Recovery Project

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Without exception clients told us they felt safe at the Recovery Project, physically and emotionally. The service had a thorough assessment process in place prior to admission. Clients received a thorough induction into the project and a comprehensive handbook which contained information about the service, their rights, how to raise a concern or complaint and consent to share information. Clients had good and comprehensive access to a variety of psychological therapies either on a one to one basis or in a group setting. The provider encouraged volunteer and internship work placements for clients. Ex-clients told us they were well prepared for move on and had been supported to develop strong recovery support networks in the local community.
- All the clients we spoke with were extremely positive about the service, stating how supportive, caring and compassionate the staff were. We observed this throughout our inspection. Staff were enthusiastic, dedicated and motivated by their work. Staff spoke respectfully about their clients, at all times and demonstrated an excellent understanding of their issues with a non-judgemental approach. The atmosphere created at the project was one of recovery, hope and optimism.

Summary of findings

- The provider carried out a satisfaction survey for every client individually as well as two additional surveys each year, one carried out by another organisation. In the most recent survey in December 2016, 100% of clients were either satisfied or very satisfied that the service was meeting their needs and that the support offered was enabling clients to achieve their plans and aspirations.
- Clients' risk assessments and care plans were robust, recovery focussed and person centred. The assessment of clients' needs and the planning of their support, treatment and care was thorough, individualised and optimistic. Staff considered and met the needs of clients at all times. There was evidence of client involvement in the care records we looked at and all clients had signed a copy of their care plans. Staff were person centred, highly individualised and recovery orientated. We also saw that clients reviewed their care plans regularly with their keyworker. The client successful completion rate for the treatment programme was 68% during the preceding year. All clients received a thorough physical health assessment prior to commencing treatment and staff identified and managed risks to physical health.
- There were enough suitably qualified and trained staff to provide care to a very good standard. The provider employed many staff with lived experience of addiction which further enhanced the skill mix and diversity of staff available. Skilled staff delivered care and treatment. The staff were consistently and pro-actively involved in client care and everyone's contribution was considered of equal value. Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback, following incidents. The Recovery Project had a strong focus on recovery, treatment, empowering clients and enabling client peer support. All staff were committed to the vision and values of the organisation. All staff had high morale and told us that they felt very well supported and engaged with a visible, highly experienced, skilled and strong manager. Staff were motivated to ensure the objectives of the organisation and of the service were achieved.
- Governance structures were clear, well documented, followed and reported accurately. These were controls for managers to assure themselves that the service was effective and being provided to a good standard. The manager and their team were fully committed to making positive changes. Changes had been made to ensure that quality improvements were made, for example, through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.
- The project was clean and well maintained. The premises were comfortable with a large courtyard garden and clients told us the environment aided their recovery.

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

- The Project's risks were individually scored and rated, but there was no local risk register, pulling all of the known risks together.

Summary of findings

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Summary of this inspection

Background to Recovery Project

- The Recovery Project provides a residential rehabilitation service for 30 people who have substance misuse problems, 26 bedrooms were provided on site in four shared houses with a further four rooms in the main house which provided shared move on facilities. At the time of our inspection there were 25 clients in the service. All clients had either been through detoxification or were alcohol and drug free on admission. The service is not staffed overnight or at weekends and an on call service was provided to deal with any emergencies. The on call arrangements were adequate and enabled the service to operate safely. The service operates an abstinence and psychosocial model and all clients are expected to be alcohol and drug free before starting treatment. The treatment model follows the 12 step recovery program alongside cognitive behaviour therapy delivered in a group and on an individual basis.
- Clients in the service were funded by Brighton and Hove local authority. Clients paid for and signed a licence agreement with the Brighton Housing Trust for their accommodation for the duration of the treatment program.
- The Recovery Project is registered to provide:

Accommodation for persons who require treatment for substance misuse.

- There was a registered manager in post at the time of the inspection.
- We have previously inspected this service in 2014. Our last inspection in February 2014 found that the service was meeting the essential standards which were inspected.

