Claimont Health Ltd

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Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service had made improvements since the last inspection under previous provider, Brevin Home care. During this inspection, all staff who were employed more than one year with the provider received annual appraisal, all clinical decisions were appropriately documented by staff and patients were asked to provide feedback about their experience using the service.
- Patients had care plans that were detailed and personalised to help support with their recovery.
- The senior team ensured that team discussions and decisions about patient care were always documented.
- Patients' feedback was regularly collected and used to improve the service.
- At the last inspection, patients' recovery plans did not contain information about their individual needs. At this inspection, staff had attended Diversity, Equality and Inclusion training and demonstrated an understanding of the potential issues facing vulnerable groups such as people with ethnic minority backgrounds, LGBT+ people, older adults and victims of domestic violence. They had a good tailored approach to match patients with specific needs in terms of their culture and ethnicity to an appropriate member of staff.

- The service provided safe care. The number of patients on the caseload was not too high to prevent staff from giving each patient the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented, person centred care plans informed by a comprehensive assessment which were regularly updated.
- Staff provided a range of treatments suitable to the needs of the patients and in line with national guidance and best practice. An appropriate alcohol detoxification policy was in place and their clinical practice matched the policy. A protocol for the safe detoxification from opiates and benzodiazepines was also in place ahead of these treatments being offered to patients. Leaders completed clinical audits to evaluate the quality of care the service provided.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- We identified that Individual client lone working risk assessments were not always kept up to date.
- Staff had not received training in managing incidents of violence and aggression to help ensure they kept safe when lone working.
- Staff had not received an appropriate amount of specialist training to enhance their skills and experience. This included training in medicines awareness, food and hygiene, substance misuse and mental health awareness.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good	

Summary of findings

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Summary of this inspection

Background to Claimont Health Ltd

Claimont Health Limited is an independent healthcare service specialising in the treatment of mental ill health and addiction at home.

The service offers an alternative to psychiatric hospital admission by supporting patients at home to reduce the duration, severity and frequency of their mental ill health. The service aims to improve wellbeing, increase self-efficacy, and build personal resilience. The service provides both short and longer term treatment to adults and children in their own homes.

During this inspection, the provider was providing treatment to 33 patients, working alongside patients' existing clinicians or with recommended clinical experts for better coordination of care. A wide range of interventions were available during home visits by clinicians including consultant psychiatrists, therapists, registered mental health nurses, psychological wellbeing practitioners and support workers with mental health experience.

Some patients received alcohol detoxification treatment and the provider had plans to start providing detoxification treatment from opiates and benzodiazepines in the near future. Prescribing for this treatment was normally done by independent doctors who worked in partnership with the service.

The provider also had contracts with some NHS providers, which meant its staff provided treatment to patients who were receiving care funded by their local Integrated Care Board (ICB) and whose care and treatment was coordinated by their local NHS trust.

The provider was working on plans to expand its service so it could better serve patients in the north of England, which involved establishing a second base in the north of England in future.

Claimont Health Limited is registered to provide the regulated activities of personal care and treatment of disease, disorder or injury. There was a registered manager in post at the time of this inspection. The service was previously registered with CQC as Brevin Home Care and was re-registered as Claimont Health Limited in February 2020. The previous registered provider was inspected on 8 April 2019.

How we carried out this inspection

Before this inspection, we reviewed information we held about the service including information discussed at provider engagement meetings. The inspection was announced 24 hours in advance.

A team consisting of two CQC inspectors, an CQC inspection manager and a specialist advisor with experience working as a consultant addictions psychiatrist visited the service.

