

# Oldfield Farm

## 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

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

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

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

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

### Overall summary

We found the following issues that the service provider needs to improve:

- The building had numerous ligature points and the service had not adequately risk assessed them.
- Supervision was not regular for all staff.
- Clients did not have individualised early exit from treatment care plans. This meant that clients could have been at risk if they left the service early, as staff had not planned for this.

- The provider did not have any key performance tracking or monitoring systems in place to monitor the quality of their service.
- There was no specific Mental Capacity Act training.

However, we found the following areas of good practice:

- Staff were experienced in substance misuse work and had access to specialist training. All staff had completed mandatory training.
- Volunteer and bank staff had access to the same training and supervision as permanent staff.

# Summary of findings

- Staff had good levels of job satisfaction and enjoyed their roles.
- Clients were involved in the development of their care plans. Staff helped clients identify what their individual aims were and reviewed risk assessments and progress as part of their weekly one to one sessions.
- Clients had access to activities and therapy seven days a week.
- The team worked well together with the common goal of providing an excellent service to clients.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Oldfield Farm	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

# Oldfield Farm

**Services we looked at**

Substance misuse services.

# Summary of this inspection

## Background to Oldfield Farm

Oldfield Farm was registered with CQC in November 2014. It is registered as accommodation for persons who require treatment for substance misuse. The service at Oldfield Farm is provided by Good News Family Care (Homes) Ltd which is a Christian-based registered charity. At the time of our inspection, an application to CQC had been made for a new registered manager. This person was present on the day of inspection. The service started to accept clients in January 2016.

Oldfield Farm follow a Christian initiative called 'freedom2live'. This offers opportunities for a change of lifestyle to women who are committed to overcoming life-controlling dependencies such as alcohol, drug dependency and self-harm. Oldfield Farm provides a residential rehabilitation substance misuse service. It uses the 12-step model of abstinence, which is a set of guiding principles outlining a course of action for recovery from addiction. As well as addressing the issues of addiction, the care programme offered help to build skills needed to move on into the community and live independently. Oldfield Farm provides a service to females only and accommodates up to four clients. On the day of inspection, two clients were resident.

The length of stay was set at six months although there was some flexibility offered.

Funding for client placement could be through local authority or privately. Client's used their welfare benefits to offset some of the cost.

Oldfield Farm does not provide alcohol detoxification. Opiate detoxification is in partnership with the local community substance misuse service.

The service has staff working between 8am and 8pm each day. At night an on-call and sleep-in system operated. Referrals came from churches, prisons, specialist drug and alcohol teams and other substance misuse services. Oldfield Farm provides a therapeutic day programme, mainly consisting of work-based activities. Clients who have completed their programme are encouraged to continue to access the service to attend groups as part of their aftercare package.

We have not previously inspected the service.

## Our inspection team

Team leader: Nicholas Warren

The team that inspected the service comprised two CQC inspectors, a specialist adviser with experience of

substance misuse services, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

# Summary of this inspection

## How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients
- spoke with the nominated individual and the proposed registered manager
- spoke with five other staff members
- attended and observed one handover meeting
- looked at two care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

The clients we spoke with were positive about the service they received. Clients felt safe. Clients said staff always had enough time to listen to them and to offer them practical and emotional support. Clients said staff helped them to set goals to progress in their recovery.

# 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 do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The building had numerous ligature points and the service had not adequately risk assessed them.

However, we found the following areas of good practice:

- The premises were clean and tidy. Clients were partially responsible for helping to maintain a safe and clean environment.
- Managers told us volunteer and bank staff had access to the same training and supervision as permanent staff.
- The service was compliant with mandatory training and all staff were up to date.
- Management had not cancelled escorted leave or daily activities because there were too few staff.
- All staff had completed safeguarding training. Staff understood the principles of safeguarding and how and when to report a suspected safeguarding concern.
- There was good medicines management practice.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care records contained up-to-date, personalised, holistic, recovery-oriented care plans.
- There were good working relationships with other local services.
- All of the staff we spoke with had a good understanding of the Mental Capacity Act.
- Clients who had been a resident on the recovery programme or in the family centre could have support when they returned to independent living.

