

Turning Point

Turning Point - Stanfield House

Inspection report

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Date of inspection visit: 9 and 10 January 2024
Date of publication: 18/03/2024

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

Turning Point Stanfield House provides rehabilitation and support services for people aged 18 to 65 who are recovering from the impact of substance misuse. The service provides both residential rehabilitation services and day services for people who can commute.

Funding for placements is provided by local authorities in the area people usually live.

Turning Point Stanfield House is registered with CQC to provide accommodation for persons who require treatment for substance misuse.

The service has 12 beds, one of which is accessible for people with mobility problems and can accommodate both male and female clients.

The service has been inspected on four previous occasions: November 2012, January 2014, May 2016 and October 2018.

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating

Good



Summary of each main service

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

- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision, and appraisals. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients 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.

Summary of findings

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Summary of this inspection

Background to Turning Point - Stanfield House

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- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision, and appraisals. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients 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.

What people who use the service say

Feedback from clients was generally positive. They described staff as caring, friendly, supportive, and told us they went above and beyond to care for them.

They described how the service created a “healing environment” and how they have the autonomy to come and go as they please, enabling them to transition into the community.

One client told us it was difficult to contact the local GP and were having trouble arranging appointments. They explained how staff supported them to do so as well as making follow up calls. Clients told us staff supported them to attend external meetings and access community appointments.

Clients told us they felt safe, although some told us, they would prefer staff to be present on site 24 hours a day, as this was when clients were more likely to relapse. Nevertheless, they said staff reassured them about any anxieties they had around their treatment. One client described how staff had put them at ease prior to admission, explaining the treatment and support they would receive whilst residing at the service.

Clients knew how to raise complaints, provide compliments, and provide feedback to the service. All clients we spoke to, explained they had never made a complaint or had any reason to do so. Clients confirmed that daily check in sessions with staff went ahead as planned.

Clients explained how staff listened to them and are responsive to their views and wishes. They described how staff gave them advice on their care and treatment in an accessible and clear manner.

Clients spoke positively about how hard staff worked but felt that the service would benefit from more staff.

Summary of this inspection

Some clients felt that there could be more individual or group sessions at the service. Clients told us these sessions did not always go ahead due to staff shortages. They also said that some staff were more confident in delivering group sessions than others. We also received feedback that the questionnaires used in one-to-one sessions could be overly prescriptive with client's feelings. A better design would provide a more honest and productive sessions.

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- Visited the service to review the quality of the environment and observed how staff were caring for clients.
- Spoke with seven clients.
- Spoke with the registered manager and operations manager.
- Spoke with three other staff members.
- Attended and observed two group work sessions.
- Attended a flash meeting. These are daily meetings, where clients can raise issues with staff.
- Looked at 5 care and treatment records for clients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

- The service should ensure it records the location of where the ligature cutters are kept.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse services

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

Is the service safe?

Good 

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

Safe and clean care environments

All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. There were a range of daily, weekly, and monthly checks in place to review the environment and facilities. These included checks of fire doors, fire alarms, emergency lighting, and fridge and freezer temperatures. We reviewed a sample of records and saw that these were complete and went ahead as planned.

Staff knew about potential ligature anchor points and could describe how they mitigated the risks to keep clients safe. Managers maintained and monitored a ligature point risk assessment. This was reviewed annually and covered all areas of the building. The assessment gave an overall risk rating of medium. Managers considered individual risk prior to admission and only admitted clients who they had assessed as being suitable for the environment.

All clients had a risk management plan in place. There were ligature cutters on site which staff were trained to use. However, we found that the risk assessment did not identify where the ligature cutters were stored or kept. Nevertheless, staff we spoke with knew where these were located and how to access them.

The building was set out over three floors. There was CCTV in most communal areas except for the communal lounge, kitchen, and client bedrooms. Staff completed a daily review of CCTV footage. The CCTV was censored and alerted on call staff to movement in and out of the building when there were no staff onsite.