During the inspection, the team:

- toured the administrative office
- reviewed 7 medicines records
- reviewed 8 care records
- reviewed 4 staff records

Summary of this inspection

- reviewed other documents concerning the operation of the service.
- spoke to 2 patients
- spoke to one mental health support worker
- spoke to one registered mental health nurse
- spoke to the chief executive officer
- spoke to the managing director
- spoke to the director of clinical operations
- spoke to the deputy head of operations
- spoke to the head of people and business administration
- spoke to the clinical coordination team leader
- spoke to the commercial data coordinator

Outstanding practice

- The provider was culturally sensitive and took a tailored approach to match patients with specific needs in terms of their culture and ethnicity to an appropriate member of staff. For example, the provider matched staff who had interest in music with individuals from an arts and music background. Patients and their families reviewed staff profiles to assist with the matching process.

Areas for improvement

- The provider should ensure that individual patient lone working risk assessments are kept up to date.
- The provider should ensure staff are trained to manage incidents of violence and aggression so staff can work safely when lone working.
- The provider should ensure staff receive specialist training to enhance their skills and experience, including medicines awareness, food and hygiene, substance misuse and mental health awareness.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Community health services for adults

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

Are Community health services for adults safe?

Good

Our rating of safe stayed the same. We rated safe as good.

Safe and clean environment

Staff normally saw patients at their home addresses. The office base was visibly clean, well furnished and well maintained.

Staff completed environmental risk assessment as part of the initial risk assessment in patients' homes and removed or reduced any risks identified. For example, staff completed risk assessments for dogs, accessibility to the patient's home and security of the home.

Staff were provided with adequate personal protective equipment (PPE) if the care involved personal care.

The service had infection prevention and control (IPC) policies which all staff followed and had received training in. Staff followed guidelines for correct hand washing.

During the COVID-19 pandemic, the provider stopped face to face contact with patients unless it was absolutely necessary. Telephone and video appointments were used and national guidelines on IPC and the use of PPE were followed.

Staff used secure cases to carry equipment to patients' homes. They maintained equipment well and kept it clean. The case contained a range of equipment including burns dressings, a first aid kit and an equipment for checking blood pressure. Staff could also take additional items such as an alcohol breathalyser. There was a log of expiry dates and battery tests for the equipment that was used. For example, the provider informed us that before any equipment was issued to staff, the staff checked the product for its functionality and expiry date and used a standard check list to sign off the equipment before it was used .

Safe Staffing

The service had enough staff, who knew the patients and received training to help keep them safe from avoidable harm.

Good

Community health services for adults

The provider used bank staff to meet their staffing needs. There had been no occasions when the provider was not able to obtain a nurse to support patients. The service had access to three directly employed nurses, and nurses who were on fixed term contracts. The service employed some support workers and had a combination of experienced nurses and support workers who they deployed from a regular supply pool as and when needed.

The service was able to meet the needs of the patients by hiring highly skilled staff that had good rapport with patients. Staff informed us their case load was manageable.

The service's sickness rate over the last twelve months was 3%. The service had cover arrangements for sickness, leave and absence. Staff reported that they had breaks during working hours and did not remain in patients' homes for more than 7 days. Staff working hours were monitored by the registered manager and the office manager.

The service had vacancy for a quality and compliance lead, a qualified nurse and was actively recruiting into the role. They had advertised the role on different employment websites.

The service had recruited a new nurse specialist who would be starting in February 2023.

Bank staff received an induction and understood the service before starting work. Managers ensured that all staff received vigorous, regular supervision when they started working. The managers requested feedback from the patients and their family members about the staff before the staff was completely signed off to work independently with the patient.

Managers informed us the service took time to hire experienced staff and ensured the staff were retained following their deployment.

The service had access to doctors, clinical staff and senior clinicians who were available to provide daily support and available for on-call over weekends and bank holidays. The service had access to an in-house consultant psychiatrist if they needed urgent psychiatric review for patients who did not have access to a responsible clinician outside the service. Most patients who accessed the service already had access to a responsible clinician or a consultant psychiatrist who was accountable for managing their care.