Our inspection team

The team that inspected the service comprised one Care Quality Commission inspector, Jackie Drury (Inspection lead) and a specialist advisor who was a senior substance misuse nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with nine current clients and five ex-clients
- received nine comment cards from clients
- spoke with the registered manager and the deputy manager
- spoke with four other staff members
- received feedback form 15 external stakeholders
- attended and observed a staff handover meeting and two therapeutic client groups
- looked at seven care, support and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Without exception the feedback was very positive and highly complimentary about the service. Clients told us the treatment was very effective and that the staff were skilled, empathetic, non-judgemental and extremely compassionate towards them. Clients commented that staff with lived experience of addictions provided strong role models for them. Clients said they were filled with hope, aspirations and optimism, some for the first time in their lives. Several clients said the service had been pivotal to their recovery and had saved their lives. Clients told us they felt safe at the project and one client said this was the first time they had ever felt safe, physically and emotionally and that they had never experienced such kindness and genuine respect from staff. Clients said the staff were always open, generous with their time and held clients in very high regard. Some of the clients said they had never experienced such warmth, trust and quality relationships with other people, ever before. They said the project was life changing.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Without exception clients told us they felt safe at the Recovery Project, physically and emotionally.
- The project was clean and well maintained.
- There were enough suitably qualified and trained staff to provide care to a very good standard. The provider employed many staff with lived experience of addiction which further enhanced the skill mix and diversity of staff available.
- Clients' risk assessments and plans were robust, recovery focussed and person centred. The assessment of clients' needs and the planning of their support, treatment and care was thorough, individualised and optimistic. Staff considered the needs of clients at all times.
- Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback, following incidents.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The assessment of clients' needs and the planning of their support, treatment and care was thorough, individualised and recovery focussed.
- The client successful completion rate for the treatment programme was 68% during the preceding year.
- All clients received a thorough physical health assessment prior to commencing treatment and staff identified and managed risks to physical health.
- Clients had access to a comprehensive level of good psychological therapies either on a one to one basis or in a group setting.
- The provider encouraged volunteer and internship work placements for clients.
- Skilled staff delivered care and treatment. The staff were consistently and pro-actively involved in client care and everyone's contribution was considered of equal value.

Summary of this inspection

- Many members of staff had lived experience of addiction and using substance misuse services, all were in recovery. Clients told us how strong and positive the message of recovery was for them, to have the opportunity to be cared for by and work with these staff.
- The service had policies in place to protect human rights and avoid discrimination.
- Ex-clients told us they were well prepared for move on and had been supported to develop strong recovery support networks in the local community.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All the clients we spoke with were extremely positive about the service, stating how supportive, caring and compassionate the staff were. We observed this throughout our inspection. Staff were enthusiastic, dedicated and motivated by their work.
- Staff spoke respectfully about their clients, at all times and demonstrated an excellent understanding of their issues with a non-judgemental approach. The atmosphere created at the project was one of recovery, hope and optimism.
- The provider carried out a satisfaction survey for every client individually as well as two yearly surveys, one carried out by another organisation. In the most recent survey in December 2016, 100% of clients were either satisfied or very satisfied that the service was meeting their needs and that the support offered was enabling clients to achieve their plans and aspirations.
- There was evidence of client involvement in the care records we looked at and all clients had signed a copy of their care plans. Staffs' approach was person centred, highly individualised and recovery orientated. We also saw that clients reviewed their care plans regularly with their keyworker.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients received a thorough induction into the project and a comprehensive handbook which contained information about the service, their rights, how to raise a concern or complaint and consent to share information.
- The premises were comfortable with a large courtyard garden and clients told us the environment aided their recovery.

