

Imagine Independence Fielder Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Fielder Lodge is a women only high support unit providing support and accommodation to eight women aged 18 to 65 with extremely complex mental health needs. Partially designed by women who used the service, it provided a secure, therapeutic environment with eight self-contained flats and a respite flat, a communal kitchen and lounge, therapy room, and office area.

People's experience of using this service and what we found

Fielder Lodge is a high-level support facility supporting extremely vulnerable women who had all previously spent much of their lives in secure hospital accommodation. Following the Hope and Recovery model of mental health support, the service was focused on providing exceptional standards of person-centred care and support.

All the women we spoke with told us they felt Fielder Lodge provided a safe and secure environment. They said that they had developed strong, meaningful relationships with the staff and built up trust and confidence whilst being supported. One told us, "I have trust in the staff, I know they will keep me safe. I never had trust in anyone, never did, but I know here they won't let me down."

There were safe recruitment systems in place. The service provided an all female staff team to ensure privacy and dignity were respected, quell anxieties, and provide empathy. Staff were highly motivated, resilient and skilled in their role. They had undertaken appropriate training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; People were respected and valued as individuals and empowered as partners in their care in an exceptional service.

The ethos of the service was totally focussed on meeting the needs and aspirations of each individual. Staff were highly motivated and offered care and support which was exceptionally compassionate and kind. Visiting professionals told us that staff were 'amazing' and, "Able to work with people to explore their issues in a sensitive and kind way." Staff showed empathy and had built open and honest relationships with the women they supported. They respected privacy and were mindful when sharing confidential information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The women who lived at Fielder Lodge were fully involved in planning their care and had choice and control about how their care would be provided. A full transition period as each new person was admitted into the service allowed time to get to know people, understand their preferences and how they wanted their support to be delivered. Detailed support plans accurately captured personal preferences and histories, allowing staff to adapt the way they delivered support in a truly person-centred way. The service recognised

and understood different cultures and backgrounds, and service delivery reflected people's values and traditions.

People were very clearly at the heart of the service. The service was extremely well led by managers who were dedicated to providing a service which was responsive to need. The women living at Fielder Lodge were encouraged to support quality assurance measures and consulted in all aspects of their care and support. Effective reviews and audits helped to drive forward quality. Staff told us that they were proud to work in a service which provided a quality of life for women who would otherwise face a lifetime within a hospital setting.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (Published 19 December 2016)

Why we inspected

This was a planned inspection based on the previous rating. Prior to our inspection we had received notification about two specific incidents. We reviewed these incidents during our inspection and are satisfied that the service responded and has subsequently made improvements to minimise the risk of any future occurrences.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our caring findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our well led findings below.

Fielder Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We carried out our inspection on 16 and 17 June 2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the area director, head of specialist services, two service managers, and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The people who lived at Fielder Lodge told us they were safe and well looked after. One person remarked, "I feel secure. I have trust in the staff, I know they will keep me safe. I never had trust in anyone, never did, but I know here they won't let me down." A second person echoed this, telling us, "This is the first place I've felt safe. Before I came here I never felt safe, in and out of hospital since I was a teenager."
- Staff fully understood their role in protecting people from abuse. They told us they knew how to report any issues and all staff had received training on the safeguarding of adults and children. They recognised abusive situations and know how to protect people from harm. Safeguarding alerts were appropriately made.

Assessing risk, safety monitoring and management

- Robust risk assessments and recovery focussed protection plans were in place for each of the people who used the service.
- All the people who lived at Fielder Lodge had a high risk of self harm. The staff had been trained in the Galatean Risk and Safety Tool (GRIST); a highly specialised mental health risk screening tool covering dimensions of risk, including suicide, self-harm and harm to others. Any incidents were recorded and monitored immediately using the GRIST tool, which enabled staff to monitor risk and revise support plans, reviewing the level of risk on a daily basis.
- Although it is a high-level support facility supporting extremely vulnerable people at risk of abuse and self-harm, Fielder Lodge is not a hospital so there were no lawful powers to insist people remain in the building. Following a serious incident all support plans and incident procedures have been revised to ensure the safety and well-being of people when they leave the premises.

Staffing and recruitment

- There continued to be enough staff on duty to support people, monitor, and respond to their changing needs. A visiting professional told us, "There is a really good staff to patient ratio and shifts flow really well. They are a set team in it for the long haul. Leaving here would be a step backwards."
- People who used the service were involved in the recruitment process. The assistant director told us that this assisted value-based recruitment.

