

Bayberry Meadows

Quality Report

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Date of inspection visit: 12 March 2019

Date of publication: 11/04/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

- The service provided safe care. The environment was safe and clean. The service had enough staff. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice in safeguarding clients.
- Staff developed holistic, recovery-oriented or strengths based care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The service had a range of specialists required to meet the needs of clients. Managers ensured that these staff received training, supervision and regular appraisal. Staff worked well together as a team and with those outside the service.
- Staff treated clients with compassion and kindness, respected their privacy and dignity and understood the individual needs of clients. They actively involved clients in care decisions and engaged families and loved ones.
- The service was accessible, there was no waiting list and the service had a swift and flexible admission process with timely aftercare provision.
- The service was well led and the governance processes ensured that the service had policies and procedures in place to run the service smoothly.

Summary of findings

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Good 

Bayberry Meadows

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Bayberry Meadows

Bayberry Meadows is a rehabilitation service for people with a wide range of issues including: alcohol, substance misuse, gambling, pornography, internet or shopping addiction, eating disorders, anxiety, depression and stress. People who use the service are privately funded, either directly by themselves or by families, or by organisations linked to their professions.

The service is registered by CQC to provide accommodation for people who require treatment for substance misuse. There was a registered manager in place at the time of inspection.

Our inspection team

The team was comprised of two CQC inspectors, including one with specialist experience in and knowledge of Substance Misuse Services and an assistant inspector.

Why we carried out this inspection

We carried out this inspection as part of our ongoing inspection of substance misuse services.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection, we reviewed information we had about this service, including information sent to us by the provider at our request.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment
- spoke with the registered manager and chief executive officer
- spoke with seven other staff members employed by the service provider, including therapists, support care manager, a registered nurse and support staff members
- looked at four care and treatment records for people using the service
- spoke with four people using the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four clients who were using the service and aftercare programme. All clients gave positive reports of staff and the service. They told us staff had engaged

them in the service and make them feel comfortable enough to get the best out of their treatment. They told

Summary of this inspection

us they were treated as an individual and that staff cultivated a family atmosphere within the service. All clients we spoke with, with one exception, told us they felt listened to by staff.

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?

- All areas were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff managed environmental risks and took action to prevent risks to clients who might try to harm themselves.
- Staff completed and updated risk assessments for each client and used these to understand and manage risks individually.
- The service had enough staff, who knew the clients and received basic training to keep people safe from avoidable harm- including training in protecting clients at risk of abuse.
- Staff had easy access to information about clients and it was easy for them to maintain and update clinical records.
- Staff followed best practice when storing, dispensing, and recording. Staff regularly reviewed the effects of medications on each client's physical health.
- The service managed client safety incidents well and used lessons learned to improve the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



Are services effective?

- Staff completed comprehensive assessments of clients, including full assessment of their physical and mental health needs. They developed individual care plans and updated them when needed.
- Staff provided a range of treatment and care for clients based on national guidance and best practice. Staff supported clients with their physical health and encouraged them to live healthier lives.
- Staff had a range of skills needed to provide high quality care. They received appraisals, supervision, opportunities to update and further develop their skills.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.
- Staff understood their roles and responsibilities under the Mental Health Act Code of Practice. Staff explained clients rights to them on admission and routinely thereafter if needed.

Good



Are services caring?

- Staff treated clients with compassion and kindness.

Good



Summary of this inspection

- Staff respected clients' privacy and dignity, and supported their individual needs.
- Staff involved clients and those close to them in decisions about their care, treatment and changes to the service.

Are services responsive?

- There was no waiting list and the service had a swift and flexible admission process.
- Clients had their own areas/rooms where they could keep personal belongings safely. There were quiet areas for privacy and where clients could be independent of staff.
- The service provided accessible, flexible and timely aftercare provision.
- The service was accessible and took account of clients' individual needs. Staff helped clients with communication, advocacy and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



Are services well-led?