The provider informed us they had their internal process in place to ensure independent doctors, who were referring patients to the service and then working in collaboration with the service by taking responsibility for prescribing medicines, were fit and safe to practice. They performed their own diligence checks on the independent consultants and doctors.

The service ensured that all nurses and doctors who worked in collaboration with the service had their revalidation with their professional body and were fit to practice.

Mandatory training

Staff received and were up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

The provider set 14 training sessions as mandatory training and 89% of the staff were up to date with all training sessions. The training included induction, basic life support, information governance, health & safety, equality and diversity, fire safety, moving and handling, infection prevention and control, safeguarding of adults, safeguarding of children, lone Working, Mental Capacity Act & DOLS, conflict resolution and training to use the recovery Star.

The human resources manager and the registered manager monitored mandatory training compliance and had a system that alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in patients' physical and mental health. Staff made patients aware of harm minimisation and the risks of continued substance misuse.

Assessment of patient risk

We reviewed 8 patient care and treatment records and found that staff completed initial comprehensive risk assessment for each patient as they were allocated onto their caseload and updated these. The risk assessments were completed by experienced staff. Risks concerning physical and mental health were assessed, in addition to specific risks regarding substance or alcohol misuse.

The risk assessment of patients misusing alcohol included assessing the risks of alcohol withdrawal. The risk assessments fed into the care plans. Contextual risk factors were also considered such as family relationships and networks, social networks and support organisations individuals were working with. Safeguarding information and concerns regarding children were also comprehensively risk assessed. Additional information from other stakeholders, for example GPs, was requested and considered as part of the risk assessment.

Staff reviewed and updated risk assessments regularly, including after every contact with the patient and after any incident.

When appropriate, staff worked with patients to develop and use crisis plans. Patients' care and treatment records included crisis management plans if patients decided to stop their treatment abruptly. These included techniques to re-engage patients, signposting to other services and advice about medicines.

Management of patient risk

Staff responded promptly to sudden deterioration in a patient's health. The provider had strict procedures for the security and safety of both patients and staff.

The provider had a strict criteria for accepting patients into the service for home detox. For example, managers told us the service used an online/virtual screening process to screen the patients to ensure their suitability for the service and if they were safe to be offered detox at home. Some of things the service screened the patients for were whether the patients were acutely suicidal, if the patient had a history of seizures, pregnant women, complex comorbidities, complex polysubstance misuse and if a patient could not be safely managed at home.

The service had safety plan risk assessment and assessed patients regularly. Staff discussed patients daily during daily flash meetings and staff were able to escalate risks or concerns so that treatment plan could be formulated.

The provider had appropriate policies and procedures in place to guide staff practice in respect of foreseeable emergencies related to detoxification. For example, the staff monitored the vital signs of patients, which included blood pressure checks, pulse and respiratory rate checks and withdrawal symptoms and signs.

Risk information was shared and discussed as part of the morning flash meetings and at wider multidisciplinary team meetings. Flash meetings were a daily morning meeting where staff discussed the patients and all the activities of the day.

The provider had lone working procedures in place which all staff were expected to follow. The provider provided suitable resources/equipment to staff to ensure lone worker safety and ensured suitable management of lone worker risks. For example, staff only went to established addresses with other members of the family present. Staff discussed the whereabouts of each colleague during morning flash meetings and tracked them during the day. Leaders were easily contactable for support.

We identified that staff did not receive training to manage incidents of violence and aggression. This presented a potential risk that staff would be at risk of harm if an incident if violence and aggression occurred due to the deterioration of a patients mental state whilst they were working alone.

We identified that staff had not updated the lone working risk assessment for one patient since 2018.

Safeguarding

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 kept up to date with their safeguarding training. At the time of the inspection, 90% of staff had completed adults at risk safeguarding training and 90% had completed children and young people safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. The service had a diversity, equality and Inclusion policy and children and adult safeguarding policies in place at the time of the inspection.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff were able to identify risks to and from patients and knew how to make a safeguarding referral and who to inform if they had concerns. Staff discussed safeguarding concerns in daily flash meetings and the multidisciplinary team meetings. We identified that there had been one safeguarding incident which the manager dealt with appropriately.