Using medicines safely

- Systems to manage and administer medicines continued to be safe. Where possible, people were supported to manage their own medicines and medicine support plans indicated a sliding scale of support needed, and we saw that people would move up and down the stages depending on their mental health.
- One person told us, "The staff help me with my meds. They prompt me when it's time, then come around to me and I take my tablets. They are always on time and always correct."

- Regular medicine audits ensured that any errors in recording or managing medicines would be quickly identified and corrected. For example, we saw that where a medicine count identified four extra tablets, a subsequent investigation identified that the medicine had been over dispensed, and appropriate action was taken.

Preventing and controlling infection

- Staff were knowledgeable around infection prevention and control and had access to protective equipment such as aprons and gloves. This is important to minimise the risk of infection and cross infection.

Learning lessons when things go wrong

- Following two recent serious incidents, the service had completed internal enquiries and cooperated fully with external investigations. They recognised where action could have been taken and had reviewed all support plans and strengthened protocols.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A visiting health consultant told us, "[Fielder Lodge] is so brilliant for us. It's the equivalent of step down, but for people who are extremely difficult to place in fieldwork. The quality of life is so much better than secure units. It is an amazing place."
- The people who lived at Fielder Lodge had diagnoses such as emotionally unstable personality disorder and had spent much of their lives in hospital secure units. A health professional told us, "It is very difficult, they are all difficult - [people], and much evidence of self harm, but I've never seen such hard-working staff, they go on absolute maximum throughout. They are resilient and always buoyant."
- Before their admission a full and comprehensive assessment of the person's needs was undertaken. A six-week transition period including day visits and overnight stays allowing the person to get to know the service and people and provided opportunity for a full assessment of the person's needs taking into account how the person liked their needs to be met.
- The service worked closely with local health and social care services and had commissioning arrangements with Greater Manchester Mental Health Trust (GMMH). They liaised with commissioners and health professionals on a daily basis. GMMH provided a named responsible clinician who visited the service at least once weekly and the service funded a forensic community psychiatric nurse providing support for the women who lived at the service as well as supporting staff with training and reflective sessions.

Staff support: induction, training, skills and experience

- People told us they felt the staff were well trained and knew how to meet their needs in a person-centred way. One person said, "The staff are really knowledgeable. They 'get' mental health and they know me, so they can generally see the signs, and they will talk to me: I know they are there for me." The service recruited people based on their values and provided a comprehensive induction training programme before they commenced working at the service. This enhanced staff's understanding of mental health issues, personality disorders, stigma and self-harm. All staff undertook KUF (Knowledge, Understanding Freedom) training, which is a national framework to support people to work more effectively with personality disorder developed jointly by the Department of Health and Ministry of Justice.
- Further training was offered by the CPNs who visited the service. Staff told us that this was tailored to the people they supported and helped them to understand their behaviours. A visiting consultant told us, "Staff have good value base and emotional intelligence, and have developed an enormous amount of knowledge about people pieced together through interaction and observation. It has been really positive for the women here."
- Staff told us that their managers were always approachable, willing to listen to their concerns and they had a planned supervision on a regular basis. In addition, the service employed a cognitive analytic

therapist. Cognitive analytic therapy (CAT) is a programme of therapy tailored to an individual and explores the way a person thinks, feels and acts, and the events and relationships that underlie these experiences. The purpose of CAT is to help the person make sense of their situation and to find ways of making changes for the better. Both staff and people who used the service had access to the CAT therapist and reported that this regular service was beneficial.

Adapting service, design, decoration to meet people's needs

- All the people who lived at Fielder Lodge had their own flats. Each person was given a budget to buy their own furniture and decorations.
- The main office was situated at the front of the building, so staff could observe when people entered or left the premises.
- The service had a fully furnished 'respite room' which could be used by people who may require extra support. A visiting professional told us that the respite room, "Works wonders: it provides such a calm and relaxing environment."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people where necessary to prepare their own meals in a way which maintained their independence and improved their cooking skills.
- People were encouraged to maintain a balanced diet and support was clearly identified in support plans. One person told us, "If it wasn't for staff I wouldn't eat, so they constantly remind me about it, and give support."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service continued to maintain excellent relationships with the multi-disciplinary teams within Greater Manchester Mental Health Trust and other mental health services across the region.
- In addition to the forensic community psychiatric nurse (CPN) within the staffing compliment the service liaised closely with other CPNs. A responsible clinician (RC) was seconded from the Trust, and care coordinators ensured that reviews were undertaken as scheduled.
- Staff monitored people's physical health and supported them to receive appropriate physical and dental health care, including attending primary and secondary medical care appointments. One person told us, "My physical health is an issue, but they always make sure I get to my appointments, they really help me a lot."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA

