

NIH Healthcare Ltd

Khiron Clinics

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Khiron Clinics is a care home without nursing, providing the regulated activity of 'accommodation for persons who require nursing or personal care' for up to 10 people. The service provides support to adults over the age of 18. At the time of our inspection there were three people using the service.

People's experience of using this service and what we found

People and staff commented about the use of agency staff. The registered manager acknowledged there had been quite a high use of agency staff, but this was reducing. Management made sure all agency staff had a full induction and understood the service before starting their shift. Staff were recruited in a safe manner.

Improvements were identified in respect of ensuring temperatures were checked to ensure safe storage. Staff used systems and processes to safely administer and record medicines had been received.

People said they felt safe in the service. All staff had training on how to recognise and report abuse and they knew how to identify adults at risk of, or suffering, significant harm. The provider completed risk assessments for each person pre-admission and on arrival, and reviewed these regularly, including after any incident. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

There was a cleaning schedule in place which was up-to-date and showed that the premises were regularly cleaned.

Each person was assessed prior to admission to the clinic and on arrival to ensure they were suitable and safe to be supported by the clinic. Support plans and risk assessments were developed and updated as needed. Support plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff had received a full induction, and the registered manager ensured staff kept up to date with their mandatory training which was designed to meet the needs of people.

People were encouraged to take responsibility for planning, preparing, and cooking their own meals. People's individual dietary needs and preferences were respected.

The service ensured people had access to physical healthcare. People could register with a local GP or remain with their own GP's if they preferred. Discharge was carefully planned.

The design, layout, and furnishings of the premises supported people's privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with compassion and kindness. People said staff treated them well and behaved kindly. Staff understood the individual needs of people and supported them to understand and manage their support needs during their stay. The service involved people in care planning and risk assessment, and they had access to their support plans. Staff followed policy to keep people's information confidential.

We had very positive feedback about the benefits people were experiencing, or had experienced, at the service. These included, "Overall, Khiron has without a doubt saved my life. The care is everything that personalised stands for and I will be forever grateful." External professionals also commented that the service was focused on providing person-centred care and support and achieved exceptional results.

People using the service had access to the local community. The provider had several therapies on offer within their service, for example, mindfulness; meditation; yoga; tai chi and art therapy.

There was a complaints procedure accessible to people and on display around the premises. People knew how to complain or raise concerns.

The service had a positive culture that was person-centred, open, inclusive and empowering, achieving good outcomes for people. Staff said the team worked well together and they all respected each other's views.

Governance processes ensured performance and risk were managed well. The registered manager understood their responsibilities in respect of having a good oversight of the service.

People and staff were encouraged to be involved in the service. All people received a questionnaire on discharge which was collected by the provider's quality assurance officer and fed back into governance meetings to agree any actions.

Staff said they were able to contribute to the running of the service and make suggestions in team meetings. The management team reviewed and shared learning from incidents with the team via meetings and supervision.

We had mostly positive feedback from external professionals. One health body provided some feedback and we have commented on this in the Well Led section of the report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Khiron Clinics

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection on site was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Khiron Clinics is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Khiron Clinics is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff, including the registered manager, lead clinical therapist, administrator, two support workers and the facilities manager. We spoke with three people about their experience of the care provided.

We reviewed a range of records. These included one person's care and medicines records. We looked at two staff records in relation to recruitment, training and other records relating to the management of the service, including audits, policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management of the service. We contacted five external health care professionals and five staff to seek feedback

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We had a mixed response from people about staffing. These were mostly in relation to the use of agency staff. Comments included, "Continuity is a problem, lots of agency workers, little things important to you, seen them trigger so many people" and "They have lost five or six very good members of staff and are using agency staff who do not always understand."
- We also had feedback from staff and external professionals about the use of agency staff. Comments included, "There are times when we are understaffed but due to availability of support workers, not for lack of trying. We use agency staff to fill those gaps as best as possible. Management is always aware of what is going on and always trying to implement ensuring we have the staff that we need" and "We need to keep a good bank of support staff to call on and not understaff the clinic when we are pressurised as it has a knock-on effect to everyone. Team spirit is great here at the moment."
- The registered manager acknowledged there had been quite a high use of agency staff, but this was reducing. Management made sure all agency staff had a full induction and understood the service before starting their shift. The service had plans to potentially have their own staff agency where staff could be trained specific to the needs of people in the service and ensure continuity.
- We observed that the service had enough staff, who knew people well. The number of people supported at the time of the inspection, was not too high to prevent staff from giving each person the time they needed.
- Staff had support from various specialists in the service to support them in their day to day roles and responsibilities, such as the clinical lead.
- Staff were recruited in a safe manner. Appropriate checks were carried out on staff before they began working in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Temperatures where medicines were stored had not always been recorded and evaluated to ensure they were stored within the recommended temperature range. We discussed this with the registered manager who immediately arranged to ensure this recording took place daily and was added to the audit schedule.
- We received some feedback from a health body that at times people in the clinic did not always have access to prescribed medicines, particularly from people from overseas where licensing or prescription levels were not in line with UK guidance. We discussed this with the registered manager who was going to discuss this with the health body to try and find ways to improve this.
- Staff used systems and processes to safely administer and record medicines had been received.
- People's individual medicine administration records were regularly audited. No controlled drugs were in

