

Somewhere House

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We rated Somewhere House as **good** because:

- The service provided a positive therapeutic community setting for clients who required support following detoxification from substance misuse addictions. Staff has the skills and experience to meet the needs of clients in this setting. All staff (with the exception of two) were qualified counsellors and came from a wide range of therapeutic specialities which allowed them to provide clients with therapies that

were in line with national guidance (Drug Misuse and Dependence: UK Guidance on Clinical Management). They received regular clinical supervision and specialist training to help improve the quality of care they provided. They worked well as a team to ensure that they shared information with each other in a frequent and structured way.

- Clients were put at the centre of care. They were included in all aspects of their care to ensure their needs were holistically assessed and met. Clients

Summary of findings

acted as buddies to each other which helped them settle into the service and aid their recovery. Clients had regular one to one sessions with staff alongside a range of group work.

- Staff ensured that clients were safe by assessing and managing risks posed by the environment and regularly assessing client's individual risks. Clients were offered testing for blood borne viruses on admission and were encouraged to live healthier lives; including eating a balanced diet and stopping smoking. Clients were registered with a local GP surgery where their physical health and medication needs were met. There were processes for staff to follow in emergencies to keep clients safe from harm, and they made plans with clients on what to do should the client exit treatment early.
- Staff treated clients with compassion and kindness, respected their privacy and dignity and understood the individual needs of clients, including those with protected characteristics (for example, age, disability, gender, religion etc.)
- Somewhere House benefited from a strong and experienced management team that provided positive leadership and who were appropriately involved in the day to day running of the service. Staff said their leaders were supportive and that they all worked well as a team. Staff felt valued and included in service development and felt they had opportunities to develop their careers through additional training and qualifications.

Summary of findings

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Good 

Somewhere House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Somewhere House

Somewhere House provides a psychosocial, residential rehabilitation service for clients who require care and support following completion of substance misuse detoxification programmes. It is located in Burnham-on-Sea. The service provides mixed sex accommodations for 14 clients and had 14 clients (two female and 12 male) staying there at the time of this inspection. Clients could be funded through local authorities, private or charitable funding. The service did not offer alcohol or opiate detoxification programs.

The service is registered to provide accommodation for persons who require treatment for substance misuse and there was a registered manager in post at the time of the inspection.

We have inspected this service three times and the service was last inspected in December 2016. The service has not been previously rated as we did not rate substance misuse services until July 2018.

Our inspection team

The team that inspected the service comprised two CQC inspectors and specialist nurse with experience of working in substance misuse.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to inspect and rate substance misuse services.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, including reviewing their notifications to the Care Quality Commission.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for clients
- spoke with eleven clients in a focus group
- spoke with the registered manager and deputy manager
- spoke with four other staff members in a focus group including senior support workers and counsellors
- attended and observed a hand-over meeting
- looked at six out of 14 care and treatment records of clients
- carried out a specific check of the medication management at the service and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients felt that staff were supportive and caring. They felt safe at Somewhere House and felt that the structured timetable helped them to reach their recovery goals.

Staff were praised for being sensitive and understanding of client's individual needs in line with protected characteristics such as sexuality and religion. They felt that staff supported their needs and treated them with dignity.

Clients said that staff helped them to engage with their interests in the local community and supported them to recover. They felt they were receiving the best care they could get.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- Somewhere House was clean, well maintained and well furnished. Clients helped with the cleaning as part of their recovery.
- Staff risk assessed the care environment appropriately and ensured that any issues raised were addressed in a prompt manner. This included health and safety checks (such as fire checks and legionella checks) and assessing the environment for ligature points. A ligature point is anything that could be used to attach a cord, rope or other material for hanging or strangulation
- The service was well staffed, with low sickness rates and no staffing vacancies. All staff had completed their mandatory training.
- Staff were trained on how to identify safeguarding concerns and knew how to report any concerns. They included this as part of the regular risk assessments of clients.
- If things went wrong, staff knew how to report these incidents. They were aware of their duty of candour and offered an apology and managers shared the learning from incidents within the staff team.

Good



Are services effective?

