

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Substance misuse services

### Quality Report

Woodfield House,  
Tickhill Road site,  
Weston Road,  
Balby,  
Doncaster,  
DN4 8QN  
Tel:01302 796000  
Website:www.rdash.nhs.uk

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXE30	New Beginnings - Doncaster	New Beginnings	DN4 0QP
RXE00	Trust Headquarters - Doncaster	Rosslyn House	DN1 2EZ
RXE00	Trust Headquarters - Doncaster	Foundations	DN31 1JA
RXE00	Trust Headquarters - Doncaster	Clearways	S65 1BL

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Rotherham Doncaster and South Humber NHS Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

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 / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	9

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### Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	11

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# Summary of findings

## Overall summary

We have rated substance misuse services as **good** overall because:

- All locations were clean and well maintained, clinic rooms were clean and equipment was regularly serviced with stickers visible detailing when the next service was due. The risk assessments we saw reflected the needs of the clients and were in date.
- Controlled drugs were stored appropriately and contracts were in place for the collection of clinical waste.
- Assessments were seen to be detailed and contained both a physical health assessment and an assessment of substance use. Recovery plans were seen to be strength based and recovery focused.
- The service employed a range of staff disciplines through the trust and partner agencies which meant clients had access to a range of medical and psychosocial interventions recommended by national guidance.

- Staff assessed clients' physical health care needs. Staff communicated with GPs concerning physical health and prescribed medications and the systems used linked up so that notes could be shared.

However:

- We were unable to find risk assessment for three clients in the records we inspected; one of whom had been using services for a number of years.
- Mandatory training compliance was at 78% which was below the trusts benchmark of 90%. Only 58% of staff had attended the resuscitation level one training.
- The care plan template in use did not reflect the four domains recommended by the Department of Health, drug misuse and dependence guidelines. This created inconsistency in the quality of the recovery plans and meant some recovery plans were more holistic than others.
- 58% of the records we looked at did not contain signed consent for information to be shared with the National Drug Treatment Monitoring System.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

#### We rated safe as good because:

- Clinic rooms were well maintained and fridges were temperature checked daily. Controlled drugs were stored appropriately and contracts were in place for the collection of clinical waste.
- Risk assessments were in date and reflected the needs of the clients

However:

- Only 58% of staff had received resuscitation level one training, this was below the trust's benchmark of 90% and could place clients at risk.
- We were unable to find a risk assessment for three clients on the electronic records system.

Good



### Are services effective?

#### We rated effective as good because:

- Recovery plans reflected the needs of the clients and were strength based and recovery focused.
- Psychosocial therapies were available to clients as per national guidance.
- Relationships with pharmacists meant staff could be notified electronically if a client missed a dose of medication within 24 hours.
- Client outcomes and progress were monitored using treatment outcomes profiles and the drug and alcohol recovery star.

However:

- The care plan template did not reflect the four domains recommended by the Department of Health, drug misuse and dependence guidelines.

58% of the records we looked at did not contain signed consent for information to be shared with the National Drug Treatment Monitoring System which collects, collates and analyses information regarding drug treatment.

Good



### Are services caring?

We did not review caring as part of this inspection.

Good



### Are services responsive to people's needs?

We did not review responsive as part of this inspection.

Good



# Summary of findings

## Are services well-led?

We did not review well led as part of this inspection.

Good



# Summary of findings

## Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust provides drug and alcohol services in Rotherham, Doncaster, and North East Lincolnshire.

Services support people who have difficulties with alcohol or drug use. They are assisted with stabilisation and a journey into recovery. The trust offers a range of interventions including prescribing, medication management, specialist advice, detoxification, psychosocial support, and recovery support.

At the time of the inspection, the service was in a state of transition. The trust was implementing a move to a new locality based model of care from a business unit model.

### Rotherham

The drug and alcohol service in Rotherham is called Clearways. The substance misuse treatment team and drug interventions team are based at this location. The drug interventions team works closely with the police, prisons, and probations services.

A recovery hub is provided by a national voluntary sector provider in Rotherham. Trust staff from Clearways work alongside the provider to deliver recovery-focused interventions in the hub. Clearways staff work closely with most GP surgeries across Rotherham as part of a shared care programme. Shared care in Rotherham involves clients being seen in primary care while being supported by a member of the substance misuse team.

