

**Good** 

# Sequence Care Limited

# Olive Eden Hospital

## Quality Report

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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)
1-118246785	Olive Eden Hospital	Olive Grove Eden Court	N17 0ND

This report describes our judgement of the quality of care provided within this core service by Sequence Care Limited. 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 Sequence Care Limited and these are brought together to inform our overall judgement of Sequence Care Limited..

# 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

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# Summary of findings

## Overall summary

Our rating of this service improved. We rated it as **good** because:

- The service now provided safe care. The environment was safe and clean. There were enough staff on duty. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff developed care plans informed by a comprehensive assessment. The physical health care needs of patients were identified and met.
- The nursing staff worked well with doctors and therapists to provide care and treatment and to develop goals for patients to become more independent.

- The service was well-led. Leaders had ensured that the quality of the service had improved since our previous inspection in August 2017. Health and social care regulations were met.

- Leaders of the service had begun the process of transforming the service from a hospital to two separate care homes.

However:

- Record keeping systems at the service made it difficult for staff to ensure all patient needs were met.
- Staff reviewing positive behaviour support plans did not record how they had used information on incidents to update these plans.

# Summary of findings

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

### Are services safe?

Our rating of safe improved. We rated it as **good** because:

- The service was safe, clean, and well-furnished and well-maintained.
- The service had enough nursing and medical staff, who knew the patients and received training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well, and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff had the skills required to develop and implement positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. Restraint and seclusion was not used.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff followed best practice when storing, dispensing, and recording the use of medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.

However:

- The current paper-based patient record system was disjointed and made it difficult to ensure that care was delivered in a way that met the patient's health needs. The provider was in the process of changing to an electronic patient system.
- Whilst positive behaviour support plans were in place, and staff reviewed them regularly, it was not clear from the records whether any changes had been made to the support plans.

Good



### Are services effective?

Our rating of effective remained the same. We rated it as **good** because:

This was a focused inspection and we did not fully inspect and rate the effective domain. The service therefore retained the 'good' rating from our previous comprehensive inspection in May 2016. We did check whether the provider had improved the service and was meeting social care regulations in relation to concerns identified at our previous inspection in August 2017. We found:

Good



# Summary of findings

- The provider had improved patient care plans since our previous inspection and patients' physical healthcare needs were now met.
- The provider had improved staff training since our previous inspection. Staff were now knowledgeable about patients' long-term health conditions and how to meet their needs

## Are services caring?

Our rating of caring remained the same. We rated it as **good** because:

This was a focused inspection and we did inspect and rate the caring domain. The service therefore retained the 'good' rating from our previous comprehensive inspection in May 2016.

**Good**



## Are services responsive to people's needs?

Our rating of responsive remained the same. We rated it as **good** because:

This was a focused inspection and we did not fully inspect and rate the responsive domain. The service therefore retained the 'good' rating from our previous comprehensive inspection in May 2016. We did check whether the provider had improved the service and was meeting social care regulations in relation to concerns identified at our previous inspection.

- At the inspection in August 2017, discharge plans were not all detailed, personalised or person centred. The extent to which patients achieved their goals linked to their discharge plans were not clear. At this inspection, we found improvement in goal-setting for patients. All patients now had goals in terms of developing their independence.
- At the inspection in August 2017, patients' families expressed dissatisfaction about the handling and response to their informal complaints regarding their relative's care and treatment. At this inspection, we did not hear of any such concerns from relatives. We saw evidence in patient care and treatment records of staff involving relatives in review meetings.

**Good**



## Are services well-led?

Our rating of well-led improved. We rated it as **good** because:

- Leaders had a good understanding of the service they managed. Leaders had made improvements to the service and

**Good**



# Summary of findings

ensured that it now complied with health and social care regulations. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and were approachable for patients and staff.

- Staff felt supported by their managers. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes were in place to monitor performance and address risks. Managers used the findings of audits to improve the quality and safety of the service.

# Summary of findings

## Information about the service

Olive Eden Hospital is registered with CQC as an independent hospital for 14 people. The provider is Sequence Care Limited. Olive Eden Hospital is registered with the CQC to provide: assessment or medical treatment for persons detained under the Mental Health Act 1983; diagnostic and screening procedures and treatment of disease, disorder or injury. It provides a service for adults with a primary diagnosis of a learning disability or autism who have mental health needs.