We rated effective as **good** because:

- Clients had access to a range of psychological interventions in line with the Drug Misuse and Dependence: UK Guidance on Clinical Management. Staff used technology to help deliver family therapy to reduce the travel burden on families.
- Staff completed national outcome measures to measure clients' clinical outcomes, as well as producing a yearly audit that tracked how well the service performed. This yearly audit was published on the service website.
- The team at Somewhere House worked well together to ensure clinical information was shared in a structured and appropriate way through regular handovers. Staff had good working relationships with teams outside of the service and the service had links with local charities to provide volunteering opportunities for clients.
- Staff had access to specialist training to help improve the care they provided, and all staff had regular supervision and appropriate appraisals.

Good



Summary of this inspection

Are services caring?

We rated caring as **good** because:

- Staff treated clients with dignity, compassion and respect. Clients said staff respected their privacy and helped them feel supported and safe.
- Clients praised staff for their sensitivity and understanding about clients' sexuality, religion and other protected characteristics.
- Staff ensured they included clients in as many aspects of their care as possible. They included them in putting together risk management plans should the client leave treatment early, designing their care plan, completing care reviews, and in developing the service.
- The service had audio books and information in a variety of formats to allow staff to meet clients' communication needs, and staff could access interpreters if needed.
- Client and carer feedback was gathered and used to help develop the service.

Good



Are services responsive?

We rated responsive as **good** because:

- Staff worked with commissioners and client's care managers to help ensure they could provide easy access to the service for potential clients. Care managers are healthcare professionals that help clients access services to meet their needs.
- The service only took clients who met its referral criteria to ensure it was always able to manage clients risks and meet their needs.
- Discharges from the service were planned and involved the client in the process. The average length of stay at the service was three months.
- Staff explained the layout of the service, and that clients may have to share rooms with other clients of the same gender before any admission. They risk assessed clients prior to room allocation to maintain their safety.
- Clients had access to a range of rooms for therapy and one to one sessions.
- The service encouraged clients to take an active role in designing the menu and preparing the food at the service. This helped to ensure that clients had their dietary needs met.
- Clients had access to a range of opportunities for volunteering and education in the local community. Staff supported them to maintain healthy relationships with people in their home areas. This included helping to arrange safe visits from family, and using technology to video conference client's families each day.

Good



Summary of this inspection

- Staff knew how to manage concerns and complaints appropriately. There had been one complaint in the year before this inspection and the complainant had withdrawn the complaint. Clients knew how to raise concerns and felt comfortable doing so.

Are services well-led?

We rated well-led as **good** because:

- The managers and directors provided strong leadership and were involved in the day to day operation of the service. Staff felt they were approachable and supportive.
- Staff worked well as a team and embodied the service's person-centred motto in their work. They all aligned their work to the motto 'our belief is that everyone has the right to change and develop; we believe this is possible in the right environment with the right support'.
- Staff told us they felt valued and included in the development of the service. They know how to and felt comfortable raising any concerns they had to the managers or directors.
- There were sufficient systems in place to ensure that the service operated effectively. Managers ensured staff completed all the required mandatory training. There was a comprehensive annual audit that was made publicly available, and this was supplemented by regular quality audits.
- Staff had access to a secure and effective electronic records system that protected client's right to privacy.
- The service had a commitment to delivering high quality care and regularly shared updates on national guidance with staff. One member of staff was being supported to complete a research project at the service as part of their doctorate degree.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All relevant staff had received training on the Mental Capacity Act, and were aware of the five key principles of the act. Clients consented to treatment and were aware they could leave the service at any time.

The service had a policy that staff could refer to if they had any concerns about a client's capacity to make decisions, and mental capacity formed part of their care plan review to ensure staff routinely thought about client's capacity to make decisions.

The service had not made any applications for deprivation of liberty safeguards, and there were no clients with best interest decisions at the time of this inspection.

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

- The building was clean, well-furnished and maintained. Clients took a role in helping to clean the premises as part of their treatment. This included taking steps to manage the risk of infection, such as using colour coded mops for different areas of the building. There were also posters reminding staff of correct hand washing technique at hand washing basins.
- The service accepted both male and female clients and risk assessed which room they were assigned. Clients were informed that male and female bedrooms could be located on the same floor of the building before admission and consented to this before they were admitted. Where possible, staff ensured that male clients were housed on one floor of the service, and female clients on another.
- Staff mitigated the risk of ligature points (points where a cord could be attached or tied to be used for self-harm or strangulation) through environmental and individual client risk assessments. If a client could not be safely managed in the service, they would not accept the admission.
- All clients were registered with the local GP surgery and had their physical health needs monitored and met there. There was a policy that staff would contact emergency services if there was a medical emergency at the service.