The service had male and female clients. Male and female bedrooms were located on separate floors. Clients were not allowed into each other's rooms in line with the service's protocol.

Substance misuse services

Maintenance, cleanliness and infection control

Staff had completed training in infection control and were aware of the protocols in place to keep clients, themselves and others protected from infection.

We found that the environment was clean, well maintained, well-furnished and fit for purpose. Clients conducted housekeeping duties. There is a weekly rota in place for tasks including cooking, cleaning, and gardening. Managers described how this was effective, with developing activities of daily living skills being an important part of the recovery programme. Managers used external services for the cleaning of specific equipment within the building where required.

Clinic room and equipment

The service did not prescribe or administer medication and did not have a clinic room on site. Clients' medication was delivered, or they collected these from the local pharmacy. Nevertheless, staff followed provider policies and procedures to ensure effective medicines management.

Clients were assessed before coming into the service to determine whether they would be responsible for their own medicines, or if medication needed to be stored securely and accessed with support from staff. Processes were in place to record and monitor client's medicines and staff carried out weekly medication audits.

Safe staffing

The service had enough nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm.

Staff

The service had enough recovery workers to keep clients safe. The service had not been short staffed in the last six months. The service did not use agency staff but used regular bank staff employed by Turning Point to ensure baseline numbers were met. Bank staff received a full induction and understood the service and client group well.

The service employed a total of 4.5 whole time equivalent staff. Three staff members had left the service within the last 12 months for other employment opportunities, which meant that the annual turnover was 66.67%.

Managers supported staff who needed time off for ill health. There were six periods of reported absence during the previous 12 months. We spoke with a member of staff who was extremely positive about the support they had received during their time off and on their return to work.

Managers accurately calculated and reviewed the number of recovery workers for each shift. Core service hours were between 9am until 8pm. Baseline staffing numbers were two recovery workers between 9am and 5pm, with a third recovery worker between 12am until 8pm. The registered manager also worked between 9am and 5pm and could support staff where required.

There was an out of hours on call rota in place to ensure clients had 24- hour access to staff if they needed support. All call outs were logged on the provider's client information management system and data provided by the service

Substance misuse services

showed these were rare. There were no call outs in October or November 2023, and two call outs for December 2023. One of these was in response to a fire alarm and the other for a client who had relapsed. Managers told us they took into account that the building was not staffed 24 hours a day when considering whether a client was appropriate for admission.

Clients told us that staff were sometimes busy, but that they had regular one-to-one sessions with their recovery worker.

Staff shared key information to keep clients safe when handing over their care to others during daily flash meetings and handovers. We observed two flash meetings and saw that these gave staff the opportunity to discuss each clients' presentation, planned appointments, and community leave. These meetings identified any concerns or further actions. Staff also provided further updates to the recovery worker who arrived at 12pm for the late shift. Staff kept minutes of flash meetings. We reviewed a sample of these and saw they were detailed and contained relevant actions and alerts for staff.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Training was delivered through a combination of face-to-face sessions and e-learning. Staff described good access to mandatory training and indicated that they were up to date with this.

The mandatory training programme was comprehensive and met the needs of clients and staff. At the time of inspection, the service compliance percentage was 97%. Training modules included basic and advanced life support, fire safety, infection prevention and control, safeguarding awareness, autism awareness, and equality, diversity and inclusion awareness.

Managers monitored mandatory training through the provider's electronic training records system. This would alert them as to when staff needed to update their training. Training compliance was also discussed during clinical governance meetings.

Assessing and managing risk to clients and staff

Staff screened clients before admission and only offered admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

Assessment of client risk

Staff completed risk assessments for each client on admission. They used a recognised tool, which was reviewed regularly, including after any incident.

Staff completed a comprehensive assessment of each service user before they came into the service.

On admission they completed basic physical health checks and ensured that service users were registered with a local GP. Clients were supported to address any physical healthcare needs.

