plan.
- Staff gave clients an induction to the service pack when they moved in. This contained information on what the client could expect from the service and what the service would expect from the client. The clients signed the information sheets to show agreement.
- Clients reported having one to one keyworking sessions when they discussed and reviewed their support plans.
- The service held weekly community meetings for clients to raise issues or make suggestions for developing the service. Staff attended and took minutes at these meetings. We saw evidence that the service had implemented some of the suggestions made by clients, including the games console in the family room.
- Staff gave clients information on local advocacy and information leaflets were displayed in the service.
- Clients saw their families in the family room, to provide privacy.

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

Access and discharge

- Clients were able to stay at the service for up to two years. Staff began working with clients to plan for discharge when they moved in. Planning this way ensured that clients' did not stay at the service longer than necessary and become too dependent on the service, but also allowed sufficient time to promote recovery.
- The service had a waiting list. The service manager screened referrals to ensure that the mix of clients was suitable and compatible as far as possible.

The facilities promote recovery, comfort, dignity and confidentiality

- Each client had their own room which they personalised as they wished. Staff encouraged this to give the clients a sense that the service was their home.
- The service had rooms for clients to speak with staff confidentially if required and had a communal area with sofas, television and a pool table for clients use.
- Clients could make hot drinks and snacks throughout the day and had access to the kitchen next to the communal area.
- The service was clean and well maintained. The kitchen was well equipped and all electrical equipment had in date portable appliance testing stickers.
- The service had fire alarms and fire doors which the manager tested fortnightly.
- There was a lift if any clients had mobility issues. One client told us they had needed this when they first moved in as they had difficulty walking up the stairs.
- Clients saw their family or visitors in the family room. The family room had a television, a kettle, tea and coffee and a fridge. The service provided a games console which clients requested so they could play games with their families.
- Clients could keep their dog when they moved in to the service, if they had one. Clients would sign a contract to care for their own dog, however they would often share responsibility for looking after the dogs. This added a therapeutic element to having dogs within the service.

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Meeting the needs of all clients

- There was a lift in the service for clients with mobility issues. The service also had rooms on the ground floor for clients who could not use the stairs.
- Staff had access to interpreter and translation services if needed.
- The service asked about specific religious or cultural needs as part of the comprehensive assessment and accommodated these within the service.

Listening to and learning from concerns and complaints

- The service had a complaints policy. As part of their service induction, staff gave clients details of the service's complaint procedure.
- Staff recorded details of the complaint in the complaints logbook. The service manager responded to all complaints.
- We saw evidence where clients made complaints about other clients which the manager resolved. Clients due to be evicted as a result of their behaviour had also complained about the service. The manager spoke with the client who agreed to change their behaviour and the manager allowed them to stay.
- Staff discussed any current concerns or complaints at the team meeting. If a complaint was more urgent and impacted on a client's risk level, staff discussed this at the daily handover.

Are substance misuse services well-led?

Vision and values

- Staff demonstrated the organisational values of hope and recovery. Staff respected each client as an individual.
- We were shown around the service by a client which reflected the inclusiveness of the service and demonstrated the trust staff had in the clients.
- The ethos of the service was one of realistic recovery. Staff encouraged clients to use community groups and facilities wherever possible to prepare for their move back into the community. Staff provided support without fostering dependence.

Good governance

- Staff supervision was up to date and appraisals had been booked for the forthcoming year.
- All staff had received mandatory training and there were systems in place to ensure that staff kept this up to date.
- Staff were encouraged to participate in additional training wherever appropriate, for example, management of diabetes, working with self harm and working with survivors of sexual abuse.
- Staff reported all incidents and staff shared learning at regular team meetings.
- All staff had a current disclosure and barring service check.
- Staff used suitable outcome measures to demonstrate clients' progress.
- Staff participated in clinical audits. A controlled drugs audit had recently taken place.

Leadership, morale and staff engagement

- We spoke with six staff members who all told us they enjoyed their job and felt well supported. Staff reported there being a strong team and each reported good levels of peer support.
- Staff reported a high degree of motivation and job satisfaction.
- Staff had opportunities for career development and progression. One staff member took on additional responsibilities in the absence of a deputy manager and was well supported to do this.
- We observed an open culture and staff felt able to raise concerns without fear of victimisation. Staff were consulted and involved in service development.
- Staff were transparent and involved clients in reviewing incidents, when appropriate, if things went wrong.

Commitment to quality improvement and innovation

- Staff were committed to service improvement and were encouraged to attend training to develop their roles.
- Staff adopted and utilised best practice and policy documents as developed by KFx, a drug consultancy that specialises in harm reduction and drug policy information, with particular links to homelessness.

Outstanding practice and areas for improvement

Outstanding practice

- Within the first 21 days of admission the service worked flexibly with client lapses in drug and alcohol use and issued no warnings to clients. This practice meant that clients could become settled at the service and familiar with their surroundings. Many of the clients had not lived in communal accommodation before so this period of familiarisation was beneficial and allowed clients the time and space needed to succeed.
- The service used a managed alcohol withdrawal programme. This approach always ended in abstinence with a commitment from clients to remain abstinent for three months post completion of withdrawal. Clients could then consider a return to social drinking depending on their wishes, however most choose to remain abstinent. This adaptability allowed clients to set realistic targets and meant that they were more likely to achieve their goals.
- Clients did not have to give up their dogs in order to come into service. Clients could keep their dogs and move in with them to the service. Clients signed a contract with the service. Clients often shared responsibility for looking after the dogs which added a therapeutic element to having dogs within the service. This demonstrated the flexibility and values of the service by putting the needs of the clients at the forefront.