Summary of this inspection

- The service had a structured therapeutic treatment programme with additional therapies and activities for clients to attend.
- All clients were confident to raise any concerns and the process for making complaints was well advertised.
- Clients spoke to us about their discharge plans and told us how staff were helping them to achieve these plans.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The Recovery Project had a strong focus on recovery, treatment, empowering clients and enabling client peer support. All staff were committed to the vision and values of the organisation.
- All staff had high morale and told us that they felt very well supported and engaged with a visible, highly experienced, skilled and strong manager. Staff were motivated to ensure the objectives of the organisation and of the service were achieved.
- The provider's senior management team brought strong leadership to the service and were available to both clients and staff.
- Governance structures were clear, well documented, followed and reported accurately. These were controls for managers to assure themselves that the service was effective and being provided to a good standard. The managers and their team were fully committed to making positive changes. Changes had been made to ensure that quality improvements were made, for example, through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.

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

- The service's risk register did not identify how the known risks were going to be managed.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The residential rehabilitation service at the Recovery Project was provided in four shared houses with a further four rooms in the main house which provided shared move on facilities. A variety of meeting rooms were available across the premises. In addition, the project was not staffed overnight or at weekends. This presented challenges for observation of clients and staff managed this through thorough and individual risk assessments for each client before they moved in to ensure they would be safe in this environment. Clients told us the approach at the project was to maximise opportunities for independence and confidence in applying daily living skills. Overnight and at weekends clients supported one another and clients in the later phase of treatment (known as the secondary programme) planned any additional support required by clients every day and before the weekend in planning meetings.
- The four houses and move on facilities were mixed sex accommodation. Clients were assessed for their suitability for each house before allocation, particularly clients' vulnerability and risk of exploitation. The service complied with Department of Health guidance on same-sex accommodation. The guidance states that all sleeping and bathroom areas should be segregated and clients should not have to walk through an area occupied by another sex to reach toilets or bathrooms. The physical premises did make providing women-only day spaces and segregated bathroom and toilet facilities difficult. However, the provider was able to demonstrate that they had thought about what women-only day spaces could be made available and how shared bathroom and toilet facilities should be managed to ensure clients' safety, privacy and dignity was protected. For example, one woman sharing a house with three men had been allocated her own bathroom and could use a quiet meeting room in the main house for private space if required. The staff had assessed the risks for women and men prior to move in and had discussed this with them, measures were put in place to minimise any risks to safety, privacy and dignity. We spoke to a number of female clients about this issue and they told us discussions had taken place with them before move in to ensure any risks were safely managed.
- One of the administrators at the project had been trained to act as the health and safety lead.
- All of the areas of the houses at the Recovery Project we looked at were visibly clean, with good furnishings and were well maintained. Staff and clients carried out the cleaning and cleaning records were complete and up to date. Cleaning competitions were held regularly across the four houses to provide incentives to clients to maintain high standards of cleanliness. Clients had come up with this suggestion. Cleaning schedules were available and followed. Clients reported maintenance issues to staff and monthly meetings were held which focused on the premises and environmental issues. A client in each of the houses acted as a maintenance and health and safety lead. The service had developed a schedule for major works required and also had a budget available for minor work required.
- Regular environmental risk assessments were undertaken and updated as required. Two external companies carried out six monthly environmental risk assessment audits which included fire safety and all aspects of health and safety. Daily and weekly checklists were completed by staff to ensure risks were managed in the general environment and in the clients' houses. Fire drills were carried out four times a year and fire alarms were tested weekly. Each house nominated a client to be in charge of fire safety and training was

provided to equip the client with the necessary knowledge and information to carry out this role. Fire packs and client lists were available attached to each front door.
- First aid kits were available in each of the houses and all staff had been trained to deal with emergency first aid in the workplace.