Management of client risk

Substance misuse services

Staff knew about any risks to each client and acted to prevent and reduce risks. Individual risks were evidenced in care records and discussed during flash meetings and handovers. This ensured staff could identify and respond to any changes in risks or any risks posed to clients.

Staff gave clients advice on reduced tolerance, harm reduction and overdose risk during their stay. This was further reinforced upon discharge (including unplanned). Naloxone training was given to clients with opiate addiction at admission and again at discharge.

Group sessions focussed on reducing the risk of relapse and covered crisis survival, mood regulation, and developing effective relationships. Clients kept mood management diaries, which included a range of crisis survival skills such as distracting, self-soothing, and reality and acceptance skills.

Drug and alcohol testing protocols were in place. Any client found using drugs and/or alcohol were supported individually to stay on the programme. This was assessed in the best interests and safety of the client and the other residents. When it was not possible for the client to continue with the programme, they were discharged and supported to access community services.

The building was a large and spacious and was set out over three floors. Clients were assessed as being suitable to reside at the building prior to admission, taking into account the environment and level of autonomy they would have. There was evidence of positive risk taking, and the service had recently removed a window latch preventing them from opening, with this being assessed as the least restrictive option.

Safeguarding

Staff understood how to protect clients 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 received specific training for their role on how to recognise and report abuse including safeguarding adults and safeguarding children. Managers and staff told us they rarely needed to make safeguarding referrals. Nevertheless, the staff and managers we spoke to knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Care records showed good links with police, social services, prison, and probation services.

There were policies in place for safeguarding children and adults which managers reviewed and updated regularly. The policies clearly set out safeguarding processes and signposted staff to local authority social care services.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. The annual colleague engagement survey indicated that 95% of staff felt that clients were treated equally.

Staff followed clear procedures to keep children visiting the service safe. There was a detailed visitors policy in place which staff understood and could explain. All visits were planned, and children had to remain on the ground floor of the building. Clients and staff spoke positively about visitors attending the service and the positive impact this had on them.

Staff access to essential information

Substance misuse services

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Some staff told us that the electronic care records system was sometimes confusing and that they occasionally had to navigate the system to find the information they needed. Nevertheless, client notes were comprehensive, and all staff could access them easily.

Records were stored securely, and documents were password protected. Staff ensure that medicines cabinets containing personal identifiable information were locked.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed the provider's medicines administration procedure, which set out a defined process for ordering, handling, and the storage of medication. There were no clinicians on site. This service does not prescribe or administer medicines. On administration staff register clients with the local GP. The GP will prescribe the medication for clients to collect from the pharmacy. Staff keep records of all medication and will check all medication and medicines at the point of collection.

Staff recorded client's medication including the type, dosage and quantity using a standardised medication sheet form. This meant they could monitor whether clients were taking their medicines and when further medicine needed to be requested.

Most clients were assessed as having capacity to self-medicate and kept their medicines in their rooms. In some cases, staff kept medicines locked and clients collected these. Managers told us they tried to enable clients to self-manage their medicines wherever possible.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. The staff we spoke to knew how and what incidents to report. Staff have received the relevant training to enable them to use the incident management system.

Managers had good oversight of recent incidents. The incident reporting system alerted managers to all incidents at the point of submission. They regularly reviewed these to enable them to identify incident types, causes, and harm level. Recent incidents included client relapse, client illness, and client refusal or failure to take their prescribed medicines.

Substance misuse services

Managers investigated incidents thoroughly. Senior leaders had good oversight of incidents, and this was an agenda item at the monthly clinical governance meeting.

Staff received feedback from investigations of incidents during daily flash meetings and described a positive learning culture, where it was safe to acknowledge when they had made a mistake and share learning about this with the team.

Staff reported serious incidents clearly and in line with provider policy. Data provided by the service showed there had been no serious incidents in the 12 months prior to the inspection.