- Staff ensured that regular safety checks had taken place, including checks of fire safety and for the presence of legionella. At our last inspection we said the provider should ensure that fire doors either remained closed, or had appropriate closing mechanisms in place. At this inspection we saw that there were appropriate closing mechanisms in place to help protect clients and staff if there was a fire.
- Clients at the service could use the service's call alarm system to request help if they needed it. There were alarm points throughout the service and staff were alerted to which part of the building the alarm had been raised in via a panel in the office. Staff regularly tested this system.

Safe staffing

- The service employed 14 staff and did not have any vacancies at the time of the inspection. All the staff had completed, or were in the process of completing counselling qualifications. During the day, there were between five and six staff on duty depending on the client's needs. At night, there was one member of staff on site, and a member of staff and a manager on-call. Only one member of staff had left the service in the last year. Absences due to sickness was very low, and that the service did not use agency or bank staff to cover any gaps in their staffing numbers. The team would cover any gaps.
- If clients needed to see a GP out of hours, they would access the local out of hours GP service. All clients were registered with a local GP who had specialised training to work with people who misuse substances.

Substance misuse services

- All staff were up to date with their mandatory training to help them deliver high quality care and meet clients' needs.

Assessing and managing risk to patients and staff

- Staff assessed clients' risk history as part of the pre-admission screening process. This was to ensure that clients that were not suitable for the service were not admitted. We reviewed six out of 14 client records and saw that staff regularly assessed and updated risk assessments appropriately during the client's admission. These assessments were done collaboratively with clients and included plans for if the client decided to end treatment early (an emergency exit plan) and screening for whether it was appropriate to offer tests for blood borne viruses. Client risks were also discussed during daily handovers and we saw that this discussion was comprehensive and effective.
- The service had 'house rules' that were decided upon by the clients. These rules were shared with clients prior to their admission, and clients said that they felt the rules made more sense after they had been in treatment a while and helped them feel safe. These rules included searching clients bags upon returning from leave.
- The service did not take clients detained under the Mental Health Act, and none of the clients were under deprivation of liberty safeguards. All clients could leave the service and knew their right to do this.

Safeguarding

- All staff had received training on how to identify potential risks of abuse and safeguarding concerns. Staff knew what to report and who to report it to. There were posters in communal areas to remind people what kind of information to report, and who to report it to.
- Staff reported a good working relationship with the local safeguarding authority, and said they attended safeguarding conferences to ensure their knowledge was up to date.
- There were protocols in place to keep any visiting children safe, including assessing client's risks and arranging a separate meeting room for them.

Staff access to essential information

- The service used an electronic records system that had password protected log ins for each staff member and different access permissions to help ensure data was managed appropriately.
- Staff were positive about the electronic note system, saying it was well organised and easy to find the information they needed to do their job.

Medicines management

- Staff were trained in medicines management. They stored, administered and disposed of medications appropriately. Errors were reported and used as learning incidents. The medicines stored at the service were limited due to the stage of recovery the clients were in (no clients would be receiving detoxification at the service), and there were no controlled drugs on site. The service did not store controlled drugs and all staff had training on administering naloxone and trained clients on how to use it. Naloxone is a rescue medication for people who may have overdosed on opiates.
- The local GP regularly reviewed client's physical health, and prescribed medicines for the clients at the service. There were no non-medical prescribers or medical staff at the service.

Track record on safety

- There had been no reported serious incidents in the year before this inspection.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report, and how to report them. Potential incidents were discussed in the multiple handovers (four daily) and could be raised through a concerns book, or an electronic reporting system. They had received training on how to meet their duty of candour (the duty to be open and honest when things go wrong) and knew how to identify incidents that fit the criteria for this.
- Learning from incidents was discussed as a team where appropriate, and fed back to staff in supervision. Where appropriate, staff and clients were debriefed after an incident.

Are substance misuse services effective?