- Staff continued to receive a high standard of training and support to ensure people's rights under the MCA were respected and promoted.

- People told us they were given space and time to give staff their consent for any care or support, and said their choices were always respected. They told us that they were given choices and that there were no restrictions on their movements. One person told us, "I am free to come and go, but I don't do very much, go to the cinema with staff, and the odd few things. We go out for meals together sometimes, which can be good."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- One person commented, "The best thing here is the staff. The way they are with me is amazing. They are kind, caring people. They always have enough time for me any time day or night."
- Staff were highly motivated and offered care which was exceptionally compassionate and kind. A visiting consultant told us, "Staff care is excellent. All staff are keen to help and have developed a really good rapport with people here. As consultants we recognise that quality and continuity of care is paramount. This provides that." One of the women we spoke with said, "I love it here. It's the only place I've ever fitted in and I've been in the system since I was 15. I've never found a place as caring and compassionate as this one. I've made friends. They are lovely people."
- Despite the very complex nature of people's personalities they were always treated with utmost respect and kindness. We saw and overheard rapid mood swings, but staff were understanding and responded calmly, displaying empathy, patience and tolerance, demonstrating a person-centred, caring approach. One person told us, "The staff are all great; I have a lot of mood swings, but they know how to support me and never hold grudges."
- Staff remained alert to any changes in people's mental health and vigilant to any signs that people might be at risk of self harm. They had built up a comprehensive understanding of people's needs and knew how to respond in a person-centred way. They were sensitive to people's need for their own space but remained alert to any signs of risk and responded well when people needed support to explore their own feelings. One person told us, "I feel so much better here than I have ever done; that's down to the staff here, they are really great with me. So much has happened with me. I've been in and out of hospital: six times now; they always come and visit me. It's been great; I couldn't fault them. When I first came I wouldn't speak, my way of communicating was to cut myself. I am now more open; this came down to working closely with staff, developing trust and respect, and how they worked with me. I've grown up a lot. This is my support."
- The management team had established an extremely strong caring culture which extended to support for staff. All the women living at Fielder Lodge had suffered abuse, pain and rejection, and the impact on staff was recognised. Shifts and duties were arranged to allow consistency of support balanced with time to reflect on people's behaviour. Support included sessions with the community psychiatric nurse, regular cognitive analytic therapy and group sessions to allow reflection on people's behaviour.

Respecting equality and diversity

- The service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed established, person-centred care planning. Support planning documentation used by the service enabled staff to capture information to

ensure people from different groups received the help and support they needed.

- Staff had received training in equality and diversity issues and were keen to promote anti-discriminatory practice. The service supported people to attend worship and provided advice and support around sexual health and relationships.
- The service recognised that people's values, culture and traditions could impact on their behaviour, and were keen to understand what was important to people. When a person from a far eastern ethnic origin was admitted to Fielder Lodge, the service commissioned a specialist cultural consultant to help staff develop knowledge around the person's values. This helped staff to understand what was important to the person and how to respond to them in a respectful and culturally sensitive manner.

Supporting people to express their views and be involved in making decisions about their care

- People remained at the heart of the service and their care and support was designed around their goals and aspirations. People told us they had been involved in the planning of their care through the assessment and care planning process and at on-going reviews. A monthly reflection sheet allowed people to record what was going well in the delivery of their support, and what wasn't.
- Involvement of people who used the service was clearly embedded into everyday practice. One support worker told us, "The ethos here is very person centred: they lead, I support. I would never say 'you are not doing this', but some like a bit of motivation to get up and do. We encourage them in their own time."
- People had signed to say they agreed with their care and people confirmed staff always sought their consent before providing support and assistance.
- When people needed additional help to support them with decisions, the service had information about advocacy services and people had been supported to visit the citizen's advice bureau when needed (CAB). Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