Staff understood the duty of candour and were prompted to consider this via the electronic system each time they logged an incident. They were open and transparent and gave clients and families a full explanation of when things went wrong. Staff we spoke with knew how to access the duty of candour policy if needed.

Managers debriefed and supported staff after incidents. Daily flash meeting minutes showed that staff collectively discussed whether they could have done anything different and whether they missed or omitted anything. The meeting minutes showed that staff were given the opportunity to discuss how they felt after an incident and whether they needed any support.

Is the service effective?

Good 

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

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff developed comprehensive recovery plans for each client that met their mental and physical health needs.

Staff regularly reviewed and updated recovery plans when clients' needs changed. This was usually monthly or in response to changes in care needs. We reviewed six recovery plans and found that these were personalised, holistic and recovery orientated. Client's views and wishes were routinely documented, and it was evident that these had been produced collaboratively. Staff offered clients copies of their recovery plans.

Managers completed monthly care plan audits to ensure that recovery plans were comprehensive and that review dates were met.

Care records and flash meetings demonstrated that staff routinely referred to the psychological and emotional needs of the clients. Clients told us staff would go out of their way and ask them how they were feeling or if there was anything they wanted to discuss.

Best practice in treatment and care

Substance misuse services

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. •Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for clients. The service delivered staff and peer led groups including psychosocial intervention-based sessions, mindfulness, mood management and recovery skills. There was a weekly community rail group where clients volunteered at a local rail station. Staff described how the various groups focussed on enabling clients' reintegration into the community.

Staff identified clients' individual needs and recorded them in their recovery plans. These included both short and long-term goals for recovery and was in addition to support with activities of daily living, finances and developing confidence in the community.

Staff made sure clients had access to physical health care, including specialists if these were needed. Staff made sure clients were registered with the local GP. On admission the GP would assess the client's physical health, which would be regularly reviewed during their time at the service.

Staff met clients' dietary needs and assessed those needing specialist care for nutrition and hydration. Client's planned and cooked meals for the week as a group, and staff provide dietary advice and guidance where necessary.

Staff helped clients live healthier lives by supporting them to take part in programmes or giving advice. This included offering smoking cessation therapy to those clients who needed it.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The annual audit plan included medication, quality audits and health and safety audits. The service liaised with the other substance misuse rehabilitation services within the organisation, to review and discuss successful and unsuccessful client rehabilitations. They also met with commissioners to receive their feedback.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service employed staff with the suitable skills, qualifications, and training to meet the needs of clients. Recovery workers completed a variety of training modules as part of their induction programme. This included key worker training and systems training.

Staff received training to enable them to deliver groups sessions and managers gave examples of how they had supported staff to develop their confidence in delivering the sessions. This included arranging shadowing sessions at other services within the organisation.

The organisational intranet had an 'explore my career' webpage which was available to all staff and offered a range of apprenticeships and courses which staff could enrol, subject to external funding. We saw that staff had access to a variety of health and social care, psychology, and mental health courses.

Substance misuse services

Managers supported staff through regular constructive appraisals of their work, which is conducted through annual performance reviews and completed by all staff members. This gave them the opportunity to discuss what their objectives and values, development areas and whether they had any support needs.

Managers supported staff through regular, constructive supervision of their work. Data provided by the service showed that all staff had received monthly supervision during the last 3 months, with the exception of staff who were absent from work.

Managers made sure staff attended daily flash meetings and handovers and gave information to those who could not attend. Staff also attended quarterly team meetings.

Managers recognised poor performance, could identify the reasons and dealt with these. They followed organisational policy when implementing performance management plans, with input from the human resources team. They gave examples of how they had offered support to staff throughout the performance management process, setting clear and achievable objectives to improve performance.