### Doncaster

Aspire is a partnership between the Trust, the Alcohol and Drugs Service and Doncaster Alcohol Service. Aspire deliver substance misuse services across Doncaster.

Sinclair House and Rosslyn House are the main locations for the substance misuse service including the single point of access and recovery café. The service manager, nurses, psychosocial intervention workers, and administrative staff are employed by the trust. Seven teams comprising, three teams of nursing staff and four teams of family and social care staff deliver treatment.

‘New Beginnings’ is a structured day care programme and inpatient detoxification facility with ten beds. The programme is based on cognitive behavioural restructuring, within a therapeutic environment and involves group work and one-to-one interventions. The structured day care programme can take up to 30 clients and is delivered daily. Clients attend approximately 15 hours per week. The inpatient detoxification is based on a social model and is available to clients who are suitable for home detoxification but do not have the social/family support at home. The consultant psychiatrist assesses clients prior to admission.

### North East Lincolnshire

‘Foundations’ is delivered through a consortium partnership between three separate organisations.

Rotherham Doncaster and South Humber Foundation Trust the Alcohol and Drug Service, and Care Plus Group who work together as part of Foundations. Foundations operate from a central base in Grimsby and clients attend on an appointment basis. The service manager, consultant psychiatrist, nurses and two administrators are employed by the trust. The other organisations in the consortium employ case managers, recovery support workers and administrators.

## Our inspection team

The team that inspected the services provided by Rotherham, Doncaster and South Humber NHS Foundation Trust was led by Jenny Wilkes, Head of Hospital Inspection (North East), Care Quality Commission.

The team that inspected the substance misuse service was comprised of three Care Quality Commission inspectors and a specialist advisor who was a nurse with experience of working in the substance misuse field.

# Summary of findings

## Why we carried out this inspection

We undertook this inspection to find out whether Rotherham Doncaster and South Humber NHS Foundation Trust had made improvements to their substance misuse services since our last comprehensive inspection of the trust on 15 September 2015.

When we last inspected the trust in September 2015, we rated substance misuse services as requires improvement overall. We rated the core service as requires improvement for Safe, requires improvement for Effective, good for Caring, good for Responsive and good for Well-led.

Following that inspection we told the trust that it must take the following actions to improve substance misuse services:

- The provider must ensure that staff responsible for administering medication in the inpatient detoxification unit are suitably trained and assessed as competent.
- The provider must ensure that the inpatient detoxification has a female-only lounge available at all times.
- The provider must ensure that risk assessments are comprehensive and regularly reviewed for each service user.

- The provider must ensure that care plans are comprehensive, holistic and recovery focused and must be regularly reviewed.

We also told the trust that it should take the following actions to improve:

- The provider should ensure that they are following guidance on the facilitated access to mutual aid and that they support people to overcome their dependency.
- The provider should ensure effective audit systems are in place across the division to check that care records are of a good standard.

We issued the trust with four requirement notices that affected substance misuse services. These related to:

- Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014 Person-centred care

Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance

## 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 visit, we reviewed information that we held about these services. This information suggested that the ratings of 'good' for caring, responsive and well led, that we made following our September 2015

inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe and effective.

During the inspection visit, the inspection team:

- Visited all four locations, looked at the quality of the environments and checked all clinic rooms.
- Observed how staff were caring for patients. This included observing care interactions on six occasions.
- Spoke with ten patients who were using the service.
- Interviewed the managers for each of the services.



# Summary of findings

- Interviewed 21 other staff members individually; including doctors, nurses, occupational therapists, social workers, pharmacists and psychologists.
- Attended and observed one hand-over meeting and three multi-disciplinary meetings.
- Looked at 24 care records of patients.
- Carried out a specific check of the medication management at each location and reviewed 17 prescription charts.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke to ten people who used the service. Everyone we spoke to said they felt safe accessing the services and that when incidents occurred, staff dealt with these well.

People felt their needs were assessed well and the service provided them with the support they needed to achieve their goals.

## Good practice

The service communicated with GPs concerning physical health and prescribed medications and the systems used linked up so that notes could be shared.

## Areas for improvement

### **Action the provider SHOULD take to improve** **Action the provider SHOULD take to improve**

- The provider should ensure all that staff receive training in resuscitation
- The Provider should ensure risk assessments are available for all people who use the service
- The Provider should ensure the recovery plans are completed consistently
- The Provider should ensure clients' consent to information being shared with the National Drug Treatment Monitoring System is recorded in client records.