Substance misuse services

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed the records of six clients out of the 14 at the service. We saw that staff had included clients in designing a comprehensive and recovery oriented care plan. The assessments included assessing needs such as housing and employment, as well as physical health needs, and recovery goals. These plans were regularly reviewed with clients to help track progress and build on their success in therapy.
- As part of the admission process, staff asked whether the client wanted testing for blood borne viruses and arranged these to be done at the local GP. They also worked with clients to establish a plan in case the client decided to leave treatment early.

Best practice in treatment and care

- Staff were trained to provide therapies from a range of therapeutic interventions such as art therapy, equine therapy, person-centred therapy and cognitive behavioural therapy. This meant that they could provide a range of therapies to clients in line with the Drug Misuse and Dependence: UK Guidance on Clinical Management (known as the orange book). The group therapy at the service followed a set timetable, but clients decided what issues would be useful for them to discuss in these sessions. Clients had access to a minimum of two one to one sessions weekly.
- The service worked closely with their local GP surgery to ensure that clients had their physical health needs met and would support clients to access specialist healthcare teams appropriately.
- Staff promoted healthy living to clients in the service. Clients designed their own menus and cooked for the service, and staff worked with them to ensure these meals were balanced and healthy. Part of the admission process involved asking clients if they smoked and offering smoking cessation. They would link with the local GP surgery to help clients reduce or quit smoking.
- Somewhere House produced an annual audit on its performance data (such as completion rates and client

feedback). This was published on its website. This annual audit was supplemented by weekly checks of care records for quality; staff would act on anything that was raised in these checks. Staff completed treatment outcome profiles (a national outcome measure for people in substance misuse treatment) to measure clients' clinical outcomes.

- Staff used technology to help deliver recommended therapies. They used video conferencing to help deliver family therapy (in line with guidance from the orange book) and had an iPad for clients to help maintain contact with their family.

Skilled staff to deliver care

- The service had counsellors from a range of therapeutic backgrounds, but did not have any staff from other mental health professions, for example, mental health nurses. The care provided at the service was focused on providing a therapeutic community focused on recovery. It liaised with local healthcare services to ensure clients had access to appropriate healthcare professionals as appropriate (including the local community mental health team).
- Staff said they had access to ongoing professional development opportunities such as training on man-made substances previously called legal highs, and training on harm minimisation. We spoke with staff who were experienced and qualified for their role.
- All new staff were given a comprehensive induction that included shadowing on shifts, and completing mandatory training.
- There was a range of opportunities for staff to receive clinical supervision. They also had access to individual supervision twice per month. All staff had an up to date appraisal at the time of this inspection. These appraisals helped staff to set their development goals, including any training they felt would help them in their role.
- There was no staff being performance managed at the time of this inspection. Managers could explain how they would manage poor performance appropriately, and we saw evidence of their ongoing monitoring of staff work performance.
- There was one volunteer at the service. The service treated volunteers as substantive staff members in terms of employment checks, training and induction.

Substance misuse services

Multi-disciplinary and inter-agency team work

- Staff ensured they passed clinical information to each other in a structured and effective way. They held handovers four times a day and included clients in two of the handovers. We observed one of the handover meetings and saw that they used a structured format to ensure that important information was not overlooked, and any concerns were discussed and logged. These daily meetings were supplemented by monthly team meetings where staff met to learn from incidents, discuss service development and any changes in national guidance.
- Staff reported strong connections with their local GP service, and with most of the local care managers. Care managers are healthcare professionals that help clients access services to meet their needs. They regularly involved care managers in the care reviews of their clients, and sent them reports of the client's progress. They also said they had good links with local mutual support groups (for example, Alcoholics Anonymous), local mental health teams, and their local community, including their immediate neighbours. These links helped provide clients with opportunities to volunteer, undertake distance learning and engage with the local community.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We observed staff interacting with clients with mutual respect. Staff were compassionate and kind, and clients said they felt cared for and safe at the service.
- Clients said that staff respected their privacy, and although they sometimes had their belongings searched, they were made aware of the reasons for this and understood that it was to help all clients achieve their recovery safely.
- Staff were respectful and understanding of clients' individual needs. Clients said that they were very understanding and sensitive about client's sexuality, religion and other protected characteristics. We saw an

example of how the service had supported a transgender client to live as the gender they wanted to and how this had (with the clients' permission) included speaking to other residents to ensure that everyone's needs were met. Clients felt safe to raise any concerns about harassment or aggression to staff and felt they would deal with any concerns appropriately.