Managers recruited, trained, and supported volunteers to work with clients in the service. There was a dedicated volunteers coordinator within the organisation who supported volunteers to complete a peer mentor training programme. Volunteers were often ex-clients, and we saw an ex-client volunteering throughout the inspection. Voluntary work included supporting with groups sessions, inputting into aftercare plans and supporting clients in day-to-day activities throughout their recovery.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff had regular contact with clients' care coordinators in their local substance misuse teams. The service worked closely with social services, mental health services and criminal justice services. There was a multi-disciplinary approach to each client's assessment and treatment, which included assessing whether the client was ready for the programme.

There were effective working relationships with community drug and alcohol services and community mental health teams. The service discharged people after 12 weeks if the client and staff agreed that this was suitable.

Clients could apply for funding to stay longer if this was identified as part of their care plan. Staff worked with supporting agencies in the community to ensure timely transfer of information.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received, and were consistently up-to-date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of inspection training compliance was 100%.

Substance misuse services

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

All staff had received training in the Mental Capacity Act and had a good understanding of the act. Clients who lacked capacity to engage in the treatment programme would not be suitable for the service and capacity was reviewed throughout their stay.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision, most commonly around their capacity to self-manage their medicine.

Is the service caring?

Good 

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment or condition.

Observations throughout the inspection showed that staff were discreet, respectful, and responsive when caring for clients. Clients appeared comfortable interacting with staff and managers. They regularly approached staff for support or to engage in conversation, and the interactions we observed were very positive.

We spoke with six clients and received positive feedback about staff. They told us that they could not fault the staff who were supporting them. Clients told us that no matter how busy staff were, they made time to find out how they were or if they required support.

Staff were discreet and responsive when caring for clients. Clients described how staff ensured their privacy and dignity. This included ensuring discussions involving personal or sensitive data took place on a one-to-one basis.

Staff understood and respected the individual needs of each client and showed understanding and a non-judgmental attitude when caring for or discussing clients with mental health needs.

Staff supported clients to understand and manage their own care treatment or condition wherever possible. This included supporting clients to self-medicate and to engage with external services autonomously wherever they were able to do so.

Involvement in care

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

Substance misuse services

Discussions with clients and a review of care records showed that staff involved clients in decisions about their care and treatment. Client's views and wishes were documented in daily flash minutes and within their recovery plans.

The service empowered and supported access to advocacy and mutual aid in the community. [mutual aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of their recovery from active alcohol and/or drug use and addiction]. Recovery and risk management plans were in place and clients had been involved in their development. This included access to mental health and physical health services.

Clients could give feedback on the service in a variety of way, including during flash meetings, directly to staff, or by using a feedback box in the communal lounge.

Daily house meetings took place and clients took responsibility for various duties during their admission. A rota was in place for household tasks with clients being responsible for a different one each week. Clients planned and cooked their meals on a weekly basis and bought their own shopping. Clients spoke positively about this, and told us, it created a sense of community and shared responsibility.

Staff involved families when appropriate in client's treatment and care. In some cases, clients did not maintain contact with their families or did not want staff to contact them. Some clients regularly visited their homes once they were established on the recovery programme.

Involvement of clients

Staff introduced clients to the service as part of their admission. Staff involved clients and gave them access to their recovery plans and risk assessments. Staff made sure clients understood their care and treatment.

Staff involved clients in decisions about the service during flash meetings and one to one engagement. The service compiled monthly 'you said we did' bulletins which they shared with clients. We saw that managers had taken action following client feedback to address issues raised with the building and environment, group sessions, and access to community activities.

Clients told us they could give feedback on the service and their treatment and staff supported them to do this. Staff made sure clients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We did not speak to any family or carers during the inspection. Nevertheless, staff and managers told us they supported, informed, and involved families or carers subject to client consent.

Is the service responsive?

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

Substance misuse services

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.

Bed management

The service had clear criteria for which clients would be offered a service. Clients needed to be abstinent from drugs and alcohol. Staff used a multiagency approach to plan admissions. The service worked with care coordinators in their local teams to ensure that clients were prepared for the rehabilitation programme.