However, we also found the following issues that the service provider needs to improve:

- Supervision was not provided in line with provider's policy.
- There were no individual early exit discharge plans in place. This could have put clients at risk that chose to leave early.

# Summary of this inspection

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were respectful, relaxed, and responsive to requests made of them. Staff provided practical and emotional support. Clients felt safe.
- Staff had a good understanding of the individual needs of clients. We saw individualised and detailed recovery-focused care plans.
- Clients were involved in the drawing up of their plans of care and assessing their risks.
- Staff provided written information to clients outlining the service provided.
- Every six months the service held a feedback event. This was a chance for staff and clients to discuss how improvements could be made.

However, we also found the following issues that the service provider needs to improve:

- Although advocacy services were available in the area clients could not access this independently. Not all staff had knowledge of advocacy services, which could have disadvantaged clients if they had wanted independent advice.
- House meetings to enable clients to raise issues did not happen as regularly as planned.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff planned discharge that fitted in with clients' needs.
- Clients had access to activities throughout the week, including weekends
- There was a notice board with information displayed of how to contact the CQC and how to make a complaint.
- Staff knew how to handle complaints.
- Clients were able to personalise their bedrooms.
- Clients had access to activities throughout the week, including weekends.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

# Summary of this inspection

- There were positive team relationships with strong management support.
- Staff maximised time on direct care activities. Clients and staff frequently worked together.
- Staff had good levels of job satisfaction and enjoyed their roles.
- Staff reported seeing senior board members visit.
- Staff knew and understood the vision and values of the charity.

However, we also found the following issues that the service provider needs to improve:

- No staff surveys had been undertaken.
- There were no key performance indicators for the service

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

All of the staff we spoke to had a good understanding of the Mental Capacity Act and its guiding principles but had not received any formal training in it. New clients had

their capacity assessed by the referring authority where appropriate and then assessed by manager on admission. The staff demonstrated a good knowledge of Deprivation of Liberty Safeguards.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Door and window handles were not ligature safe. The building had numerous other ligature points. A ligature point is a place to which patients' intent on self-harm could tie something to harm themselves. Ligatures are usually cloth or rope type items used by patients to harm themselves. The service did not have any ligature cutters. If a client's mental health deteriorated and they were concerned about their safety, staff would refer this to the mental health team, offer more support and increase client observations. It is unlikely that a service can remove every potential ligature point from every area. However, whenever possible the provider should ensure the ligature points are made safe or replaced by 'anti-ligature' fittings that cause a ligature to fall off or which collapse when a certain weight is applied.
- The fire service had carried out a risk assessment on the premises, which demonstrated they were compliant with fire service standards.
- The premises were clean and tidy. Some of the furniture looked dated. The management told us that the public had donated some furniture. Clients were partially responsible for helping to maintain a safe and clean environment. A cleaning rota was in place, which showed clients and staff cleaned regularly.
- Oldfield Farm did not have an examination room or emergency drugs. Community services such as GPs, community substance misuse services and community mental health teams met healthcare needs. The staff would dial 999 in the event of an emergency.
- Oldfield Farm only accepted female clients. Therefore, Oldfield Farm met all the guidance on same sex accommodation.

- Electrical equipment was clean and well maintained. This equipment had the relevant safety testing labels visible and in date.
- The manager ensured a member of staff was allocated as a first aider every shift. Staff had the relevant training to undertake this role. The first aid box we checked was complete and items were in date.
- Three clients had completed a physical environment survey in July 2016. They held different views on the bedrooms, living area, bathrooms, laundry and cooking facilities, which ranged from highly satisfactory to unsatisfactory.