Safe staffing

- There were eight substantive staff working at the Recovery Project, in addition to two volunteers. The provider offered volunteer placements to over 20 people across the organisation each month. There were no staff vacancies. Temporary staff were not used on a regular basis however, there was one trained temporary support worker available, if needed, who was familiar with the service and clients. There were no occasions when a shift had not been filled. The sickness rate was low at just above 1% as of April 2017 and the staff turnover rate was also low at 6%.
- Medical cover was available on a request basis either via general practitioners or a substance misuse doctor and psychiatrist who worked for another organisation. Clients and staff told us that the response to such requests was timely. All clients were registered with a general practitioner.
- The service did not provide staff cover overnight or at weekends. This was a deliberate strategy to provide a service based on the therapeutic community model. A therapeutic community provides a structured and psychologically informed environment for clients. They are places where the social relationships, structure of the day and different activities are all deliberately designed to help clients' health and well-being. The focus was on using the entire community, including all clients as active components of treatment. All staff and clients told us there were sufficient staff to deliver care and support to a good standard and on checking the rota there were sufficient staff on each day. Clients said they appreciated the importance of managing on their own overnight and at weekends to actively prepare themselves for independent living. Staff were available to respond in emergencies on an on call rota.
- The service had put effective administrative support and processes in place to enable support staff to spend their time in direct contact with clients. This meant staff had time to prioritise the care and treatment of their clients.
- Staff were available to offer regular and frequent one to one support to their clients. There were enough staff during the day for groups and activities to be delivered. Staff and clients told us that activities and therapeutic groups were not cancelled due to staffing issues. Clients told us they were offered and received a one to one session with their keyworker at least once a week, usually more frequently. On checking the clients' daily records this was the case.
- All staff had updated mandatory training refresher courses recorded. Staff were encouraged to attend additional training courses.

Assessing and managing risk to clients and staff

- We looked at seven care records, all of which demonstrated good practice in assessing and managing risk. Staff used the risk assessment template and associated documentation in the electronic care record system. These included details of any known risks associated with, for example, safeguarding issues, child protection, risk of harm to self or others, violence and any recent high risk incidents.
- Prior to moving into the Recovery Project, the manager, their deputy, or another member of the staff team carried out a detailed assessment to ensure that clients' needs could be managed well and met at the service.
- All clients attended the Recovery Project 'drop in' sessions prior to commencing treatment. These sessions were available every week and offered prospective clients an opportunity to get to know about the project, current clients and staff. The sessions also offered an opportunity for staff to further assess any risk issues and in particular their commitment and preparedness to starting the treatment program.
- All clients were allocated a community based care co-ordinator with a partner agency before being accepted for treatment at the Recovery Project. On admission the assessment process was thorough and detailed and covered identifying risks to clients' health and wellbeing. Clients received a risk score before a managed plan was put in place and then this plan was scored again to ensure clients could safely manage at the service.
- All clients received a medical assessment prior to moving in which included physical and mental health assessments and reconciliation of medicines. Additional assessments or reviews could be requested at any time after they had moved in if required.