Since the last inspection, the provider had not admitted new patients to the service and some patients had been discharged. At this inspection, there were three female patients and three male patients using the service.

The provider had applied to the CQC to de-register the service as a hospital and to re-register the service as two separate residential care homes; one for men and one for

women. In preparation for this, the provider had carried out building works to create two separate units and created separate management structures and staff teams for each unit. Pending the finalisation of the re-registration process, the service continued to be registered with the CQC as a hospital.

At the last inspection in August 2017, the service had breached health and social care regulations in relation to person-centred care, dignity and respect, safe care and treatment, safeguarding service users from improper care and treatment, meeting nutritional and hydration needs and good governance.

At this inspection, we found that the provider had made improvements and there were now no breaches of regulation.

## Our inspection team

The inspection team comprised two CQC inspectors and a specialist advisor who was a registered nurse with knowledge and experience of wards for people with learning disabilities.

## Why we carried out this inspection

At our previous focused inspection of the service in August 2017, we reviewed only the safe and well-led domains. At that time, we rated both safe and well-led as inadequate.

At this inspection on 8 November 2018, we focused on the safe and well-led domains, to check whether the provider had made improvements to the service to comply with health and social care regulations.

## How we carried out this inspection

Before this inspection visit, we reviewed information that we held about the service.

This inspection was unannounced. During the inspection we:

- visited the service and observed the quality of the environment and how staff supported patients
- spoke with four patients

- spoke with a registered manager, an operations manager and the therapy lead for the service
- spoke with seven other staff members, including nursing and support staff, and therapy staff
- read five patient care and treatment records
- checked medicines storage and management and read six prescription charts



# Summary of findings

- read audit reports and other documents relating to the management of the service
- read policies and procedures for the service.

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

Patients told us they liked some staff at the service and enjoyed the parties and other activities which took place at the service.

## Areas for improvement

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

- The provider should improve the patient record system to make it easier to ensure that care is delivered to meet the patients' health needs.
- The provider should ensure that when staff review the effectiveness of behaviour support plans they explain what information they have used to inform their decisions. They should also record what changes, if any, they have made to the behaviour support plan.

Sequence Care Limited

# Olive Eden Hospital

## Detailed findings

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**Name of service (e.g. ward/unit/team)**

Olive Grove  
Eden Court

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**Name of CQC registered location**

Olive Eden Hospital

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# 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

#### Safety of the ward layout

- There was now an appropriately detailed ligature risk assessment which clearly explained the identified risks in the service and how they were mitigated. At the previous inspection, although a ligature risk assessment had been completed, it lacked detail and did not clearly identify the location of specific ligature points. This meant that staff may have been unaware of all potential ligature anchor points and the measures they should take to ensure patients were safe. At this inspection, the current ligature risk assessment, dated March 2018, clearly identified and explained the risks and how staff should manage the risks. Staff we spoke with were aware of the risks from the environment and the measures in place to ensure patients were safe.
- The service complied with guidance on mixed-sex accommodation. It had separate male and female units. The interconnecting door between the two units was kept locked. All patients had their own bedroom with an en suite bathroom. Staff could control who entered and left each unit. Each unit had a kitchen and a lounge area. On the day of the inspection, patients stayed in their own unit. Patients told us they sometimes went into the other unit for a party or other special event. Staff accompanied patients when they moved between units and whilst they were in the garden, which could be accessed from both units.
- There were appropriate arrangements in place to observe patients and ensure their safety. Although the layout of the service did not allow staff to easily observe all parts of the service, individual patient risk assessments explained how staff observed the patient.
- Staff carried alarms and these were regularly tested.
- Fire safety arrangements had improved at the service and health and social care regulations were now met.

Weekly fire drills were held and there were detailed personal evacuation plans for each patient. Fire extinguishers were available and staff knew the location of these.

#### Maintenance cleanliness and infection control

- The service was now clean, well-furnished and well-maintained throughout. At the last inspection, the kitchen on the male unit was not clean and there were out of date items in the fridge. At this inspection, staff routinely checked the cleanliness of the kitchens and followed food hygiene guidance. The kitchens on both units were clean. Food in the fridges was appropriately wrapped and labelled. There were no out of date items.
- Staff could explain how they followed infection control procedures. There was appropriate equipment available to them, for example disposable gloves and aprons.