### Safe staffing

- The service employed five staff. This had been reduced from six due to one member of staff leaving and not being replaced because of a reduction in referrals. Three volunteers worked alongside staff.
- The service reported a total permanent staff sickness of 1.1% overall and a staff turnover of 33%, as at 30 June 2016. This was accounted for, partly by a staff member becoming the new manager after the previous one left and not replacing the vacant post.
- There were at least two support staff on duty during the day and one-on call at night. The manager was also available from nine to five during the week. The nominated individual was available on call 24 hours a day. The duty rota reflected these shift patterns.
- Management used bank staff to cover extra duties and shifts. They were all familiar to the service. Agency staff were not used.
- We saw that volunteer and bank staff had access to the same training and supervision as permanent staff.
- All staff including volunteers had disclosure and barring service criminal record checks completed.

# Substance misuse services

- There were enough staff to enable clients to have their regular one-to-one time with their key worker. Clients confirmed they had these sessions.
- The registered manager used bank staff when there were unexpected staff absences. The nominated individual would also provide emergency cover when needed.
- Escorted leave or daily activities were never cancelled because there were too few staff.
- There was access to emergency medical care and out-of-hours physical health care by the local out of hours GP service.
- Staff and patients spoke positively of the local GP and pharmacy services.
- Mandatory training was completed. Staff completed health and safety, fire, first aid, and risk assessment training. Training records were difficult to follow but staff records demonstrated that all members of staff were 100% up-to-date with training. Training was in house and by other recognised training providers.

## Assessing and managing risk to clients and staff

- Staff completed a risk assessment with clients on admission as part of the comprehensive assessment. The assessments were detailed, informative and updated according to the clients changing needs. They included suicide as a highlighted risk and included identification of factors to reduce incidence.
- Staff had completed individual risk assessments for areas such as bedrooms and kitchen but these had not included any assessment of items that could be used in a suicide attempt such as coat hooks or sink taps. This meant that this risk had not been considered and therefore no identified plan to reduce or minimise this risk could be taken.
- Safeguarding training compliance was 100%. The local authority provided training for safeguarding for vulnerable adults, children and young people. Staff understood the principles of safeguarding and how and when to report a suspected safeguarding concern. Safeguarding children was an integral part of clients' care plans. No safeguarding alerts or concerns had been reported to CQC from 1 January 2016 to .

- On admission to the service, clients signed a written treatment contract. Signing this agreement showed the clients agreed to some blanket restrictions such as no mobile phone, searches following leave, and bag searches. The agreement also ensured that clients fully understood and consented to the restrictive practices, which were an important part of their rehabilitation process. We could not evidence that the service had reviewed restrictive practices with the clients' involvement.

## Track record on safety

- The provider reported no serious incidents at this location.

## Reporting incidents and learning from when things go wrong

- Staff described the types of events that would require reporting as incidents.
- Staff described how lessons learned from local incidents were shared. There were reflective sessions held after incidents such as a client's unexpected early exit from treatment. Staff described this lessons learned process as very good.
- Staff had made changes to the timing of prescriptions following a recent drug error. The provider had investigated and taken steps to minimise the chances of an error happening again.
- There was no evidence of lessons learned from a serious incident at the providers other location although staff reported they had received a debrief. Management had taken no action to minimize the ligature risk highlighted in the incident.

## Duty of candour

- The manager was able to outline responsibilities under the Duty of Candour. Not all staff understood the terminology, but those asked knew to be open and honest with clients. The Duty of Candour is a legal duty on providers to inform and apologise if there have been mistakes in their care that has led to significant harm.

# Substance misuse services

## Are substance misuse services effective? (for example, treatment is effective)

### Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We saw evidence to show all clients had a thorough assessment of their physical and mental health needs on admission to the services and there were clear referral pathways into treatment. The GP documented this initially on admission and then updated by staff through the clients care plans.
- The clients care plans incorporated the clients' wishes and views. They covered treatment of the whole person, taking into account mental and social factors, and gave the clients control of making positive change. Staff had regularly reviewed the plans and they contained detailed input from the client. The staff involved the clients' family in the care planning if appropriate.
- The care plans were recovery focused and there were clear planned discharge arrangements in place. Recovery focused means being focused on helping clients to be in control of their lives and build their resilience so that they can live independently in the community.
- All clinical records were paper based and kept together in individual client folders. These were appropriately stored and accessible to all staff. This meant staff were able to locate all the clients' information in one place.
- The service accepted clients that had young children/babies. There was no age limit for girls but for boys it was ten years of age. There was a child staying at the service, appropriate care plans were in place and were very detailed to ensure the child was safe and well looked after. A full physical health assessment had been completed by a midwife and a safeguarding meeting had taken place.
- A Looked after Child review was present in the care notes for the child and was up-to-date. A Looked after Child plan amongst other things aims to ensure that appropriate plans are in place to safeguard and promote the overall welfare of the child in the most effective way. The local referring authority has