Involvement in care

- Clients said that they felt the way they were admitted to the service was done in a supportive and structured way. Staff would check on them after the initial assessment and before their admission, as well as assigning them a buddy (client with more progress in their recovery) to help show them around and to be a support during their treatment. Staff also ensured that during the first part of a client's stay, they had a named key worker, but also had one to ones with all the therapy staff there to help build mutual respect and therapeutic relationships.
- We saw strong evidence of client involvement in their care plans in the six records we reviewed. Staff included clients in writing the progress reports to their case manager/funder, as well as involving them in two of the daily handovers, and care review meetings.
- Staff had access to translators where needed (as well as some of the staff being multilingual), and had a range of audio books and other communication tools to help communicate effectively with all their clients.
- Clients were aware of how to make complaints and suggestions for service development. They could raise complaints at any time and discuss any suggestions at weekly household meetings. Staff also included clients in writing the house rules and frequently asked questions (to appear on the website and to be sent to new clients and their families). The service also had information for clients on how to access local advocacy services.
- Staff gathered client and carer feedback after home leave, and at the end of treatment. This feedback formed part of their annual report, and staff reviewed it to help improve the quality of care at the service.
- Where appropriate, staff helped carers access a carers assessment and they helped to involve carers in the client's care.

Substance misuse services

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

Good 

Access and discharge

- At the time of this inspection, there were seven people waiting for a bed, and all the beds at the service were full. We saw evidence of staff engaging with commissioners and case managers to try to help clients access the service more easily.
- Staff would screen referrals to the service to ensure that they did not accept clients whose risk could not be managed well in their environment. This included risks such as arson, violence to staff and other people, self-harm or suicidal thoughts, complex mental health issues, and any people posing a risk to children. The service took clients from around the country. Staff would arrange an assessment with the client, and help them to visit the service to get orientated to where they would receive treatment. At this assessment the client was given a range of information about the service, including the possibility they might be staying in a shared room. If clients consented to this (and were risk assessed), then they would be placed in a shared room. There were single occupancy rooms at the service, though these were normally used for clients nearing discharge. When a client was moving towards their discharge date, they might have some visits home to help them transition back into the community. If this was the case, staff would keep their bed for them until their return.
- Discharges were planned, and the average length of stay at the service was three months. As part of the client's discharge, the service held a celebration of the client's recovery and made sure they were discharged at an appropriate time of day. Clients could receive aftercare, including staying at a 'moving on house'. This 'moving on house' was not covered in the scope of registration at the time of this inspection.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had some shared bedrooms for clients of the same gender. Clients were made aware of this before admission, and the reasoning behind it (it can be supportive for clients early in their recovery). Staff ensured they got a client's consent before assigning them to a shared room. Where possible, the service split female and male clients on different floors, but when this was not possible, they risk assessed and sought consent from clients on having mixed gender bedroom floors. Male and female clients did not share bedrooms. Clients said they felt the staff kept them safe, and were re-assured by a no contact between clients' rule at the service.
- Clients had a safe to help keep their personal belongings safe, and could freely access their room and belongings during the day. They could personalise their room to meet their tastes and the service had a handyman that helped them hang pictures.
- The service had a range of rooms to help deliver therapy (individual and group) as well as therapeutic activities. Clients used the privacy of a second staff office to make personal phone calls and there were bookable rooms they could use to see visitors privately (with appropriate risk assessments).
- Clients were involved in designing the services menu and cooking the food. They could access food and drinks, as well as the garden throughout their treatment. This meant that the service could cater for clients' personal dietary needs for example, providing kosher, halal or vegan meals.

Patients' engagement with the wider community

- Staff supported clients to access local volunteering and education opportunities during their treatment. They helped clients to identify what opportunities would be meaningful to them and then helped them to apply as part of their recovery. They also helped clients to look at their social networks at home to see what relationships were helpful to them, and which were less helpful to help the client maintain relationships that would help them through their recovery. Clients could use the service's iPads to contact family and their children (as appropriate) daily.