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Substance misuse services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
New Beginnings	New Beginnings
Rosslyn House	Trust Headquarters
Foundations	Trust Headquarters
Clearways	Trust Headquarters

#### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received a leaflet providing a staff with a basic awareness of the Mental Capacity Act. Staff were able to articulate the principles of the Act and relate these to the complexity of working in substance misuse services.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

All locations visited were well maintained, clean, and tidy. The waiting areas had secure door systems for access into appointment rooms and staff offices.

The service provided staff at Clearways and Aspire with portable alarms; staff could use these to call for assistance when meeting clients in appointment rooms. The rooms at Foundations service were fitted with alarm points should staff require assistance. Where staff were facilitating group sessions, the group would be risk assessed and a minimum of two staff would facilitate the sessions. Staff at New Beginnings were also provided with portable alarms and client bedrooms were fitted with a nurse call button.

Clinic rooms were well maintained and fridges, which contained vaccines, were temperature tested on a daily basis. Foundations stored methadone on site for titration of new clients and we found that practices for the safe storage and dispensing of medications were in line with the trust policy. Methadone was stored appropriately in a locked medicine cabinet. The trust had contracts in place for the collection of clinical waste from all the substance misuse services where this was required.

Equipment was clean and, where appropriate, stickers displaying the date of the last equipment check were visible. We saw records demonstrating the equipment was regularly serviced and repaired as necessary.

Emergency resuscitation equipment was not available in any of the community locations, services accessed local A&E departments if any incidents occurred on site. New Beginnings had a service level agreement through the Health Care Professional referral line for out of hours medical support and had a clear process for staff to follow when accessing medical support out of hours, including the expected outcomes following GP triage.

The service at New Beginnings accommodated both male and female clients in separate areas. The service managed the rota to ensure a female member of staff was always on duty. Since the last inspection, New Beginnings had been extended to facilitate the inclusion of a female only lounge and an additional four bedrooms.

Managers had completed a ligature point audit at New Beginnings in August 2016. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. The audit identified potential ligature risks and control measures. We saw evidence of work being completed as a result of the audit to reduce the risk.

### Safe staffing

In Doncaster and Grimsby, services were commissioned which used other organisations to provide recovery support interventions.

Services in Doncaster were a partnership arrangement between Rotherham, Doncaster and South Humber NHS Foundation Trust, The Alcohol and Drug Service, Doncaster Alcohol Service and Nacro this service was called Aspire.

In Grimsby, there was a consortium arrangement between Rotherham, Doncaster and South Humber NHS Foundation Trust, The Alcohol and Drug Service and Care Plus, this service was called Foundations.

Rotherham, Doncaster and South Humber NHS Foundation Trust provided the following whole time equivalent staff at each location:

Aspire community services

Nurse Band 7 – 4.0

Nurse Band 6 – 6.0

Nurse Band 5 – 11.0

Nurse Band 2 – 4.0

Aspire New Beginnings

Specialist Doctor - 1.0

Nurse Band 7 – 1.0

Nurse Band 6 – 1.0

Nurse Band 5 – 6.0

Nurse Band 2 – 10.0

One additional whole time consultant psychiatrist worked across both the community services and New Beginnings services

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

## Foundations

Consultant – 0.4

Nurse Band 8A – 1.00

Nurse Band 7 – 3.00

Nurse Band 6 – 1.20

Nurse Band 5 – 1.00

Nurse Band 4 – 1.00

## Clearways

Consultant – 0.7

Psychiatrist – 1.00

Nurse Band 7 – 3.00

Nurse Band 6 – 6.60

Nurse Band 5 – 16.30

Nurse Band 3 – 5.00

Information gathered from managers and records demonstrated that staffing levels were adequate to keep people safe and meet their needs.

Commissioners had recently re-commissioned some elements of the drug and alcohol services in Rotherham which had resulted in Rotherham, Doncaster and South Humber NHS Foundation Trust no longer providing some services. The day of the inspection was the last day the criminal justice team, comprising of 4.8 whole time equivalent band 5 nurses, would be provided by Rotherham, Doncaster and South Humber NHS Foundation Trust. Staff were due to move to another employer the following week. A similar process was underway for the recovery team working at the recovery hub at Carson House.