use, but there was a controlled drug register in place if required.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe in the service. Comments included, "When I came here, I was away from home, and it was critical that I had a safe environment. It [Khiron clinics] fulfils the brief. Safety is a big thing, and they look to do it well" and "Much safer being here, feel that I am in a better place."
- All staff had training on how to recognise and report abuse and they knew how to identify adults at risk of, or suffering, significant harm. This included notifying other relevant agencies such as the police or local authority. A member of staff commented, "Any safeguarding issues are taken immediately to [registered manager] and I also advise [clinical lead]. Any client concerns are also discussed in our daily clinical meetings. Any actions that aren't urgent are discussed with the team to find the best approach for the resident to deal with the concern."

Assessing risk, safety monitoring and management

- The provider completed risk assessments for each person pre-admission and on arrival, and reviewed these regularly, including after any incident. Risk assessments identified any current or historical risks concerning individuals prior to admission. This included a full medical history, social history and psychological assessment. A person commented, "Throughout my stay at the Clinic risk was continually reassessed and the appropriate measures were taken to ensure I kept myself safe, promoting me taking responsibility for my actions."
- These assessments ensured the provider was only admitting and supporting individuals that were at reduced risk of harming themselves. Risk assessments were regularly reviewed and updated during people's stay at the service. A member of staff commented, "Risk assessments and care plans are updated as and when they are needed to be. They are updated by the support workers. We can request them at any time but again any changes to a client's care will be on [electronic system]."
- There were voluntary restrictions in the service in respect of certain items of people's personal property. Staff completed safety observations at frequent intervals during the day. The timing of these were dependent on individual risk levels.
- We observed staff on duty wearing equipment bags with relevant items to assist in an emergency.
- There were personal emergency evacuation plans (PEEPS) in place in the event of an emergency needing the premises evacuating.
- Staff undertook relevant safety training such as fire training and first aid.
- We saw in other areas of the premises that the provider had completed environmental risk assessments and removed or reduced any risks they identified.

Preventing and controlling infection

- There was a cleaning schedule in place which was up-to-date and showed that the premises were regularly cleaned.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection and admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely and responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.
- The provider supported people to have contact with the friends and family in line with government guidance.

Learning lessons when things go wrong

- Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff comments included, "All information regarding incidents/accidents are [on records] as soon as they occur, and we are notified" and "Will debrief in meetings and if required is supportive of 1-1 meetings and outcome is always discussed."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person was assessed prior to admission to the clinic and on arrival to ensure they were suitable and safe to be supported by the clinic. Support plans and risk assessments were developed and updated as needed. Support plans reflected the assessed needs, were personalised, holistic and recovery oriented.
- The service provided a range of treatment and care for people. The provider completed outcome tools to measure people's health and social functioning and used rating scales to assess and record severity and outcomes.
- The provider analysed results from audits to assess outcomes and make improvements.

Staff support: induction, training, skills and experience

- The service had a range of staff to support and meet the needs to assist people's recovery.
- Staff had received a full induction, and the registered manager ensured staff kept up to date with their mandatory training which was designed to meet the needs of people.
- Agency staff completed a similar induction checklist to permanent staff which included all the essential things they needed to know to carry out their role.
- Part of the induction involved shadowing sessions. A person commented, "If you walk through you will see a member of staff in the group session." Staff commented, "I had a week of induction, participating in groups and familiarising myself with the program. Had access to online training material for Khiron" and "I shadowed groups for a couple of months and integrated into the therapeutic community that way, the best way to do it. I have felt very supported by them."
- Supervision of the day-to-day clinical work was undertaken by the clinical lead, who is a healthcare professional with registration as a clinical or counselling psychologist with experience at a senior level.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to take responsibility for planning, preparing, and cooking their own meals. If a person was unable to cook their own meals, support workers would prepare these. Comments included, "I go through my weekly food plan and order with my support worker. Helps me with the preparation. We do have take-aways sometimes", "I cook for myself in the main, balanced regular food, non-stressful. Sometimes I cook for the whole house" and "Look after my own food, tell the office what you need, and they order it for you. Community members are helping each other, helping with meal planning."
- People chose their own food and drink to suit their individual and dietary needs and preferences. This included halal, kosher, vegetarian diets. For example, a person was supported to honour their Jewish tradition with lit candles and celebrating Passover.
- The service provided separate cooking equipment, plates and utensils for Jewish residents, Muslim