Respecting and promoting people's privacy, dignity and independence

- The service provided an all-female staff team. This enabled them to work empathetically with the people they supported and provide care and support in a non-judgemental way which respected people's rights to privacy and dignity.
- Each service user had their own self-contained flat. Staff respected the person's privacy within their own home. Whilst staff had key access, this was only used when there was a genuine cause for concern, and service users gave permission for this in advance.
- All staff were mindful to protect people's confidential information and guarded when explaining people's past histories. The service took great care to respect confidentiality within the service and all personal documentation was securely stored at all time in a locked room.
- The service encouraged people to develop their independence, for example, helping people to manage their own personal care. The staged approach to medicine support enabled people to take control of their own medicines at their own pace, and regularly reviewed with the person.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service continued to demonstrate an outstanding response to the needs of the women who lived at Fielder Lodge. Care and support were planned proactively with each person. Support plans accurately captured personal preferences and histories as well as the choices and decisions that people could make for themselves.
- Each person had set times – negotiated on a daily basis – for staff to work with them on a one to one basis. Staff were vigilant to their mental health and the service was flexible enough to provide extra care when necessary. When an episode of relapse was identified the service responded immediately with risk management plans that included clinical support, one to one monitoring and increased support sessions and checks. One person told us, "Staff can generally see the signs if I am thinking about self-harming, and they will talk to me: I know they are there for me. I push them away, but it takes a lot for them not to support me." Another commented, "The staff always have enough time for me, any time day or night. They know me and know when I'm struggling so they stay and talk or give me space to be on my own but keep a look out."
- Prior to admission into Fielder Lodge staff worked proactively with each person, spending time over the transition period getting to know them and understand their preferences, needs and how they wanted their care to be delivered. People were fully supported to develop their individual support plans, which focussed on the person's whole life, including their skills, abilities, aspirations and the goals they wished to achieve. One person told us, "I work with the team, and amend my support plan. I talk to them about my issues, and the plan is reviewed every month."
- The service understood the specific needs of individuals and delivered support in an extremely person focussed way. They supported people to identify when they were most at risk and helped them to come up with their own coping strategies. Support plans contained numerous person-centred coping and distraction techniques to prevent relapse, some as simple as listening to a sea shell, eating fudge or smelling vanilla.
- Staff were trained in working with complex personality disorders. The nature of the service meant it needed to be immediately responsive to changes in a person's presentation and mood. Support plans suggested how to phrase questions to avoid misinterpretation, such as 'is there anything you want to talk about?' rather than 'how are you feeling?' The service provided gentle ongoing care to people who had never received this type of support previously. Staff had developed a comprehensive knowledge of the personalities of each of the women and how to provide the correct support. For example, one support worker told us that when working with one woman they would, "Sit and wait; allow time and quiet to let her open up. We allow a long pause because she is trying to work it out. She needs space to organise her thoughts."
- The commissioners and professionals we spoke with told us that they had utmost faith in the service. A visiting consultant told us, "People are as safe as they can be in the community. Two {people} are two of the

most difficult to manage, but [the support workers] are doing really well: they are up for a challenge, but the beauty is that they see each person as an individual and gain their full trust. It's amazing what they do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had excellent support to live as full a life as possible. The service helped to enrich people's lives by encouraging and supporting them to take part in activities that would help them live a varied and active life.
- Support plans indicated people's goals and aspirations including paid and voluntary work and further education. The service recognised that this could be a major achievement given that people had spent many years in secure environments but had successfully arranged a number of community placements.
- Within the service, people had developed a mutually supportive network. One person told us, "It's the most dysfunctional family, but we all get on."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was sensitive to people's communication requirements. For example, where people struggle with English key documents have been translated into their first language. Other people who live at Fielder Lodge have cognitive problems. Where this has been identified easy read versions of documents have been produced to aid their understanding.
- Where language and communication barriers have been identified staff ensure that they take extra time to ensure that the people they are speaking with have understood information and have time to engage or provide feedback. Staff have received training around relational security, which they told us has assisted them to recognise non-verbal cues.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint, and details of who to contact if they remained dissatisfied with the service. This information was displayed around the service
- People told us they knew how to complain. The service kept copies of all complaints and had systems in place to track complaints and concerns through to completion.