Information provided by the trust demonstrated mandatory training across the service was at 78% this was lower than the trust's benchmark of 90%. Resuscitation level one was noted to be particularly low at 58% across the service. Although, 67% of staff at New Beginnings detoxification unit had completed the higher level resuscitation training and 43% had completed the level one training.

## Assessing and managing risk to patients and staff

The service used the Functional Analysis of Care Environments risk assessment tool. The tool comprised of an initial risk screening tool which was completed during the first appointment. A more detailed risk management plan would then be completed to address any risk issues identified. The staff we spoke to were able to articulate the process of assessing and managing clients' risks and how these were recorded in clients' records. At the last inspection, we found risk assessments had not been reviewed and were not comprehensive. During this inspection, we looked at 24 client records on the electronic recording system. Risk assessments were generally seen to be present, in date and reflect the needs of the clients. However, we could not find risk assessments for three clients, one of whom had been known to the service in Grimsby for a significant period of time and had known risk issues which staff were aware of.

The service did not have a waiting list for any of the locations and aimed to see new clients within two days of first contact. All clients began to receive treatment within three weeks of initial assessment. Administration teams generated the prescriptions for each community service. Most prescriptions were sent direct to pharmacies for clients to collect on a daily basis. Good relationships existed with pharmacies, who would notify the services if prescriptions were not collected. If a dose was not picked up for three days, then the prescription was automatically stopped and the service user would be asked to come into the service for an appointment. Clients were asked to collect prescriptions as part of a planned appointment if staff had any concerns. We saw effective recording systems were in place for the printing, signing, and distribution of prescriptions.

All staff had completed safeguarding adults and safeguarding children level one training. Although, only 58% had completed the higher level safeguarding adults training and 68% the higher level safeguarding children training. However, all the staff we spoke to demonstrated an understanding of the principles of safeguarding and the steps to take to raise a concern or seek advice. Each location had a safeguarding 'champion' and the trust employed a safeguarding lead who staff could contact. Staff at each location were aware of the local authority safeguarding teams and how to contact them.

## Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

All the staff we spoke to were aware of the trust's lone working policy and their responsibilities within this when meeting clients in the community. Staff had access to personal alarms and mobile phones and would meet clients in pairs if there were any perceived risk issues. Staff working in the inpatient unit were issued personal alarms and assessed the risks based on the individual client.

### Track record on safety

In the period between September 2015 and August 2016 there had been eleven serious incidents reported. These all related to the death of a client who was in the service. All deaths had occurred in clients' own homes and had been investigated by the police or coroner. The service completed an internal serious incident investigation following each incident and learning was reviewed in governance meetings and within team meetings. Three investigations remained on-going at the time of the

inspection. Over the last twelve months, there had been a total of 407 incidents of which 165 had been classed as an adverse healthcare event; 70% of these had resulted in no harm or minor harm.

### Reporting incidents and learning from when things go wrong

Services in Rotherham and Doncaster used the trust's electronic incident reporting system. Foundations used a different system which was the responsibility of another member of the consortium. However, the trust were notified of these incidents to enable them to be logged on their incident reporting system.

Staff could access and record incidents directly on to the system through the trust's intranet or through a shortcut on the desktop of their computer. Incidents were discussed at governance meetings and relevant trends and learning were disseminated to team meetings. We reviewed three months team meeting minutes for each location and saw evidence of incidents being discussed within these.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

The service used an electronic recording system to maintain the records for all clients. The trust owned the licence for the system for services delivered at Clearways and Aspire. The system at Foundations was licenced to one of the partner organisations. However, all workers had access to service user records on the system.

Assessments were seen to contain a full assessment of drug use, injecting history and previous access to treatment and physical health checks. All clients at New Beginnings received a pre admission assessment with the specialist doctor; this included the interventions, which would be delivered during their stay. However, there were two clients who had been in service for a number of years whose assessments had been archived and, therefore, were not easily accessible.

The last inspection found recovery plans were out of date and had not been completed comprehensively. During this inspection, we found all but three of the 24 client records that we examined had recovery focused, strength based recovery plans in place. We could not find recovery plans for two clients at Clearways and one at Foundations. A further two recovery plans we reviewed at Clearways were completed seven and nine months previously. These were over the trust's recommended maximum six monthly review period.