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.

Staff ensured patients' records were stored securely. Staff used a web based secure electronic system to record and access patients' information. Staff kept comprehensive and detailed records of patients' care and treatment. However, staff told us it was sometimes difficult to access the patient's records using their mobile phone when working from patients' own homes. Staff used different systems to record and store patient information. The provider was in the process of transitioning to a full accessible mobile service provision so staff could write notes concisely and in real time.

Good

Community health services for adults

Staff who provided treatment to patients whose care and treatment was overseen by their local NHS trust kept detailed and contemporaneous notes which were passed to colleagues working at the NHS trusts to be added to their main clinical record.

Medicines management

The service had appropriate systems for managing medicines. Staff did not often administer medicines but offered support to patients when they self administered medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

The service did not order, stock or dispense medicines for patients. Most patients' medicines were prescribed by the doctor who referred them to the service and then worked in collaboration with staff to deliver care and treatment to the patient. This included detox medicines, which were usually prescribed by the patient's own independent doctor

The service did not have a nonmedical prescriber at the time of inspection. However, we were informed the deputy director was going to go on a training to become a nonmedical prescriber.

Staff reviewed regularly the effects of medicines on patients' physical health. This included reviews of patients who were prescribed antipsychotic medicines or lithium. These reviews were in line with guidance from the National Institute for Health and Care Excellence.

The service liaised with GP surgeries and other secondary services that were managing any prescriptions for patients using antipsychotic medicines to ensure patients received the required physical health checks.

Track record on safety

The service had not reported any serious incidents during the 12 months before the inspection.

Reporting incidents and learning from when things go wrong

Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had a centralised system where all incidents were logged. All incidents were reported on the internal incident reporting system which allowed the service to monitor and track the learning from incidents.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Incidents were reviewed with the registered manager, consultant psychiatrist, managing director and head of people.

Themes and learning from incidents were shared and discussed with staff during morning flash meetings and during supervisions.

Good

Community health services for adults

Are Community health services for adults effective?

Good

Our rating of effective stayed the same. We rated effective as good.

Assessment of needs and planning of care

We reviewed 6 patient care and treatment records and found that staff completed a comprehensive initial assessment of each patient within 48 hours of their referral to the service.

At the previous inspection, the provider did not ensure that all patients had care plans which were detailed and personalised to support patients with their recovery. During this inspection, we identified that staff completed care plans that reflected the assessed needs of patients and were personalised. Patients said they were involved in developing their care plans and felt the care plans supported their recovery.

Staff made sure that patients had a full physical health assessment.

Staff could also request a full physical health assessment for patients if they had any concerns.

Staff developed a care plan for each patient that met their mental and physical health needs and considered their social circumstances.

Staff regularly reviewed and updated care plans with patients when their needs changed. Most patients felt involved in their treatment and said they were encouraged to take responsibility for their own recovery.

In line with national guidance, patients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test and the severity of alcohol dependence questionnaire. An experienced consultant who specialised in substance and alcohol misuse and experienced nurses assessed patients for community alcohol detoxification. This ensured minimising the risks associated with detoxing in the community.

Best practice in treatment and care

Staff signposted patients to additional psychosocial interventions and services local to them that could support them in their recovery. The service did not have any contractual arrangements with therapists. Staff ensured that patients' physical healthcare needs were being met, including their need for an annual physical health check. Staff ensured that any necessary assessment of the patient's annual physical health had been undertaken by the GP.

Staff delivered care and treatment in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE).

Patients undergoing detoxification treatment were supported by staff who monitored patients in their own homes 24-hours a day. For example, the registered nurses supported the picking up of the medicines and supported or prompted the patients to take the required medicines. The service had medicines chart in the patient's home where staff recorded medicines information. Patients receiving live-in support were encouraged to administer their own medicines.