- Managers had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for clients and staff.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and clients.
- Staff felt respected, supported and valued. They reported that the provider promoted opportunities for development. They felt able to raise concerns without fear.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards.

Good








Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Doctors assessed client's mental capacity during the admission process. Staff recorded consideration of capacity in care records with consent to treatment, sharing of information and confidentiality agreements. Staff we spoke with showed a good awareness of both confidentiality and capacity and consent issues. Staff told us that they would revisit consent if people were in a state of intoxication at their time of admission, even if they had previously agreed to the admission and accepted treatment. All clients we spoke with were aware of and were clear they had consented to treatment.
- All staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service was clear it would not apply for Deprivation of Liberty Safeguards assessments for clients, as they were always free to leave if they wished. The service had contingency plans should a client wish to leave to ensure they were safe to do so.

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

Safety of the facility layout

- All areas were safe, clean, well furnished, well maintained and fit for purpose.
- Staff managed environmental risks and acted to prevent risks to clients who might try to harm themselves. Staff undertook regular risk assessments of the care environment and ensured all staff were aware of risks within the environment and those of individual clients. Staff knew about any ligature anchor points and actions to mitigate risks to clients who might try to harm themselves. A ligature is something used for tying or binding something tightly and can be used to self-harm.
- The service complied with guidance on eliminating mixed-sex accommodation. The building was a converted house with enough bedrooms for single occupancy and enough bathrooms for residents of the same gender not to have to share facilities used by the opposite sex. The service had limitations on its ability to provide full separation of male and female residents but had taken extensive measures to ensure that the dignity of all clients was preserved. There was room for female and male only spaces within the building.
- Staff were clear on what to do in an emergency. Staff carried a mobile phone to alert other staff to their location if they required support. There were protocols in place to respond in the event of an emergency.

Maintenance, cleanliness and infection control

- Staff ensured areas that people using the service had access to were clean, comfortable and well-maintained. Fittings and furnishing were of a high standard.
- Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. Cleaning records were up to date and demonstrated that the all areas were cleaned regularly.

Clinic room and equipment

- The clinic room was fully equipped with accessible resuscitation equipment and emergency medicines that staff checked regularly. The clinic room was clean and spacious with accessible hand washing facilities and hand cleaning gel. The clinic had an examination couch and equipment available for taking physical observations. For example, a blood pressure machine, thermometer, breathalyser and scales.

Safe staffing

- There were enough staff with the right skills to provide treatment and care. At the time of inspection, there were 24 staff, including support workers, care liaison manager, therapists, nurses and registered and deputy managers for the service. There were enough staff on each shift to safely manage the service and provide one to one time with the patient. Managers had calculated the number of staff required and could adjust levels if clients required more support.
- The service had access to qualified nurses seven days a week. The service employed two part-time nurses and if needed could provide nurse cover from an agency. The service only used agency staff familiar to the service.
- The service had contingency plans to manage unforeseen staff shortages including, arrangements for

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sickness, leave and vacant posts. Managers had enough staff to ensure arrangements for cover could be actioned easily. Sickness rates were low and staff we spoke with were flexible in their approach, opting to work days led by service need.

Medical staff

- There was adequate medical cover for the service. Staff would call emergency services in the event of an emergency. A doctor employed on a sessional basis by the service provided a medical assessment on admission and the service worked with a local GP service that could attend the service for minor illness' and check-ups. There was nurse cover available seven days a week to complete physical observations and support with clinical need.

Mandatory training

- The service had a programme of mandatory training and managers ensured staff were up to date. Training compliance for eligible staff was 86%. Courses included: health and safety, fire safety, basic risk assessing, first aid, medication management, safeguarding adults and children, substance misuse awareness, equality and diversity, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Support staff were supported to complete a Care Certificate, a set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Assessing and managing risk to clients and staff

Assessment of client risk

- Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. Staff completed a risk assessment using a risk assessment tool and developed a risk management plan on admission, which included a plan for unexpected exit from treatment. However, on two records where information about a 'historical' risk relating to physical or mental health was recorded, the date it occurred was not recorded, which made it difficult to determine how current the identified risk was. We discussed this with the registered manager who could provide further risk assessment documentation that showed how the risks had been recorded in more detail. Staff we spoke with were aware of individual risks relating to clients in their care.