The service had introduced a new recovery plan format; which moved away from the four domains recommended by the Department of Health, drug misuse and dependence guidelines. We found the new format, although strength based relied on the workers ability to produce a holistic recovery plan. This resulted in the quality of the recovery plans being inconsistent. Although all plans reflected the needs of the client, some recovery plans were more detailed and holistic than others.

### Best practice in treatment and care

National Institute for Health and Care Excellence guidance was being followed for prescribing medications. Consultants, GPs or Nurse Medical Prescribers reviewed clients at least every three months. Psychosocial therapies were available to clients as per National Institute for Health and Care Excellence guidance. A dedicated team at New Beginnings and Aspire delivered psychosocial therapies.

Recovery workers at Foundations delivered psychosocial therapies as part of their role, and were employed by another organisation in the consortium. The treatment team at Clearways delivered brief cognitive behavioural therapy, node mapping, and motivational interviewing as a part of their roles. Most psychosocial interventions were delivered through group work

Drug testing, using urine screens were done in all services to identify illicit substance misuse and monitor progress of services users' treatment.

The service used 'pharm/outcomes' an electronic pharmacy based system, for all clients who were on a prescription. The system enabled the pharmacy to notify the service electronically within 24 hours if a patient missed a dose or any other concerns the pharmacy had. After three missed doses, prescriptions were stopped and clients were asked to come into services for an appointment with their key worker. This was to manage risk due to people becoming a high risk of overdose if their tolerance levels drop due to missed doses of prescribed medication.

Physical health care needs were assessed by the services including looking at infection sites relating to injecting. Trust staff communicated with GPs concerning prescribed medications and the systems linked up so that notes could be shared.

Progress of clients was measured through treatment outcomes profiles and the drug and alcohol recovery star at least every three months. Treatment outcomes profiles is a national tool, which measures outcomes for substance misuse treatment as part of the national drug treatment monitoring system which collects, collates and analyses information regarding drug treatment. The drug and alcohol recovery star is a tool which measures and supports progress for clients towards their goals based on a model of change. However, 58% of the records we looked at did not contain signed consent for information to be shared with the National Drug Treatment Monitoring System.

Peer mentor schemes were established across the service with clients taking part in a comprehensive training package and continued support from volunteer coordinators.

### Skilled staff to deliver care

Trust staff included service managers, team leaders, nurse medical prescribers, consultant psychiatrist, doctors,

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

nurses, and support workers. The trust had supported nurses to become nurse medical prescribers, to enable easy access and responsive prescribing of medication. Nurse medical prescribers received appropriate peer supervision and clinical leadership from the consultant psychiatrists.

All trust staff completed an induction programme before progressing on to complete mandatory and specialist training specific to the role including blood borne virus and overdose training. We saw supervision logs which indicated staff received regular supervision and appraisal; the staff we talked to confirmed this and said they felt supported by their manager.

## **Multi-disciplinary and inter-agency team work**

Each community service had a weekly multidisciplinary team meeting to review and discuss issues with individual clients. Outcomes from discussions were recorded within client notes for staff and GPs who did not attend to access. Teams also held daily meetings each morning to discuss clients and allocate referrals.

New Beginnings inpatient detoxification staff met daily to discuss the current client group and to hand over progress and concerns these meetings consisted of a clinical meeting and a link meeting with staff from both the detoxification unit and the structured day care programme.

All teams had regular team meetings which provided the opportunity to discuss issues with clients, review learning from incidents and share concerns.

## **Good practice in applying the Mental Capacity Act**

All staff had received the basic Mental Capacity Act training in the form of a leaflet. Although only 22% of staff had completed any higher level training in the Mental Capacity Act.

The staff we spoke to were able to articulate the principles of the Act and the issues relating to the client group and acknowledged this could be difficult within substance misuse services. Staff discussed ways they would manage situations including arranging to see a client later in the day if it was felt they were lacking capacity due to consuming drugs or alcohol prior to the appointment.

Clients who attended the detoxification unit at New Beginnings would have a pre-admission assessment with the consultant psychiatrist who would also complete their admission. If there were any concerns regard a client's capacity to consent to treatment the consultant would complete a capacity assessment and meet with them the day after admission to review these.

The majority of records we looked at demonstrated consent to treatment and eleven of the 24 records contained capacity assessments for clients giving consent to treatment where capacity had been a concern.

## Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

### Our findings

We did not review caring as part of this inspection.



# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

We did not review responsive as part of this inspection.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

We did not review well led as part of this inspection.