Good

Community health services for adults

The service monitored the effectiveness of care and recorded outcomes for patients. For example, staff measured effectiveness of care, treatment and progress in collaboration with patients using tools such as the Recovery Star, Beck Depression Inventory; Hospital Anxiety and Depression Score; Yale-Brown obsessive-compulsive scale and Beck Anxiety Inventory, CIWA OCD scale GAP in detox, and SADQ.

Skilled staff to deliver care

The provider employed staff who were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

The provider needed to strengthen its specialist training offer to ensure all staff had the skills and expertise they needed to fulfil their roles safely. For example, staff did not routinely receive training in medicines awareness, food and hygiene, substance misuse and mental health awareness. The senior managers informed us few days after the inspection that they would roll out virtual training and include the training on their recruitment plan.

Managers provided new staff with an induction to the service before they started work. Managers used an induction checklist for new starters. The induction checklist covered things such as important policies and procedures and mandatory training. The induction included informing staff of the lone working procedures which was outlined in the service policy.

At the last inspection of the previous registered provider in 2019, staff did not always receive an annual appraisal. During this inspection, we identified that managers supported staff through regular supervision and annual appraisals of their work. Staff supervision and appraisal compliance was continuing to improve, and currently, 70% of staff had completed their required supervision and appraisals.

Staff discussed their wellbeing, how best to support patients, and their personal and professional career development during supervision sessions.

Managers also supported staff through observations of practice. Observational practice was included as part of the in-house audit process for staff to learn from.

Managers made sure staff attended regular team meetings, multidisciplinary meetings and leadership meetings. Managers ensured meeting minutes were shared with staff that could not attend.

Managers recognised and dealt with poor staff performance promptly and effectively and new staff completed a probationary period to ensure they developed the necessary skills and competencies to fulfil their role.

Multidisciplinary and interagency teamwork

At the last inspection for the previous provider in 2019, we found that the provider did not always ensure that senior team discussions and decisions about patient care were documented. At this inspection, we identified that the registered manager and consultant psychiatrist had regular meetings to discuss ongoing patient care and ensured that the discussions and decisions were documented, and all staff were kept up to date about any changes.

The registered manager shared clear information about patients and any changes in their care with staff during daily morning flash meetings.

Good

Community health services for adults

Staff had effective working relationships with external teams and organisations. Staff directed patients to other services when appropriate and, if required, supported them to access those services. For example, staff provided details of local services that offered psychological therapy if this was identified as a need in the assessment.

The service had good working links with GP practices and independent health providers.

Good practice in applying the Mental Capacity Act

Staff received training in the Mental Capacity Act and knew how to seek support from the service managers if needed. The Mental Capacity Act was included in mandatory training.

There was a policy on the Mental Capacity Act, which staff knew how to access.

Staff understood mental capacity and worked under the principle that capacity was always assumed. Where they queried a patient's capacity this was discussed in the team meetings.

The service did not directly take patients who lacked capacity.

Staff were aware of the appropriate processes to follow if patients were assessed as not having capacity. Staff said they would apply a best interest approach to ensure decisions would be made in the best interest of patients and considered the patient's wishes, feelings, culture and history.

The service supported patients on community treatment order (CTO) in partnership with NHS services where NHS services took the lead in providing the service.

Are Community health services for adults caring?

Good

Our rating of caring stayed the same. We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for patients. Patients said staff were polite, respectful, understanding, caring, and provided care that met their individual needs.

Patients also reported staff provided help, emotional support and advice when they needed it. For example, one patient told us staff were supportive without being intrusive when having in-dept conversations with them about their care.

Staff supported patients to understand and manage their care and treatment and their own recovery. Patients said they felt staff knew them well as individuals and staff put in extra support for their care and they felt fully supported.