- Staff carried out a comprehensive risk assessment for clients when they moved in. Clients told us they were actively involved in the risk assessment process. Risk reviews were undertaken at least every day by the staff and following any incidents or safeguarding concerns. Risk formulations and management plans were comprehensive and relevant.
- Staff used a number of risk assessment tools to safely manage risks associated with maintaining drug abstinence. This included client rating scales for drug and alcohol cravings, cravings for induced vomiting and self- harm.
- All clients had contingency plans in place should they make an early and unplanned exit from the Recovery Project. Clients were not detained under the Mental Health Act and knew they could leave the project at will. Every unplanned exit from treatment was discussed within the team in detail and reported to and discussed in the quarterly contract review meetings with commissioners. Any lessons learnt to prevent a reoccurrence or to improve any aspect of the service was considered.
- There were clearly advertised blanket restrictions or project boundaries at the Recovery Project. Blanket restrictions are rules and boundaries put in place by staff that affect all clients. We discussed these with staff and clients, examples included clients agreeing not to leave the project unescorted whilst in the first eight weeks of the programme, clients having restricted access to their mobile phones, random drug and alcohol testing, televisions not to be used during the day, no use of social networking and minimum expectations for therapeutic group attendance. Staff and clients told us the restrictions were in place to maintain safety and to ensure clients had the best chance of successful treatment. All clients had consented to the restrictions as part of their treatment contract which all clients had signed. Staff referred to and regularly reviewed these contracts during a client's stay. Staff told us flexibility was used dependant on clients' needs. For example, family visits could be arranged and facilitated if an emergency arose.
- Staff took time to get to know about their clients' physical and psychological health care needs. Staff told us that, where they identified particular risks, they safely managed these by putting in place relevant measures. For example staff and/or peer escorts were provided when clients attended appointments which they may find difficult, distressing or anxiety provoking. Individual risk assessments we reviewed took account of clients' previous risk history as well as their current mental and physical health state.
- Clients told us, without exception, that they felt safe at the Recovery Project.
- We spoke with staff about protecting their clients from abuse. All the staff we spoke with were able to describe what constituted abuse and were confident in how to escalate their concerns. All staff received training in safeguarding adults at risk and children and were aware of the organisation's safeguarding policy. At the time of our inspection there were no current safeguarding concerns. The provider had an appointed safeguarding lead who attended a monthly multi agency safeguarding meeting called the 'safeguarding hub'.
- Staff did not administer any medicine. Clients who took prescribed medicine managed these themselves and kept their medicine locked in their bedrooms. There was an overarching policy to safely manage the process and clients had signed their induction checklist to agree which medicines they would administer themselves. Staff maintained a log of which medicine clients' were taking and there was a locked medicine cabinet in the staff office should any medicine need to be temporarily stored for a client. A recent development had been agreed with partner agencies that all drug clients would receive a Naloxone emergency pen from their care co-ordinator prior to moving in. Naloxone can reverse the effects of overdose from heroin and other opioids. Clients received training on how to use Naloxone and this meant in the event of a drug overdose, immediate action could be taken.
- Children were not permitted to visit the Recovery Project however staff used clear protocols to facilitate clients to see children from their families in the local community or at the offices of partner agencies. Each request was risk assessed thoroughly to ensure a meeting was in the child's best interest. There were meeting rooms available for other visitors outside of the immediate bedroom areas.

Track record on safety

- There were no serious incidents requiring investigation in 12 months prior to our inspection.

- Improvements were made to ensure safe practice, for example, the recent introduction of the Naloxone emergency pen.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents. All incidents were reviewed by the manager on a daily basis if required. Staff told the manager and more senior managers within the organisation about incidents in a timely manner so that they could monitor the investigation and respond to these. Staff investigated all incidents to try to establish the root cause.
- Staff told us that they received feedback from investigations in regular team meetings where they learnt key themes and lessons and developed action plans if they needed to make changes. Staff said there was always a debrief session arranged following a serious incident, and that the manager facilitated a reflective session to ensure that, as well as learning lessons, staff felt adequately supported.

Duty of candour

- The provider was open and transparent with clients regarding their care and treatment. This was known as their duty of candour and set out some specific requirements that providers must follow when things go wrong with clients' care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things went wrong. We retrospectively saw in incident records that all incidents had been discussed with clients at the time.