responsibility to appoint an appropriate person (an independent reviewing officer) to take the Looked after Child reviews. The key plans / areas that should be considered at a Looked after Child Review are extensive and include placement, education, rehabilitation and safeguarding.

### Best practice in treatment and care

- Staff referred clients to the GP for medication. Prescriptions were dispensed through two local pharmacies. Staff controlled and managed prescriptions in line with the National Institute for Health and Care Excellence guidance.
- Staff were trained in and used the 12-step model of abstinence, which is a set of guiding principles outlining a course of action for recovery from addiction. The 12-step programme was originally developed by the alcoholics anonymous fellowship. It utilised principles of mutual aid and peer support. The National Institute for Health and Care Excellence guidance for services managing clients with substance misuse issues recommended that clients have access to mutual aid (self-help) support groups normally based on 12-step principles.
- Staff used a tool called Wheel of Wellbeing. This is a goal and outcome setting measure, which looks at aspects of a person's life and scores them on a one to five scale. Staff completed the tool at admission, three months into treatment and at discharge.
- Staff were involved in a range of audits, including medication audits. The outcomes of audits were fed back through staff meetings and in policy amendments. All the audit documents we saw were complete and up to date. This demonstrated that the service worked to ensure minimum quality standards were in place and that action could be taken in the event that high standards were not being maintained.
- There was a controlled drugs cabinet and a register in the locked office. Staff involved in administering or witnessing the administration of controlled drugs had received appropriate training and were aware of safe medicine management practice.

### Skilled staff to deliver care

- Staff had completed training appropriate to their roles and we saw evidence of on going professional

# Substance misuse services

development. This included training in areas such as suicide awareness, understanding domestic abuse and understanding substance misuse. The training venues varied and included in house training and staff, attending training for computer courses.

- The service was a member of the Federation of Drug and Alcohol Professionals who are a professional body for the substance use field and work to help improve standards of practice in the substance misuse field. The management team had undertaken training linked to the Federation of Drug and Alcohol professionals.
- Supervision was not regular or in line with the providers policy and one staff members records showed they had received supervision last on the 22 June 2015. Another staff member received supervision on the 24 March 2016 then again on the 23 September 2016. All staff had received an appraisal.
- Staff were all experienced in substance misuse work and had access to specialist training. This included subjects such as illegal and prescription drug dependency, alcohol use: brief interventions and trafficking & modern slavery.
- The manager and the nominated individual addressed poor staff performance. We saw evidence the manager had formally supported staff to address areas of poor practice.

## Multidisciplinary and inter-agency team work

- Staff reported they had good working relationships with the local community mental health services, adult and children social services, pharmacist and the local criminal justice service.

## Adherence to the MHA

- The service was not registered to accept clients detained under the Mental Health Act. If the mental health of a client deteriorated, staff would contact the local mental health team for advice and assessment. They had not needed to do this since opening.

## Good practice in applying the MCA

- The service did not accept referrals for individuals who did not have capacity. Capacity was assessed by the referring agency. The manager completed a further assessment as part of the admission process. All of the staff we spoke to had a good understanding of the

Mental Capacity Act and its guiding principles. The staff had not received any formal training but demonstrated a good knowledge of Deprivation of Liberty Safeguards but said they had never had a client without capacity. The staff felt confident they could approach the manager if they needed any advice. As part of their admission, clients were informed of restrictions and signed a contract agreement.