The service had some out-of-area placements and provided a national service. Some clients were local, with others residing elsewhere in Cumbria. Some clients had been admitted from Lancashire.

Discharge and transfers of care

Clients did not have to stay in the service when they were well enough to leave. The recovery programme comprised of a 12-week programme, with managers requesting a further 12 weeks for those clients who need it, subject to external funding.

Some clients did not remain in the programme for the full 12 weeks due to their relapse. Staff reported these as incidents and monitored the number of unplanned discharges within the service.

Staff carefully planned clients' discharge and worked with care managers and coordinators to make sure this went well. This involved ensuring clients had suitable accommodation, financial support, and links with aid groups and health care services prior to leaving the service.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each client had their own bedroom, which they could personalise. Female clients were given bedrooms on the top floor, with male bedrooms located on the first floor. Clients had a secure place to store personal possessions.

The service had a full range of rooms and equipment to support treatment and care. There were communal areas, and a large kitchen, which clients could access at all times. The service had quiet areas, including therapy rooms where clients could meet with visitors in private.

The service had a large outside garden at the front of the building that clients could access easily. There were seating areas and a BBQ, which staff said clients used during warmer periods.

Meeting the needs of all people who use the service.

Substance misuse services

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There was an accessible bedroom on the ground floor which could be used for clients with physical health needs.

Information was available in other languages when needed and there was access to interpreters and signers. Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service had access to information leaflets available in languages spoken by the clients and local community.

The service ensured the weekly shopping list contained a variety of food to meet the dietary and cultural needs of individual clients. Clients had access to spiritual, religious and cultural support in the community and staff supported them to access this.

Listening to and learning from concerns and complaints

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.

Clients told us they knew how to complain or raise concerns. All comments, complaints and feedback were recorded locally and monitored centrally in line with the provider's policy. Managers aimed to respond to complaints within 24 hours to try resolve these informally. Within 10 days the service would contact the client again to acknowledge the complaint and let them know who was dealing with it. The service aimed to conclude complaint investigations within 28 days, providing feedback and the outcome to the client. There was a complaints appeal process in place.

There had been 12 compliments and one informal complaint to the service in the previous 12 months.

The operations manager ensured that lessons learned were taken forward at a local level. Complaints were reviewed during monthly clinical governance meetings and provided recommendations to implement change where required.

Is the service well-led?

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. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Substance misuse services

Leaders completed a range of training to ensure they had the skills, knowledge, and experience to perform their roles. This included health and safety, business continuity planning, together with managing disciplinary and grievances. They also completed a five steps training programme for working with families.

The managers we spoke with had a good understanding of the services they managed. They could explain clearly how staff worked collaboratively with external teams to provide high quality care. Care records and staff interviews demonstrated effective working relationships with GPs, social care providers, local authorities, probation services and community hospitals.

Leaders were visible in the service and approachable for clients and staff. We saw very positive interactions between leaders, staff and clients throughout the inspection, and it was clear they felt comfortable approaching leaders for support.

Leadership development opportunities were available, including opportunities for staff below team manager level. There was a clear pathway of progression, with recovery workers able to apply for registered manager posts within the organisation when these arose. Managers arranged for staff to work shifts or shadow at other services to develop key skills and enable them to progress.

Staff were supported to look for opportunities to improve the service. The registered manager and operations manager met with the finance team regularly to discuss improvements within the building. They gave examples of how this had led to sourcing double beds in bedrooms, new carpets and making cosmetic improvements including painting and decorating. Clients were asked for feedback about the service at following discharge at 3- and 6-month intervals.

All staff had completed training for people with autism and attention deficit/ hyperactivity disorder (ADHD) through the Autism Society. Managers explained that it was becoming more common to admit clients with a diagnosis of autism and ADHD.

Vision and strategy

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

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Staff we spoke with knew and understood the provider's vision and values.