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

Assessment of needs and planning of care

- We reviewed seven sets of care records and found they were all completed to a high standard and demonstrated good practice in assessments, recording, care planning and evaluation.
- Staff assessed clients' needs and delivered care and support in line with clients' individual care plans. All clients received a thorough physical health assessment prior to moving into the project by doctors working in a partner agency. If physical health needs were raised, staff incorporated these into the clients' care plans and managed these risks to physical health. There were strong and responsive relationships with external health care professionals such as dentists, specialist nurses and doctors.
- Care and support plans were personalised, holistic and recovery focused. Staff had been trained to confidently and effectively use the outcome star for homelessness. This was a nationally recognised good practice complex needs assessment tool. The assessment covered ten key outcome areas, for example motivation and taking responsibility, drug and alcohol misuse, emotional and mental health and physical health. Once the outcome star had been completed and rated a care and support plan was drawn up, with full involvement of the clients which described the journey of change for clients towards self-reliance and recovery.
- Staff monitored clients' progress using the treatment outcome profile (TOP). The TOP consists of 20 questions which focus on the areas that can make a real difference to clients' lives. The TOP was undertaken at the start and end of clients' stay. At the time of inspection 68% of clients completed their treatment programme as planned at the project in the preceding year. A recent audit showed that after two years (2014-2016) 70% of ex-clients were still in recovery and abstinent form drugs and alcohol.
- Clients told us that they had signed and received a copy of their treatment, care and support plans. Clients we spoke with told us that they were involved in the care planning process and that the plans were individualised to meet their specific needs. We saw many examples of staff applying this individualised approach to clients. All clients, without any exception, told us they were fully involved in every aspect of their treatment and all decisions concerning their care plans.
- All care records were stored securely either on the provider's electronic care record system, or in hard copy folders in the staff office and were accessible to all staff.

Best practice in treatment and care

- The Recovery Project offered clients a variety of therapy to gain recovery skills to equip them to sustain abstinence from drugs and alcohol. Clients were enabled to become active members of a recovery support network. Psychological therapy recommended by the National Institute for Health and Care Excellence

was offered by staff either on a group or individual basis. The project was based on the 12 step model of recovery as well as offering cognitive behaviour therapy (CBT). CBT is a talking therapy that helps clients manage their problems by changing the way they think and behave.

- On first entering the project clients embarked on a 'primary' treatment and support programme and were allocated a 'recovery buddy' who was an existing client who had been at the project longer and had entered the 'secondary' treatment programme. The buddy was responsible for introducing the new client to their household, explaining the therapy and project timetable, helping the new client to make appointments and familiarising them with the residents' handbook. Both the buddy and the new resident signed a checklist form to ensure all areas of the induction had been covered and understood.
- After a client had completed step one of their treatment and recovery programme they were supported to present a personal assignment to share with other clients something significant and meaningful about themselves. In addition as clients entered the secondary recovery stage they were supported to present their life story. The aim of this was to allow clients an opportunity to introduce themselves to their new personal development group by sharing some of the significant events in their life journey so far.
- Additional therapies were available such as relapse prevention, here and now groups, creative writing, relaxation and yoga. Clients had suggested ideas to improve best practice, for example following a presentation on mindfulness meditation, clients suggested a regular session be provided. This was arranged and had been provided effectively for several months. Clients suggested additional recovery skills based group be provided and staff took responsibility for arranging groups on challenging personal boundaries assertiveness and the 'drama triangle' (DT). DT is a social model of how people interact and how people respond to conflict.
- A number of staff had lived experience of addiction and using substance misuse services, including the Recovery Project and were in recovery. Clients told us how strong and powerful the message of recovery was for them, to have the opportunity to be cared for and supported by and work with these staff. Three clients told us they had embarked on the provider's volunteer programme to prepare them for an 'internship' placement. The provider's intern programme was an employability training programme which included a six month work placement in a variety of roles and with a wide choice of organisations.
- We observed, by invitation of the clients, two therapeutic groups, facilitated by staff. Both groups were highly effective in enabling clients to disclose personal and emotional information. All of the clients we spoke with said the therapeutic groups available at the project had been pivotal in their recovery and in maintaining abstinence from alcohol and drugs.
- Clients used a daily event sheet to write down any events that had the most meaning for them in their recovery. They were encouraged to write down how staff had responded to them, which skills they had used during the day and a rating scale to assess any cravings for alcohol or drugs experienced.
- Staff participated in audits to monitor the effectiveness of services provided. Audits carried out included follow up contact with ex clients to calculate how many clients were still abstaining from alcohol and drug use one to five years after treatment, clients who were parents in regular positive contact with their children and how many clients had started volunteering and employment. The provider had collated details of over 100 ex-clients who were still in recovery and also in paid employment. The provider used social media to gain the feedback and had an active dialogue with these people via social media.