#### Clinic room and equipment

- There was a clinic room located in the female unit. Staff checked equipment, to ensure it was functioning properly. For example, the defibrillator was checked daily. Medicines were stored in the manager's office in the male unit.

#### Safe staffing

##### Nursing staff

- At the previous inspection, we found that on occasion, there were not enough staff on duty to ensure that patients had the right level of support. At this inspection, we observed that there were enough staff to provide the correct level of support as specified in patient care plans. Patients now received one to one support and two to one support appropriately. Staff could explain to us how they observed and supported patients to keep them safe. The operations manager told us that they made spot checks at night to ensure staff were carrying out their duties as required.
- Managers of the service calculated the number and grade of registered nurses and nursing assistants required by the service. Staff told us the provider always ensured there was a registered nurse on duty at the service in line with the requirements of the service's

# Are services safe?

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

current CQC registration as a hospital. The registered nurse worked across both units. The service also had a hospital manager who was on leave at the time of the inspection.

- Since the last inspection, the provider has developed plans to transform the service. The male and female units comprising the hospital were due to become two separate residential care homes. The provider has created two separate staff teams at the service, one for each unit. The intention was that each team would have a CQC registered manager and a deputy manager. The teams would comprise support workers and senior support workers.
- The provider told us that the October 2018 vacancy rate at the service was 10%. Vacancies were covered by bank staff. Staff said that currently there was no use of agency staff in the service. However, when agency staff were used, they were staff who had worked at the service previously.
- Staff on both units said that current staffing levels were sufficient and allowed them to spend one to one time with patients and go out of the service with patients to activities and on shopping trips. Staff told us that they had received an appropriate induction and training when they came to work in the service.

## Medical staff

- A psychiatrist visited patients at the service each week. Staff told us they could obtain advice from the psychiatrist out of hours. Patients were registered with a local GP.

## Mandatory training

- Staff had received and were up to date with mandatory training and the completion rate exceeded the provider's target of 85%. The provider's data showed that staff received training in relevant topics such as emergency first aid, the Mental Capacity Act, techniques for managing challenging behaviour, medicines management, epilepsy awareness and diabetes awareness.

## Assessing and managing risks to patients and staff

### Assessment and management of patient risk

- Staff now regularly updated risk assessments and care plans, and reviewed plans after incidents to ensure they

were still effective. At our previous inspection, we found that this did not always occur. Risk assessments were now comprehensive and enabled patients to be safely involved in the community. For example, they included information on how staff should support the patient when out shopping and using transport.

- All the patients at the service had complex needs which challenged the service. There were up to date and comprehensive positive behaviour support plans in place which staff put into practice. Positive behavioural support is a person-centred approach that aims to better understand and so reduce behaviour that challenges and protect patients and staff.
- The behaviour support plans described how staff should support the patient and respond to challenging situations. Although these plans had all been reviewed in the month before the inspection it was not clear from the records whether the plans had been changed in any way. Some patients had resided at the service for several years and continued to behave in ways that challenged and required one to one or two to one support. Staff did collect data on the frequency of incidents but it was unclear how this informed the formulation of the positive behaviour support plans.
- We noted that in addition, support staff completed 'a managing challenging behaviour care plan' which referred to the positive behaviour support plan. Staff were required to sign the challenging behaviour care plan to say they had read and understood it.
- There were some blanket restrictions in place in the service but these were justifiable and applied appropriately. For example, the kitchens were kept locked when not in use. We observed that patients asked staff to unlock the kitchen for them when they wanted a drink.
- Where a patient had a risk due to a long term medical condition, staff were aware of it and dealt with it appropriately. For example, staff had appropriate training on safely managing a patient's epilepsy. The risk management plan included details of how staff should manage the risks of epilepsy when the patient was in the community.
- Staff used recognised risk assessment tools such as the malnutrition universal screening tool for evaluating risks in relation to food and fluid intake.

# Are services safe?

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

## Use of restrictive interventions

- There were no incidents of seclusion, restraint or rapid tranquilisation in the service in the 12 months before the inspection. Staff could explain how they used positive behaviour support plans and de-escalation techniques to calm patients when they were distressed. We observed that staff supported patients in the way set out in their care plans.

## Safeguarding

- Staff were trained in safeguarding and knew how to identify and raise safeguarding concerns. The completion rate for safeguarding training exceed the provider's target of 85%. Information on making safeguarding referrals was on display in the service. The service had appropriately informed the local authority of potential safeguarding incidents.