End of life care and support

- All the women who lived at Fielder Lodge had an on-going history of self harm and the service recognised that this could lead to suicide. All staff had received training from a consultant psychiatrist in dealing with a death in service. Following recent incidents, staff received support and provided further support to the women at Fielder Lodge, closely monitoring people's mood and feelings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The service continued to be well led by a management team who understood that positive outcomes could be achieved by providing consistent person-centred care and support. They had developed a calming, therapeutic environment with a culture of 'wrap around' care rather than physical intervention, which allowed time for people to articulate their fears, letting staff carry the load alongside them.
- Staff were seen as valuable assets and were offered high standards of specialised training. A visiting psychiatrist told us, "There is a high level of empathy from every member of staff I've met. ... They are really amazing as a staff group and really well managed. They bridge the gap between people and their specialist professionals and are able to work with people to explore their issues in a sensitive and kind way."
- Before they came to live at Fielder Lodge some of the women had been documented as having made over 400 suicide attempts in previous hospital or community placements. By providing a caring environment and a staff team dedicated to listening to people and act on their desires and aspirations the incidence of self harm had dramatically reduced. Staff told us that they were proud to work in a service which provided a quality of life for women who would otherwise face a lifetime within a hospital setting.
- All the people we spoke with praised the leadership and the culture of the service. A visiting professional told us, "It has been really positive for my patients; the culture is there. Staff have good value base and emotional intelligence and have developed an enormous amount of knowledge about people pieced together through interaction and observation." When we spoke with staff they told us that they felt well supervised by managers who were supportive and approachable, and understood the day to day issues that came with the role. One told us, "They are good at reading the signs; they know us, and how we respond. They are always there for us, as well as for the women. CAT therapy is useful too, both as a group to discuss communal issues, or one to one, and we have enough time to reflect on practice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their duty of candour and reported incidents and accidents to the appropriate authorities, including The Care Quality Commission .
- Robust systems to review, audit and analyse data and other records ensured that quality standards remained high.
- The service recognised its role to support people to pursue full and active participation in the local community. The staff had developed an extensive knowledge of community groups, adult education classes and other community resources and activities available to the women living at Fielder Lodge. They had built

links with the community police officer and held regular meetings with the housing provider to consider any issues of anti-social behaviour in the community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The vision, values and culture of the service was based on the 'Hope and Recovery' model and clearly focused on a person-centred approach, placed people at the heart of service delivery. People were fully involved in their own assessments, goal planning and reviews. They were encouraged to keep in regular contact with office staff to report any concerns they might have. They were asked to comment on the service they received during reviews, and the service completed surveys with all the people who used the service. We saw that there had been a good response to the most recent survey, which showed a high level of satisfaction. Regular peer social meetings offered people the opportunity to input and direct the support offered at Fielder Lodge.
- People who used the service continued to be involved in monitoring quality. This was seen to have positive benefits, not only for the service but also for the people involved, for example, one person had severe issues of trust and distress, and became engaged through her involvement with interviewing new staff members.
- Managers undertook a weekly walk through the service with a person who lived at Fielder Lodge to identify issues as seen through the person's eyes.
- Staff had received training in equality and diversity issues, understood different cultures and respected traditions. Sex and sexuality issues were considered, and the service provided information for staff around relationships and sexuality in adult social care. Staff told us they were comfortable exploring these issues with people.

Continuous learning and improving care; working in partnership with others

- In spite of the two recent events staff remained resilient and committed, using their negative experiences as opportunities for learning. All staff were debriefed, offered external support and increased sessions with therapists to identify any lessons learnt and for the service to implement all actions required to improve service provision
- The service was part of the Imagine Independence Mental Health Organisation, which maintained close links with similar mental health services.
- The service had developed exceptionally strong links with multi-disciplinary teams in the local area, the Greater Manchester Health Trust and other secure services within the region.
- There was daily contact with community psychiatric nurses and weekly clinics were held with a consultant psychiatrist. All the women at Fielder Lodge were treated within the Care Programme Approach (CPA). Any CPA meetings were held within Fielder Lodge to help reduce fears or anxieties people may have if returning to a secure setting.
- The service had strong links with other local community services and liaised closely with social workers, pharmacists, general practitioners and other NHS staff such as speech and Language therapists and district nurses. We saw good evidence of partnership working to ensure the service provided a high quality of care.