Staff signposted patients to other services and supported them to access those services if they needed help. Patients said staff made them aware of what other services were available to support their care, such as physical health support.

Patients said staff were approachable, helpful, supportive and understanding. Staff treated them well and behaved kindly towards them.

Staff felt comfortable and supported by their colleagues to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff.

Staff kept patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to additional support.

Patients told us they felt involved in their care and felt confident to contact staff or their therapist whenever they needed to book appointments. Patient felt the service was flexible about their needs.

Involvement of patients

Staff involved patients in assessing risk and planning their care. For example, the recovery star was used to create recovery focused plans of care and was developed collaboratively with the patient.

Staff made sure patients understood their care and treatment. Patients reported they received clear information and explanations of their care and the treatment and interventions available. For example, one patient told us the psychiatrist, nurses and doctors communicated well with them and they felt well informed about their medicines and were involved in regular medicines review.

At the last inspection in 2019 of the previous provider, we found that patients were not encouraged to complete feedback surveys. During this inspection we identified that the provider gave a survey link to the patient and their family after every discharge. Staff told us feedback received from patients had been positive and it demonstrated patient satisfaction for the personal aspect of what the service provided to them.

Patients told us they were supported to make advance decisions about their care.

Staff understood confidentiality and appropriate steps to provide discreet and confidential care and treatment to patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Staff recorded information in patients' files to show whether patients gave consent to share information about their care with their families or carers. If patients gave their consent, family members and carers were involved in the patient's care by attending appointments and having direct communication with staff. For example, one patient told us they informed their family about their therapy themselves and openly discussed sessions and their progress with them.

Staff encouraged family members to give feedback about the service they received, and carers received a survey when their loved one was discharged.

Good

Community health services for adults

Staff gave families and carers support information, and where appropriate information on their loved one's care and treatment.

Are Community health services for adults responsive?

Good

Our rating of responsive stayed the same. We rated responsive as good.

Access and discharge

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The provider had clear criteria for which type of patients it could safely provide care and treatment for. Referrals were reviewed by the consultant psychiatrist. Patients who were feeling actively suicidal, who required detoxification treatment but had a history of experiencing seizures, pregnant women, patients with complex comorbidities, and patients with complex polysubstance misuse were identified as requiring support from an alternative service because their needs could not be safely met.

The service had set a target for time from referral to triage/assessment and from assessment to treatment. Assessments were offered within 48 hours of being referred. Patients did not wait more than seven days from referral to allocation of a member of staff and initial treatment intervention.

The team respected the wishes of patients who no longer wanted to have contact with the service. For example, patients were signposted to other services. Where possible, staff offered patients flexibility with appointments.

Staff supported patients during referrals and transfers between services. For example, staff attended community mental health team meetings if a community mental health team had overall responsibility for patients care.

Staff planned discharges with patients and sent discharge summaries to GPs with details of treatment received and any follow-up.

Meeting the needs of all people who use the service

The service met the needs of all patients, including those with a protected characteristic or with communication support needs.

At the last inspection of the previous provider in 2019, patients' recovery plans did not contain information on their individual needs. At this inspection, we found that staff had attended Diversity, Equality and Inclusion training and demonstrated an understanding of the potential issues facing vulnerable groups such as black and minority ethnic group, LGBT+, older people and victims of domestic violence. When putting treatment plans together, staff considered the needs of the patients and ensured they matched the right staff to the needs of the patient in terms of ethnicity, age and gender. The service always sent staff profiles to the patient and their family.

Staff were alert to the need to respect the gender identity of patients and always ensured the correct gender pronouns were used when referring to patients.

Good

Community health services for adults

Patients said that staff made information about their treatment and other services easy to understand.

Listening to and learning from concerns and complaints

Formal complaints were treated seriously and investigated.

Patients said they knew how to complain or raise concerns. Patients were informed about how to make a complaint when they were assessed and again when they started treatment at the service.