## Staff access to essential information

- During this inspection, most patient records were still paper-based. The provider had begun the process of introducing an electronic recording system. Nursing staff were using the electronic system for daily progress notes.
- Staff had easily available information on how to deliver support to each patient. Care plans were kept in a clearly labelled file for each patient and staff were required to sign that they had read the care plans.
- Each patient also had a separate 'multi-disciplinary' file which included the positive behaviour support plan and progress notes and assessments made by the consultant psychiatrist and therapy staff. These files were very bulky and contained some out of date information. It was therefore difficult for staff to access this information and ensure it informed the delivery of care.

## Medicines management

- Staff managed and stored medicines in line with good practice guidance. We checked the prescription charts for all the patients. We found that staff had completed the charts in full. Staff gave patients their medicines as prescribed. Some patients in the service were prescribed medicines to take 'as required'. We checked that patients had been supported with 'as required' medicines as set out in their care plan. We confirmed that staff offered patients 'as required' medicines when appropriate.
- Medicines were kept securely in locked cabinets. Staff followed regulations in relation to controlled drugs. Staff ensured drugs were stored at the correct temperature by checking fridge and room temperatures each day.

## Track record on safety

- There were no serious incidents in the 12 months prior to this inspection.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. Managers and staff used learning from incidents to make improvements. During the inspection we read an online file of September 2018 adverse incidents and the actions managers had taken in response to the incidents. For example, there was a 'near miss' when a staff member undertaking a routine check noticed a smell of burning from a patient's room due to a cushion being near a light bulb in a lamp. In response, the managers of the service arranged for maintenance staff to check all the lights and lamps in patient bedrooms to ensure lightbulbs were appropriately shielded. There had been discussion of the incident in staff meetings and staff we spoke with were aware of the incident.
- The incident log showed that staff had logged incidents of behaviour which challenged the service and made safeguarding referrals appropriately.

# 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

This was a focused inspection and we did not fully inspect the effective domain. The service therefore retained the 'good' rating from our previous comprehensive inspection in May 2016. We did check whether the provider had improved the service and was meeting social care regulations in relation to concerns identified at our previous August 2017 inspection.

### Assessment of needs and planning of care

- At the inspection in August 2017, patient care plans were not up to date and the provider could not be certain that patients' physical healthcare needs were consistently met. At this inspection, we found improvement. Care plans were up to date and progress notes confirmed that physical health needs were monitored and addressed. For example, a patient's notes showed they had received a dental assessment in September 2018 and an annual health check in August 2018. The patient's weight was monitored and there were details of hospital appointments attended and test results on file. At our previous inspection, we found an example where staff did not monitor a patient's food and fluid intake in sufficient detail. At this inspection, we found that staff recorded information on food and fluid intake appropriately for the patients currently using the service.

- Staff supported patients with goal-setting in relation to learning new skills and trying new activities. They then supported patients to work towards achieving their goals. For example, a patient had started to attend college.

### Skilled staff to deliver care

- At the August 2017 inspection, staff had not all completed the necessary specialist training to care for patients at the service. For example, there were low levels of compliance with training on diabetes and epilepsy. There were patients at the hospital with these long-term health conditions. At this inspection we found improvement. Staff had received the appropriate training and were knowledgeable about patients' long-term health conditions and how to meet their needs.

### Good practice in applying the MCA

- At the August 2017 inspection, we found that some patients were subject to restrictions linked to a Deprivation of Liberty Safeguards authorisation which was out of date. The service had applied to the local authority for renewal of the Deprivation of Liberty Safeguards but had not chased this up with the local authority. At this inspection, we found that practice had improved. There were two Deprivation of Liberty Safeguards authorisations which were recently out of date. Staff had applied to the relevant local authority for authorisation and there had been further emails to chase up the local authority.

# Are services caring?

Good 

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

## Our findings

This was a focused inspection and we did not inspect the caring domain. The service therefore retained the 'good' rating from our previous comprehensive inspection in May 2016.

# 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

This was a focused inspection and we did not fully inspect the responsive domain. The service therefore retained the 'good' rating from our previous comprehensive inspection in May 2016. We did check whether the provider had improved the service and was meeting social care regulations in relation to concerns identified at our previous August 2017 inspection.