- Staff we spoke with knew the clients well and could monitor and respond promptly to any sudden deterioration in people's health. Staff gave examples of where they had escalated concerns. Clients had plans in place for the unexpected exit from treatment and the service had clear protocols for managing this.
- Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching clients or their bedrooms. Staff used observations based on risk assessment and management, for example, during detoxification or if client identified a risk to themselves. Staff recorded observations in care records. There was a search policy in place and clients signed to consent to searches.
- Staff applied blanket restrictions only when justified. The restrictions were in place while clients were in treatment to promote safety and recovery and these were provided to the client before agreeing to admission. Clients we spoke with understood why restrictions were in place and agreed with them.
- Clients could leave the premises at will, but were encouraged to approach staff and adhere to the restrictions in place for their own safety and the safety of others.

Safeguarding

- Staff understood how to protect clients from abuse and had training on how to recognise and report abuse and they knew how to apply it. Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies to safeguard people at risk. Staff could give examples of how to protect clients from abuse and recorded actions taken in care records.
- The service followed safe procedures for children visiting the service. There was a private space for clients to see visiting family members.

Staff access to essential information

- The service used a combination of paper and electronic records. The service was in the process of transitioning to electronic records. Individual staff roles led where staff would record information. For example, therapy staff recorded notes in separate records to support staff and the doctor's assessment was held on a separate system. The registered manager told us they only

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provided information for staff on a need to know basis due to client confidentiality. Staff we spoke with told us this did not cause them any difficulty in entering or accessing appropriate information.

Medicines management

- The service had effective policies, procedures and training related to medication and medicines management. All staff who were required to issue medication were trained in medicines management. Medicines were prescribed by a doctor following a comprehensive assessment and adequate medication reconciliation with the clients GP.
- Staff followed best practice when storing, dispensing, and recording of medications in line with national guidance. Medications were stored securely in a locked medicine cabinet and fridge. Medicines were supplied to and transported to the service by their local pharmacy. Individual medicines for residents were placed in named containers within the medicine cabinet. There was an appropriate controlled drugs medicine cabinet and corresponding register clearly completed and dated. Staff sought consent from clients during assessment to contact their GP and reconcile medications.
- Staff regularly reviewed the effects of medications on each client's physical health in line with national guidance. They used recognised scales to monitor clients completing detoxification and completed physical health observations routinely thereafter.

Track record on safety

- The service had no serious incidents in the 12 months before inspection.

Reporting incidents and learning from when things go wrong

- The service managed client safety incidents well and used lessons learned to improve the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support. Staff we spoke with knew how to report an incident and were clear about their roles and responsibilities for reporting incidents. There were several examples of changes to service delivery and improvements in safety following

incidents. For example, following a slip and fall, laminate floors in high risk areas were carpeted. The service implemented a senior on call rota to support night staff in the event of an incident or emergency.

- Staff escalated incidents by person or phone and reported on an 'escalation' app accessible to all staff. Staff were supported following incidents and met with each other to give feedback and share learning or received this via the app.
- Staff were open and transparent when things went wrong. Staff gave examples of duty of candour, where they had apologised and given a full explanation to clients and families when things had gone wrong.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed comprehensive assessments of clients, including full assessment of their physical and mental health needs. We reviewed four client care records. All records contained a full assessment of needs with clear input from the multidisciplinary team. However, in two records the date an individual risk it occurred was missing from the information, which could have made it difficult for staff to form an assessment of the individuals needs in the correct context. We spoke with the registered manager about this who advised this was monitored as part of the record audit process.
- Staff developed individual care plans and updated them when needed. Care plans and recovery plans were kept with the client as an ongoing completion of the document that the client would fill in during their stay. These included appropriate prompts for care planning, including medication, daily personal care, food and drink, activities and things they enjoy and emotional support. We observed clients carried their documentation with them to support sessions. Staff told us they reviewed and updated documentation in support sessions and weekly one to one key working sessions.