residents and also strict vegetarian and vegan residents

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service ensured people had good access to physical healthcare. The service provided a range of care and treatment suitable for the people in the service.
- People could register with a local GP or remain with their own GP's if they preferred. Advice was available during people's stay at the clinic to treat any physical health concerns and if people needed to attend appointments for other physical health needs such as dentistry, staff would support them to attend their appointments.
- Discharge was carefully planned. Families were involved where appropriate in the discharge planning process. A person commented, "Staff have done a lot of work with me on my exit strategy and future planning."

Adapting service, design, decoration to meet people's needs

- The design, layout, and furnishings of the premises supported people's privacy and dignity.
- People's accommodation was arranged around a courtyard and there was a large group activity room containing a seating area, dining area and communal kitchen. There was access to a disabled toilet and laundry room.
- People were encouraged to help with decorating the premises. There were different areas for people to use for their preferred activities, and private space to spend time, or to have time alone.
- The clinic was contained in large rural grounds with many areas to walk and socialise. There were yurts to provide private spaces and teaching areas, summer house, swimming pool and a purpose-built smoking shelter. One person commented, "I love the natural environment here. I love walking in the grounds."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The manager and staff had a good understanding of the Mental Capacity Act (2005). There was a Mental Capacity Act Policy in place and staff were aware of the policy and how to access it.
- Practices regarding consent and records were actively monitored and reviewed to ensure people were involved in making decisions about their care and treatment.
- The provider ensured that everything was with the agreement of people. People were provided with the consent terms and conditions prior to admission and this was reiterated and discussed on admission.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with compassion and kindness. People said staff treated them well and behaved kindly. Staff understood the individual needs of people and supported them to understand and manage their support needs during their stay. Comments included, "It was so reassuring to feel like I was being understood and being seen as a survivor rather than a victim of my past" and "The therapists, were fantastic in coming to see me when I was really struggling, and the communication between support workers meant that I did not have to repeat myself multiple times."
- We observed staff were discreet, respectful, and responsive when supporting people. Visiting professionals were welcomed into the service. One commented, "I have always been greeted with courtesy and respect on my visits, by friendly staff who ensured I knew where I was going. They have been respectful of the boundary of confidentiality of the therapy and have also sought my advice and guidance around issues to do with how best to help [person]."
- Staff followed policy to keep people's information confidential.
- Staff supported people to maintain their spiritual preferences. For example, attending church services and purchasing a Quran and prayer mat a person.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in their care planning, receiving all the relevant information to ensure that they could give informed consent prior to admission to ensure their expectations of the service were realistic.
- The service involved people in care planning and risk assessment, and they had access to their support plans.
- People were actively encouraged to give feedback on the service.
- Staff informed and involved families and carers appropriately and with consent from people.

Respecting and promoting people's privacy, dignity and independence

- People said they were supported with dignity when receiving help with personal care tasks. One commented, "Personal care is respectful, help with showering done well."
- The facilities promoted recovery, comfort, dignity and confidentiality. The service and premises supported people's privacy and dignity.
- Staff completed all relevant training courses related to protecting people's information and how to share this safely when required.
- Records were stored securely. At the time of the inspection, the service used a combination of electronic and paper records. The provider was in the process of transferring all paper records to electronic records to

ensure they were up-to-date and complete at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had ensured that people were involved in planning their care and support to fully reflect their physical, mental, emotional and social needs.
- We had very positive feedback about the benefits people were experiencing, or had experienced, at the service. These included, "Overall, Khiron has without a doubt saved my life. The care is everything that personalised stands for and I will be forever grateful" and "110% the therapies have been helpful, can't fault the programme, and group sessions. Taught me how to sit with my anger. I was assessed with [symptoms]. Talking boundaries group path useful."
- External professionals also commented that the service was focused on providing person-centred care and support and achieved exceptional results. One commented, "The team at Khiron have been excellent in the quality of their working together with us to provide a high-quality service to [people], who have very complex needs. This has involved developing and maintaining good team communication between our clinical teams, formulating care plans together with very good involvement of the person themselves, and problem solving when faced with challenging situations."
- People were positive about the staff and how they worked hard to meet people's preferences. Comments included, "The support workers are truly human. They go above and beyond to make me feel safe. In safe hands - support workers walking around, do a good job."
- Support and therapy plans were detailed and contained all aspects of psychological, social, physical and practical interventions. These were developed with the person and reviewed regularly to ensure staff were guided in their practice ensuring people received person-centred care.
- The service used measures of well-being, identity, hope, meaning and purpose, empowerment, connectedness and activity. The results were analysed and presented graphically and formed the basis of a monthly therapeutic review between the person and their primary therapist. This helped to evaluate people's progress and allow for adjustments to their therapy plans.
- The support and therapy plan were reviewed regularly, at least monthly, and amended by support staff when any changes were needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was able to provide information in a variety of accessible formats. If interpreters were required these could be arranged.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service had access to the local community, including day trips with friends and family; local horse riding or equine therapy; local day trips and visits to a farm/shop; picnics and the use of 12 acres of land. A person commented, "Go offsite at my own request, requires permission, only stipulation is that you have to let somebody know and that you take a mobile phone with you."
- The provider had several therapies on offer within their service, for example, mindfulness; meditation; yoga; tai chi and art therapy.