The organisation had a 3-year strategy in place which ran from 2023 to 2026. The strategy set out key priorities to help deliver the vision. These included an ambition to reach more people, improve the quality and outcomes of services, and to improve the financial position of the organisation to enable it to invest in people and services. The strategy was developed by the senior leadership team with input from staff across the organisation.

Provider core values included treating everybody as individuals, embracing change, and a belief that everyone has the ability to grow, learn and make choices. Staff gave examples of how the values were applied in the work of their team. This included enabling clients to build successful lives in the community by thorough information gathering at the point of referral and enabling clients to develop useful skills throughout their recovery. They could explain how they provided individualised care to try and facilitate successful discharges and enable clients to live independently in the community.

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Managers could give examples of how they were working to deliver high quality care within the budgets available and described ongoing dialogue with leaders about funding for equipment, facilities or client events and activities.

Staff described senior leaders as approachable, although some told us that leaders above the operations manager did not often visit the service.

Culture

Staff felt respected, supported and valued. They said the organisation promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff generally felt respected, supported, and valued. They described how they felt positive about working for the provider and their team.

Staff felt able to raise concerns without fear of retribution. They worked well together and where there were difficulties managers dealt with them appropriately. Staff supervision included conversations about career development and how it could be supported.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Staff had access to support for their own physical and emotional health needs through an occupational health service.

The provider recognised staff success within the service. Managers actively sought feedback including compliments from clients and families and shared these with staff.

Governance

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

There was a system of governance meetings which enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. These included daily flash meetings, handovers, monthly and quarterly meetings, and clinical governance meetings.

We looked at various governance and quality related meeting minutes and saw these were effective forums to review incidents, performance issues and planning, amongst other topics. Managers circulated meeting minutes to staff.

The service had a clinical audit programme in place. Managers maintained audit results and findings. They would develop action plans which they used to improve 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.

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Managers maintained a comprehensive risk register. This was located on a shared drive and accessible to staff. The register was updated regularly and identified 5 key areas: people, clinical, financial, operational and performance. Staffing challenges were an ongoing risk. This was being mitigated by using regular bank staff in line with the business continuity plan.

The risk register specified that the service should operate on a minimum of two staff and noted that staff sickness did create a level of risk for the service. Furthermore, the risk register noted that the use of agency staff came with competency challenges. The risk register contained harm mitigation, there was an action in place to mitigate risk across the service. The managers were well cited on these.

There was an up-to-date safety log in place. There is a fire safety warden employed through the service's landlord who completes regular fire safety checks of the building.

Staff escalated client risks where required through flash meetings, handovers, and to the registered manager.

Staff interviews and care records showed that managers acted on changes in individual risk timely and effectively.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service used systems to collect data from the service that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was generally in an accessible format, although some staff told us it was sometimes challenging to locate specific information/ entries on the electronic system made by other staff.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Care records, flash meetings, and clinical governance meeting minutes demonstrated that the service worked well with external stakeholders regularly to discuss individual client care. There was evidence of good liaison with commissioners, care coordinators, advocacy providers, police, and probation services.

Managers worked with wider teams to discuss service development. For example, they described recent meetings with commissioners to review successful and unsuccessful discharges and to seek feedback on what had worked well and areas for improvement.

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Data provided for the most recent survey showed that 83% of staff had completed the survey, with a 74% scoring for positive or very positive responses received. There was an action plan in place to address areas of the survey with lower scores, which included ensuring regular client and staff feedback, making changes to practice, offering support, and signposting staff to service information where necessary.

Learning, continuous improvement and innovation

Manager maintained a service development action plan containing a range of ongoing quality improvement methods. These included actions to improve the education, training and employment provisions for the service, a review of the recovery skills programme, and a review of the current medicine's protocols.

Innovations were taking place within the service. The service participated in accreditation schemes including a recent neurodiversity audit to measure the service against recognised 'autism friendly' service standards. This had led to the development of an action plan to improve client care.