Best practice in treatment and care

Substance misuse/detoxification

- Staff provided a range of care and treatment interventions suitable for the client group. Therapy staff provided a range of treatment and care for clients based on national guidance and best practice. Therapists offered a comprehensive therapy programme including, group sessions, one to one therapy on a rolling four week programme tailored to specific client needs. They completed workshops on different areas including relapse prevention, co-dependency workshops, feelings workshops. Clients could access pilates as part of therapy programme and the service had a corporate membership at local spa/gym where clients attended twice weekly.
- Staff supported clients with their physical health and encouraged them to live healthier lives. Staff had been trained in smoking cessation and offered one to one sessions with clients where they identified other services the client may require, such as narcotic anonymous groups.
- The managers of the service completed regular audits of care and treatment records. The service had appointed a deputy manager who had responsibility for medication management. The manager was responsible for completing weekly medication audits and reported findings back to the registered manager. The manager used results to monitor staff performance, medication errors, storage, stock levels, use dates, functionality of systems and to respond promptly to issues. Actions from audits were fed back to the staff team verbally or using a media application on work phones. Staff told us non-client identifiable information was shared through the application relating to incidents, observations and learning.

Skilled staff to deliver care

- Staff had a range of skills needed to provide high quality care. Staff were experienced and qualified to work with the needs of the client group. Therapy staff we spoke with showed good knowledge of the client group and were experienced in working with people presenting with a range of needs. Training records provided by the service showed the majority of staff receiving the necessary training to support them in their roles.
- The service provided all staff with a comprehensive induction. They received supervision from an appropriate source. For example, nurses and therapy staff received supervision from peers or seniors in their field. Staff had opportunities to update and further

develop their skills and were trained in specialist areas for their roles. The service offered a monthly rolling appraisal programme to ensure staff were constantly reviewing their achievements and goals.

- The registered manager ensured that issues of poor performance were dealt with promptly, discretely and effectively.

Multidisciplinary and interagency team work

- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. We saw staff handover and good working relationships between managers, therapists, clinical and support staff during our inspection. Staff held regular meetings as a team and handed over between shifts to ensure staff on shift were up to date with client's progress or any emerging risk areas.
- Staff had good relationships with partner and referring agencies. Staff engaged with services in the local and wider community. Staff we spoke with were knowledgeable about the services available and applicable to their client group, including local recovery meetings

Good practice in applying the Mental Capacity Act

- Doctors assessed client's mental capacity during the admission process. Staff recorded consideration of capacity in care records with consent to treatment, sharing of information and confidentiality agreements. Staff we spoke with showed a good awareness of both confidentiality and capacity and consent issues. Staff told us that they would revisit consent if people were in a state of intoxication at their time of admission, even if they had previously agreed to the admission and accepted treatment. All clients we spoke with were aware of and were clear they had consented to treatment.
- All staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service was clear it would not apply for Deprivation of Liberty Safeguards assessments for clients, as they were always free to leave if they wished. The service had contingency plans should a client wish to leave to ensure they were safe to do so.

Substance misuse/detoxification

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with respect and compassion. They respected clients' privacy and dignity, and supported their individual needs. We observed staff interacting in a professional manner with clients and demonstrating individual knowledge through meaningful interactions.
- We spoke with four clients who were using the service and aftercare programme. All clients gave positive reports of staff and the service. They told us staff had engaged them in the service and make them feel comfortable enough to get the best out of their treatment. They told us they were treated as an individual and that staff cultivated a family atmosphere within the service. All clients we spoke with, with one exception, told us they felt listened to by staff.
- Staff supported clients to understand and manage their care. Clients told us the programme was individualised to their needs and staff were clear with them about their treatment plan.
- Staff we spoke with felt supported by management. Staff could raise concerns about disrespectful, discriminatory or abusive behaviour and attitudes from staff or clients without fear of the consequences.
- Staff maintained the confidentiality of those in their care. Care records were stored securely and staff maintained confidentiality and privacy of individuals using the service.