Improving care quality in response to complaints or concerns

- There was a complaints procedure accessible to people and on display around the premises. People knew how to complain or raise concerns.
- Any concerns or complaints were acknowledged, recorded and investigated.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.
- The service used compliments to learn, celebrate success and improve the quality of care.
- The provider sought people's feedback during the time they were in the service and on discharge.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's statement of purpose states, 'The aim of Khiron Clinics is to provide the highest standard of psychotherapeutic care and support to adults with trauma-based mental health disorders, within our residential clinic'. The goal is safely to treat and stabilise clients in preparation for transition to Khiron House or further outpatient treatment."
- We heard from people in the service they felt they experienced good outcomes. Comments included, "From the initial response to my enquiry email to the assessment with [clinical lead], admission, and treatment everything about Khiron Clinics has been fantastic. The care provided to me at Khiron Clinics has, without a doubt, saved my life. It has given me back a life that is worth living."
- Staff knew and understood the provider's vision and values and how they applied to the work of their team. Staff said the team worked well together and they all respected each other's views. Comments included, "I am proud to work with such a dedicated team of people who are clearly passionate about their job, and that is from every department. Even though we have different roles we are always working towards what's best for the client and equally there is continued support to each other as a team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- The registered manager understood their responsibilities in respect of having a good oversight of the service. They had a good understanding of the service they managed and were visible in the service and approachable to both people and staff.
- Audits were regularly undertaken on support plans and risk assessments, infection, prevention and control, health and safety, care records, service user feedback and mandatory training.
- Teams had access to the information they needed to provide safe and effective care and used this to good effect. In addition to team meetings, the clinical lead undertook daily meetings with staff and de-briefing sessions were offered regularly.
- The service had plans for emergencies. Contingency plans were in place for a number of possible emergency situations which may interrupt the usual service provision. For example, running on reduced staffing levels, loss of utilities and environmental emergencies.
- Staff were aware of the whistleblowing procedure and said they felt comfortable to raise any concerns

with management. One commented, "I would initially bring any concerns to management. I'm also aware that the whistleblowing policy is [online] so I would re-read that. We have an ethics board where concerns can be raised externally, or I would also contact CQC."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had community meetings where they discussed the service and any improvements they required. Ideas for new projects and activities were discussed. Recent examples included a wall with a 'resource tree' to which everybody contributed, and a horticulture group for growing produce to cook and eat.
- All people received a questionnaire on discharge which was collected by the provider's quality assurance officer and fed back into governance meetings to agree any actions.

Continuous learning and improving care

- Staff said they were able to contribute to the running of the service and make suggestions in team meetings. The management team reviewed and shared learning from incidents with the team via meetings and supervision.
- Staff had access to relevant information. One commented, "Protocols and procedures are accessed through an app that we use on our phone which is continuously updated. We have morning meetings every day with operations where any new information or changes can also be announced."

Working in partnership with others

- We received some feedback from a health body in relation to the impact of providing health support to people staying at the clinic. We discussed the feedback with the provider who had not been made aware of their concerns. The provider stated they would make contact to discuss the issues and hopefully find a way to reduce any pressures on local health resources.
- We had positive feedback from other external professionals and comments included, "I have contacted Khiron Clinics on a number of occasions to discuss their referral process as well as the treatment pathway. My queries have always been answered promptly and thoroughly. [Registered manager] has been quick to respond to any questions, she has also shown great awareness of patients' needs and patients' safety in particular during my interactions with her. I attended a patient's initial assessment with Khiron Clinics (at the patient's request) which was led by [Clinical Lead]. During the assessment the [clinical lead] approached the patient in a very compassionate and a person-centred way. Her approach/way of conducting the assessment also evidenced a great level of knowledge around supporting individuals with a history of complex trauma. I have also received some feedback from a patient who resided at Khiron Clinics. The former resident commented on the high quality of care and support they received. The progress they made during their stay has been also noted by our team and the patient's family. Overall, my interactions with the staff at Khiron Clinics have been positive, professional, and respectful with no concerns to report."