### Access and discharge

- At the August 2017 inspection, discharge plans were not all detailed, personalised or person centred. The extent to which patients achieved their goals linked to their discharge plans were not clear. At this inspection, we found improvement in goal-setting for patients. Staff said that since the service was transitioning from a hospital to a care home there was now an emphasis on patients having goals in terms of developing their

independence. For example, occupational therapy staff ensured there were measurable and achievable goals in relation to supporting a patient to manage their own laundry and shopping.

### Listening to and learning from concerns and complaints

- At the August 2017 inspection, patients' families expressed dissatisfaction about the handling and response to their informal complaints regarding their relative's care and treatment. At this inspection, we did not hear of any such concerns from relatives. We saw evidence in patient care and treatment records of staff involving relatives in review meetings. There had not been any recent formal complaints. We spoke with a relative of a patient who told us that staff communicated well with them and they were confident that staff would respond if they had any concerns.



# 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

### Leadership

- Leaders of the service had the skills, knowledge and experience to perform their roles. The provider had changed management arrangements since our previous inspection, due to their transformation of the service from a hospital to two separate care homes.
- During the inspection we met with the registered manager who is currently responsible for the male unit which will become a male care home. There was a vacancy for a registered manager for the female unit. The operations manager responsible for the female unit was on site conducting an audit on the day of the inspection. Both the registered manager and the operations manager were experienced, skilled and knowledgeable. They could explain the changes which they were making place in the service to focus more on promoting independence. They knew patients and staff well and were clear about the service's achievements and the areas for further improvement. We also met with an occupational therapist who led the multi-disciplinary therapy team that provided input to the service. They could explain how therapists, the consultant psychiatrist and nursing staff worked together to improve the quality of the service and outcomes for patients.
- Staff told us that managers were visible in the service and that they talked with patients and staff.

### Vision and strategy

- Staff said managers kept them informed about the transformation of the service. They said managers had consulted with them and talked through the process at team meetings. Staff said that managers asked them for their views at meetings.
- Staff could explain how they promoted the independence of patients.

### Culture

- Staff told us that they felt supported, respected and valued by their managers. They were proud of the progress patients had made at the service.
- Staff said they were aware of whistleblowing procedures. They said there was an open and honest

culture and they felt free to raise any concerns. Therapy staff and nursing staff said they communicated well with each other and could work together to develop and implement goal-orientated activity plans for patients.

### Governance

- Team meetings were held monthly on each unit and included discussion of lessons learned from incidents and audits. The provider now had a more effective quality assurance framework. The provider had ensured that the leadership team had made effective changes to raise the quality of the service. The issues of concern identified at our previous inspection in August 2017 had been addressed. The provider had also introduced improvements in response to a quality monitoring visit by the local authority and clinical commissioning group in May 2018.
- An operations manager showed us how monthly reports and audits were used to monitor the quality of the service. The service had an improvement plan with timescales for actions and who was responsible for carrying them out. The findings from the CQC inspection, the local authority quality monitoring review and internal audits were included. Staff received regular supervision and an appraisal after completion of twelve months service.
- Staff teams worked with external teams to meet the needs of patients. During the inspection a registered manager met with a social worker and a commissioner to plan how to meet the patients' needs.
- Policies and procedures at the service were now up to date and easily accessible to staff.

### Management of risk issues and performance

- Staff concerns about risks to the service matched those identified at directorate level. Staff were concerned about the impact on staff retention and recruitment because of the length of time it was taking to transform from a hospital to residential care. Some staff also were concerned about their terms and conditions of service.

### Information management

- At the time of the inspection the provider was in the process of changing the current paper-based patient

# 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.

information system to an electronic system. Nursing staff had just begun to use tablets to record daily notes and said the planning for the introduction for this had been effective.

- Paper records were kept securely in a locked room. For each patient there were several different files. For example, a care plan folder, a multi-disciplinary folder and a Deprivation of Liberty Safeguards folder. Multi-disciplinary folders were very full which made finding information difficult.
- Managers of the service received monthly reports in relation to the service's performance in relation to the completion of audits, staffing levels and patient care.

- Staff made notifications to external bodies such as the CQC as needed.

## Engagement

- Patients and their relatives had been involved in individual patient reviews and in discussions about the transformation of the service.

## Learning, continuous improvement and innovation

- The service was not externally accredited and did not use a recognised quality improvement methodology.