Involvement in care

Involvement of clients

- Staff involved clients in decisions about their care, treatment and changes to the service. Clients were routinely consulted about their experience of the service through daily groups and given the opportunity to provide written feedback through comments boxes and client surveys.

- Staff actively engaged people using the service in planning their care and treatment. Clients were encouraged to take ownership of their care plans and therapy programmes by setting work to be completed outside of therapeutic groups.

Involvement of families and carers

- Staff offered families and carers support and mediation and provided them with information about external support agencies where appropriate. The therapeutic timetable had a weekly session on a Sunday where families could attend for support, separate from the client. If required, the service also offered therapy sessions to couples.

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

Good 

Access and discharge

- The service focused on ensuring recovery, rather than just abstinence at the point of discharge. As a key part of this, the service offered an aftercare service of up to two years, enabling clients to return for specific sessions or general feedback, to share any concerns and get further support as required in maintaining recovery. This was being extended with the offer of additional aftercare for clients who wished to continue with support beyond this period.
- The service was available to people worldwide. They took self-referrals, referrals from a family member with the consent of the client and referrals from any community or health services, for example, GP. The service was a privately managed organisation and residential places were privately funded. The service had clear admission criteria and could admit people quickly following assessment. Two clients we spoke with had used the service more than once and spoke highly of their experiences of the admission process.
- The service offered varied lengths of stay dependant on the needs of the client, the shortest being four weeks. Clients had the flexibility to extend their stay if they wished and the service accommodated this well.

Substance misuse/detoxification

- The service had no waiting lists, allowing people wishing to use the service to choose the right time for them. This was supported by the service having a sister site, The Manor. The Manor provision helped the service to manage individual preferences and circumstances. For example, should client if they had a referral for family members or partners, they could offer separate service provision at the same time.
- The service offered aftercare following inpatient treatment. The aftercare programme was available to all who completed the initial four-week standard programme through the service. The aftercare programme included a once a week to aftercare group that could be accessed for up to two years. The service had developed an aftercare plus programme, which was an added to the afternoon of the aftercare group programme and could be accessed for a small fee to cover the cost of refreshments. The service additionally offered phased days to support integration back into the community. These days were available to clients to access the service in the daytime only, as part of the programme group once they had completed the initial programme. The service routinely followed up clients by phone if chose not to access the aftercare programme.

Facilities that promote comfort, dignity and privacy

- Clients had their own rooms where they could keep personal belongings safely. There were quiet areas for privacy and where they could be independent of staff. The service had adequate space for clinical and therapeutic activities. There was enough rooms to provide clients quiet areas, see visitors and make personal calls.
- Clients could make phone calls to family and friends in private. There was access drinks and snacks 24/7. The service employed a qualified and experienced chef who was on site Monday to Friday and prepared meals for the weekend.

Clients'/service users' engagement with the wider community

- Staff supported clients to maintain contact with their families and partners if they wanted to. Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. The therapy timetable incorporated family visiting times and phone calls, as well as visits to community venues and support groups.

Meeting the needs of all people who use the service

- The service made reasonable adjustments for clients with limited mobility, for example, by ensuring they had access to mobility aids and accommodating ground floor rooms.
- Staff were knowledgeable and understanding about issues facing marginalised groups, for example, people who identified as lesbian, gay, bisexual or transgender, black and ethnic minorities and people who have experienced trauma and abuse.
- The service catered for specialist diets, respected cultural and religious requirements. The chef developed weekly menus with clients and catered for varied diet choices, allergies or religious preferences. Staff considered clients who had an identified eating disorder or had preferences with where they chose to eat their meals.
- Staff could access interpretation services and advocacy for clients if required.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff if applicable. The service had received over 30 written compliments in the twelve months before inspection. They had received three complaints, of which one had been upheld in the same period.
- The service had a policy for responding to complaints and the manager gave examples of complaints and how they were managed. While formal complaints were primarily previous clients disputing payments for services, one complaint was regarding a communication issue. The registered manager gave examples of learning from complaints and any informal concerns raised. Learning from these was shared in staff meetings or through the mobile staff communication application.
- Clients we spoke with were clear about how to raise a concern or complaint if needed and felt comfortable to do so. The service had appointed a customer liaison manager to help address any day to day issues raised.