Information about how to make complaints, and complaints forms, were available. These were available in easy read and languages other than English. Patients said they felt comfortable to raise complaints with staff or could make a complaint if needed.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Most complaints related to the cost of service provision and about the quality of the service received.

The managers discussed complaints with staff at monthly team meetings and shared any learning that had resulted and used the learning to improve the service.

The service had received some positive compliments in the previous 12 months either as thank you cards or on feedback forms. Feedback from compliments was shared in the monthly integrated governance team meeting.

Are Community health services for adults well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.

Leaders had worked in a variety of roles in the field of mental health and substance misuse and were experienced, motivated and enthusiastic about supporting patients. The service had a clear definition of recovery that was understood by staff.

Staff were complimentary about leaders and support provided by the registered manager and the deputy managers. Staff said managers in the service were approachable and that they operated an open door policy. Patients said they felt comfortable in approaching the managers if they needed to.

Vision and strategy

Staff knew and understood the service's vision and values and how they (were) applied to the work of their team.

All staff attended quarterly meetings chaired by the chief executive officer.

Good

Community health services for adults

The strategy of the organisation was about improving quality of care and treatment and to expand to the north of England and grow into other sectors such as working with young people and public sector work.

The provider currently provided care in peoples' homes nationally, although most staff were based in the south east of England. The provider had started to design the expansion of the service and had plans to recruit to new posts.

Culture

Staff told us they received excellent support from managers and colleagues and valued the expertise and dedication of the staff team. Staff felt valued from their direct line managers and reported a positive sense of wellbeing. Staff described wanting the best outcome for patients. Staff said they were able to raise concerns if needed and were aware of the whistleblowing process.

Staff told us the organisation was an inclusive organisation and leaders recognised their skills and valued their experiences.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well.

The provider had an effective governance system in place. Separate commercial, clinical and people governance meetings took place every three months.

All areas of the service were subject to performance monitoring and audit. Managers and staff were aware of the issues and development areas within the service and had plans in place to support improvements. The manager completed clinical audits and there was a quarterly service audit plan as well as an annual audit plan.

These audits which were set by the provider looked at health and safety, safeguarding, infection, prevention and control, risk and recovery planning, patient consent. The service also conducted a range of local level audits. These included case records, alcohol treatment plans.

The provider had a service risk register, a service development plan and a business continuity plan. Managers used results from audits to make improvements to the service.

Systems and tools, such as staffing levels and the business continuity plan, were reviewed and tested to ensure they continued to reflect the service.

The service ensured robust recruitment processes were followed. We reviewed four staff records that contained up to date criminal record checks, two references and evidence of suitable experience for the role to ensure staff were safe to work with vulnerable adults. The service had a tracking system for recruitment. The manager informed us 95% of the staff recruitment checks were up to date was waiting for the outcome the Disclosure and Barring Service (DBS) check for staff due to start work with the service.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good

Community health services for adults

The service's risk register included all current concerns about the delivery of the service. The service managers were familiar with the key risks to service delivery and the associated factors. These included recruitment and retention of the right staff to meet the needs of the patients. Staff discussed the top risks to the service at team meetings.

Information management

Staff had access to the equipment and information technology needed to do their work. For example, staff had access to tablet computers during home visits and used them to complete clinical records. The service also provided mobile phones to staff, and patients could make direct contact with staff if needed. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The office manager had access to information to support them in their management role. For example, staff human resources records, supervision records as well as training data. The registered manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Engagement

The service was transparent and collaborative with commissioners about performance. They were open and honest about the challenges and the needs of the population and felt comfortable in feeding back to commissioners

Learning, continuous improvement and innovation.

The service did not use a formal quality improvement methodology. However, managers and staff were clearly committed to improving the service and responded to feedback from clients and staff.

The service was part of a Transcranial Magnetic Stimulation project (TMS) therapy project which is used for treatment resistant depression.