## Equality and human rights

- There was limited access for people with disabilities. The provider would be able to accommodate some people with physical disabilities but would be unable to accommodate people with wheelchairs. There were no lifts to access the upstairs bedrooms and there were no ramps to help with access to raised areas.
- The service had a policy on equality and diversity. Staff were trained in this area.

## Management of transition arrangements, referral and discharge

- Clients who had been residents on the recovery programme or in the family centre could access support in the community from Oldfield Farm when returning to independent living.
- There was evidence that the service worked with the original referring services to ensure a robust discharge plan when clients moved on from Oldfield Farm.
- Staff had not completed individual emergency discharge plans for clients in their records. Staff said they would follow the Oldfield Farm policy if someone left early. This would include informing all relevant parties, helping to secure accommodation as well as trying to persuade the client not to leave. By not having individual early exit plans for clients in place this could have put clients at risk who chose to leave early. Staff told us they would try to help the client to stay until more appropriate discharge plans could be made.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- During the inspection, we observed staff interacting with clients in a relaxed and open manner. Staff used humour when interacting with clients and clients

# Substance misuse services

appeared comfortable interacting with the staff. Staff assisted clients to carry out practical tasks, such as offering assistance with getting to appointments and help with cleaning.

- Clients told us they felt safe within the service.
- Clients told us staff were always respectful towards them and staff respected their wishes and offered them support. One client gave an example of staff offering support even though staff advised she was possibly making too many changes at once. Another client told us that despite her not being a Christian staff had accepted her beliefs and adapted their approach to meet her needs.
- In a recent feedback survey completed by three clients, two clients said staff were always courteous, one client did not comment.
- Staff had a good understanding of individual client's needs. Individualised care plans were in place, including a care plan for the child of a client. Care plans had a clear recovery focus and covered treatment of the whole person, taking into account mental and social factors. The staff ensured they always respected the clients' confidentiality.

## The involvement of clients in the care they receive

- Staff gave all new clients an information booklet. This outlined the expectations of the service and contained information on local support services and organisations.
- Clients, if able, visited the service prior to moving there to help with their orientation. On entering the service, clients signed a license agreement. This contained rights, rules and expectations of clients who used services and staffing information.
- Clients were involved in the development of their care plans. Staff helped clients identify what their individual aims were. Staff reviewed risk assessments and progress with clients as part of weekly one to one sessions.
- Advocacy services were available locally and we saw a leaflet was available to clients. However, as clients did not have access to mobile phones or private telephone calls and were not able to leave the premises unescorted they could only access advocacy via staff

members. Not all staff members were familiar with the advocacy services available. This could have meant that clients were not fully aware and supported to access advocacy services.

- The service had a rule that clients could have no contact with family members or carers within the first month. Following this families could visit at pre-arranged times over the weekend. Clients felt supported by staff in maintaining contact with their families, including children. Staff transported one client to a local town to meet a relative. Another client was allowed private time when her relative visited the premises.
- Staff planned fortnightly house meetings to enable clients to raise issues. We reviewed minutes from these meetings. There were gaps of up to four months in the dates of the minutes. Minutes from 11 April 2016 were followed by those dated 8 August 2016. In these minutes we saw that clients had raised issues. However, in some cases we were unable to ascertain if actions had been followed up and completed. There were issues that were raised in consecutive meetings without a resolution being recorded, for example a request for a smoking shelter.
- Every six months the service held a feedback event, attended by clients and staff. This event was to discuss how services could improve. The most recent event was in July 2016.
- The service had conducted a client survey review in July 2016, there were three returns received. There were variations in responses ranging from negative to positive about the service. At the time of inspection, the service had not developed an action plan to address the issues identified.
- We saw no evidence that clients had been involved in reviewing blanket restrictions, personal restrictions or sanctions.