Are substance misuse/detoxification services well-led?

Substance misuse/detoxification

Good 

Leadership

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality care. The registered manager and senior managers were visible and accessible, sharing their time between sites effectively and flexible in traveling between sites based on service need. Senior leaders within the service had the skills, knowledge and experience to perform their roles effectively and well. Staff we spoke with were complementary of the management style and structure within the organisation.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff and clients. The aim of the service was to achieve sustained recovery for clients. Staff we spoke with were enthusiastic about the service, its aims, and their part in achieving those aims. They understood their role is in achieving that the service aim. Staff fed back and contributed to changes within the service.

Culture

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with felt respected, supported and valued. Staff felt positive and proud about their job and working for the service. Staff told us they could raise a concern without fear of the consequences.
- Managers were proactive in encouraging career and development conversations and supported staff to achieve their goals. Staff had access to support for their own physical and emotional health needs through management, peer support or referral to appropriate support services.
- The registered manager and senior managers within the organisation had developed strategies to engage staff members and boost morale, job satisfaction and improve retention of staff through reward schemes and recognition of achievement.

Governance

- The service continually made attempts to improve the quality of its services. There was a clear governance structure in place and underpinning policies, procedures and protocols for running of the service. Managers regularly reviewed and improved processes based on feedback from staff and clients and measured themselves again national benchmarks.
- There was a clear framework of what must be discussed at senior level and service level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. The service shared minutes from meetings that demonstrated where issues at been discussed and actions recorded.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The registered manager used results to monitor staff performance, medication errors, storage, stock levels, use dates, functionality of systems and to respond promptly to issues.

Management of risk, issues and performance

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The registered manager monitored staff sickness, turnover and performance effectively. The service had plans for emergencies, for example, adverse weather or a flu outbreak. No staff were subject to performance management at the time of inspection.

Information management

- The service collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards. The registered manager had access to dashboards, used data to monitor the effectiveness of the service. Staff had access to sufficient technology to carry out their roles effectively and up-date client records in a timely manner.
- The service made good use of technology. They shared information through a staff communication app and was in the process of implementing of new personal alarm system with voice transmission and GPS enabled. Detailed and confidential records pertaining to the service were stored on a password protected encrypted system.

Substance misuse/detoxification

- Staff submitted data and notifications to external bodies and internal departments as required. The service had protocols for submission of notifications for example, CQC notifiable incidents and safeguarding notifications.

Engagement

- Staff, patients and carers had access to up to date information about the work of the provider and the services they used through leaflets and through a dedicated webpage on the internet.
- Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. They could meet with the manager to give feedback if they wanted to and the managers were available and approachable to do so.
- The registered manager and local leaders engaged with external stakeholders such as national quality and compliance groups and shared of best practice nationally with other similar providers.

Learning, continuous improvement and innovation

- The service encouraged creativity and innovation to ensure up to date evidence based practice is implemented and imbedded. The service was signed up to a quality compliance system to ensure they stayed abreast of best practice. They ensured they updated policies and procedures in line with up-to-date standards. There were examples of innovative practice in their use of technology to support patient care, for example the use of the staff communication application. They were constantly evolving and improving their aftercare programme based on feedback from staff and clients.
- The service assessed quality and sustainability impact of changes, including financial. The service had grown and made positive changes over the two years it had been running. The registered manager and senior leaders were keen to innovate and improve quality for the benefit of the clients and the service. The service featured in the parliamentary review which aims to share best practice among policy makers and business leaders.