Meeting the needs of all people who use the service

Substance misuse services

- The service would make reasonable adjustments to help clients with disabilities access the service. This would include adding mobility aids, and by meeting clients' specific communication needs.
- Clients had access to information on local services, help lines, and how to complain in their handbooks. Staff also provided similar information to carers and families. This information could be translated or provided in other mediums (audio book, signing) to meet client's communication needs.
- The service invited local religious leaders to come to the service and speak with clients about their spiritual needs, and staff would help clients access religious services further away to help meet their needs.

Listening to and learning from concerns and complaints

- Between October 2017 and September 2018, the service received one complaint. This complaint was withdrawn by the client. There had been no further complaints between September 2018 and this inspection.
- Clients said they were aware of how to complain, and the methods they could raise any concerns or complaints. They felt able to do this without any fear of reprimand.
- Staff had a detailed process that involved reviewing any concerns daily, and reviewing and investigating any complaints made. This process included providing feedback to the complainant, as well as sharing learning with staff as appropriate. We reviewed minutes from three director meetings at the service and saw that reviewing complaints was part of the agenda for that meeting.

Are substance misuse services well-led?

Good 

Leadership

- Staff benefited from strong, experienced leadership. The managers of the service, and its directors were closely

involved in the day to day running of the service and had good working relationships with the staff. The staff were positive about their leaders and felt they were approachable.

- There were leadership development opportunities for staff at the service, and one member of staff was undertaking a management qualification at the time of this inspection.

Vision and strategy

- The service had a clear motto 'our belief is that everyone has the right to change and develop; we believe this is possible in the right environment with the right support' and staff worked with this as their core set of values when providing care.
- Staff were included in service development through their monthly team meeting, and could comment on new policies in the service which were sent to them before they were implemented.

Culture

- Staff told us that they felt respected and valued as part of the team. They spoke of strong support from other members of the team, and how they tried to model positive behaviour for their clients. We saw that their professional development and career progression formed part of their annual appraisal and their supervision.
- Staff felt able to raise concerns and knew about how to whistle blow if they had any concerns.
- Staff felt their wellbeing was prioritised by the service, and the service would support them to access counselling if needed. Staff sickness rates were low.
- We saw evidence of managers being able to manage poor performance supportively, and to help staff improve the care they delivered.

Governance

- Staff handovers and meetings were clearly structured to ensure that essential information was shared and discussed. We saw that this was reflected throughout the service, from handovers, to directors' meetings.
- There were supplementary checks of the quality of care records, and regular audits of medication to help ensure the service was performing properly.

Substance misuse services

- The service compiled its performance data annually and made this information available to the public. Internally, there were systems in place to track key aspects of the service, such as mandatory training, supervision rates and appraisals. Clients decided the content of the groups, and staff measured their effectiveness through feedback and clinical outcome measures.

Management of risk, issues and performance

- The service did not hold a risk register but instead had strong escalation procedures to managers. The significant involvement of senior leaders helped ensure that where there were risks, these were managed and addressed. We saw evidence of directors discussing ongoing items about service risks (such as installing a new boiler) and staff we spoke with were aware of these concerns.
- The service had emergency plans in place to ensure that care could be provided in emergency situations such as bad weather or an outbreak of Noro virus.

Information management

- Staff did not raise any concerns about the burden of collecting data to measure the service's performance. They were positive about the electronic records system the service used and felt that it met the needs of their clients better than the old paper system. This electronic system was password protected and had different levels of access to ensure that data was kept private and safe.

- We saw evidence that the service had systems in place to notify external bodies of incidents appropriately, including notifying the Care Quality Commission.

Engagement

- Staff gathered feedback from clients and carers and used this to help improve the service. This information formed part of the annual report published on their website. Managers took feedback seriously and because they were closely involved in the day to day running of the service, clients and their families could meet with senior members of the organisation to give feedback.
- The service also ran a charity that fundraised to help give back to the local community. This included running a football team, and visiting schools and colleges to help educate and inform local people about the service and tackling addiction.

Learning, continuous improvement and innovation

- At the time of this inspection, a member of staff was completing a doctorate degree in counselling and the service had supported them to complete a piece of research. The project was called 'a discourse analytic exploration of how individuals construct their experiences of living with bulimia nervosa' and was linked to a local university.
- Staff had a commitment to delivering high quality care that included them keeping up to date on national guidance. Changes to national guidance were discussed in team meetings.