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

## Access and discharge

# Substance misuse services

- From January 2016 to the day of inspection beds were available when needed. On the days of inspection, two beds were occupied and two beds were vacant.
- The service had identified potential exclusion criteria in their referral criteria. These included convictions for arson, sexual offences, or serious violence. Staff would also seek to make telephone contact and arrange a visit by the client before admission. On examining the referrals, we noted that the service had reviewed a referral for a client with a history of excluded criteria, when we asked about this staff told us the client did not come to the service as the person went elsewhere. Staff told us that the final decision for admission was on an individual basis.
- Clients could refer themselves or be referred by a local authority.
- Staff planned discharge so that it fitted in with clients' needs. The service had a planned length of stay but this was not rigid to exclude clients who could still benefit from the service. Following discharge clients were encouraged to stay in contact with the service.

## The facilities promote recovery, comfort, dignity and confidentiality

- Due to the nature of the service and the type of building, there were no clinic rooms. A small room had been provided for some activities such as needlework. Other activities took place on the adjacent farm.
- There were quiet areas for clients to use and bedrooms had been individually personalised.
- There were no allocated visitor rooms but space was available to accommodate any visitors.
- Clients were able to use a phone once out of their probationary period. Clients said they were happy with this and had agreed to it as part of the admission process.
- Clients had access to outside space.
- Clients mainly prepared their own food and there had been no complaints regarding its quality.
- Clients could make hot drinks and snacks 24/7.
- Clients had access to activities throughout the week, including weekends.

## Meeting the needs of all clients

- There were no adaptations for physically disabled people on our inspection visit. Although the manager told us they could make adjustments to accommodate people with a disability these would be limited due to the design of the building.
- There were no information leaflets in different languages but the manager told us these could be provided if necessary.
- A small file in the lounge area contained accessible information on local services, patients' rights, and how to complain. Clients had been involved in putting some of the information together.
- There was a notice board with information displayed of how to contact the CQC and how to make a complaint.
- There was access to interpreters and/or signers if required. External agencies provided this on request.
- As clients prepared most food, food was available for clients that had specific dietary needs relating to religion or race.
- The service was Christian based and there was appropriate Christian support. Information was available to enable clients to access other faith groups. Support for non-Christians was available.

## Listening to and learning from concerns and complaints

- Clients knew how to complain but one previous client had answered on the client survey that they did not think the management had handled their complaint correctly.
- Staff knew how to escalate complaints appropriately by reporting them to the manager and trying to resolve the issue locally.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings.

## Are substance misuse services well-led?

### Vision and values

- Staff prioritised family life as an important component of recovery.

# Substance misuse services

- The service had clearly defined vision and values. Staff knew and understood the vision and values of the charity. Staff were able to quote the vision and values of the service which were aimed at providing a sense of family and making a positive impact in the community.
- Staff told us they would be confident to raise issues with managers without fear of reprisal.

## Good governance

- Not all staff members received supervision regularly and as scheduled.
- Staff had received mandatory training.
- Staff understood and followed safeguarding procedures.
- Staff maximise time on direct care activities. Clients told us staff spent a lot of time with them.
- The provider did not have any key performance tracking or monitoring systems in place to monitor the quality of their service. We saw a quality assessment framework but did not see any use of it at service level.

- The governors of the charity received feedback from the managers of the location and work together to improve the service.

## Leadership, morale and staff engagement

- There were no reported cases of bullying or harassment.
- Staff turnover was low. Only two members of staff had left the service in the previous 12 months up until 30 June 2016.
- Staff said they had good levels of job satisfaction and they enjoyed their roles. We saw positive team relationships and strong management support. Staff knew how to follow the whistleblowing procedure if they had any concerns.
- Staff reported that senior board members had visited.
- Staff were aware of their responsibilities to be open and honest with clients and families when things went wrong.
- There had been no staff surveys undertaken.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure ligature points are identified and adequately risk assessed.

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

- The provider should ensure that all staff receive regular supervision in line with their policy

- The provider should ensure that individual early exit plans are developed for each client.
- The provider should ensure that effective measures are put in place to monitor the quality of their service.
- The provider should ensure all staff receive training in the Mental Capacity Act (2005).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  How the regulation was not being met:  The building had numerous ligature points and the service had not adequately identified and risk assessed them.  This was a breach of regulation 12 (1) (2) (a) (b)