Skilled staff to deliver care

- All of the staff at the Recovery Project had acquired or were working towards a diploma level qualification in counselling. On completion of study some staff gained accreditation with the Federation of Drug and Alcohol Professionals. Access to registered health and social care staff was available via a partner agency. Volunteer staff and staff on internship placements also contributed towards the service provision. A high proportion of staff had lived experience of using substance misuse services.
- The provider carried out a yearly training needs analysis to establish the training required by staff in the forthcoming year to ensure they were well trained to deliver the service to a high standard. Staff were experienced and qualified to diploma level. They told us they had received a very thorough induction when they started working at the Recovery Project. Staff received

appropriate training, supervision and professional development. Staff were encouraged to attend additional training courses. For example all staff had received training on equality and diversity, staff received training in group work skills, training in dual diagnosis, counselling and mental health.
- We saw evidence that all staff received supervision at least every four to six weeks and an annual appraisal.
- There were no staff performance concerns at the project.

Multidisciplinary and inter-agency team work

- The team at the Recovery Project held regular team meetings every two weeks. A standing agenda was available for the meeting and included, for example, discussions on client assessments, risk management and any client concerns, complaints, incidents, training and effective client outcomes. There was a daily meeting at the start of each day which we attended and found it highly effective in communicating information between staff.
- Staff had space and time to feedback and add to discussions in meetings. Everyone's contribution was valued equally.
- External health care professionals visited the project regularly to deliver presentations to clients. This would often lead to clients making individual appointments with these staff. Examples included a local dentist practice, a specialist blood borne virus nurse and a specialist contraception and health development worker. Clients told us these sessions had enabled them to address health and well-being issues, sometimes for the very first time in many years.
- We observed interagency working taking place with primary care (particularly doctors, dentists and blood borne virus specialists), the locality community substance misuse teams, probation, social services and mental health teams being particularly positive examples.
- The project manager attended a monthly multi-agency meeting with all statutory and non- statutory organisations who delivered substance misuse services across the locality. This ensured, for example that the treatment pathway for clients was seamless and easily negotiated.
- The Recovery Project had strong links with local organisations and charities.
- We approached and received feedback form 15 external staff who ranged from doctors, specialist nurses, charity workers, commissioners, the criminal justice system, housing, social care and charities. Without exception the feedback was exceptionally positive. The overriding themes of the feedback were how effective the treatment programme was, how flexible and skilled the staff were and how responsive the provider was towards complex and challenging clients with multiple needs.

Adherence to the Mental Health Act and Code of Practice

This was not inspected as the Recovery Project does not detain people under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- All clients consented to their treatment prior to moving in during the pre-admission assessment process.
- All staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their clients.
- Where appropriate clients had a mental capacity assessment relating to care and treatment. All clients had signed consent forms for information sharing and these were filed in the client records.

Equality and human rights

- The provider ensured that their policies and procedures took account of the nine protected characteristics contained in the Equality Act 2010.
- The service had policies in place to protect human rights and avoid discrimination. Staff gave us examples of clients they had supported under these policies. Equality and diversity was a standing agenda item on both staff and client meetings.
- All staff had received training on equality and diversity. The provider had a lesbian, gay, bisexual and transgender worker who provided an in-reach service to the project if required.
- During their induction to the Recovery Project clients were given information about a wide range of groups available in the local community such as services for women drug and alcohol users and lesbian, gay, bisexual and transgender services and support meetings. All clients were informed about the service's anti-discriminatory policies and procedures during their induction.

- Clients told us that staff encouraged them to develop their recovery support networks in the local community.

Management of transition arrangements, referral and discharge

- All clients at the Recovery Project had an external care co-ordinator with one of the partner agencies. Following successful completion of the primary and secondary treatment programmes clients entered the 'separation' phase which detailed their move on plan. The provider had a number of supported move on accommodation options available and other partner and housing agencies had accommodation which could be considered.
- Ex- clients told us they were well prepared for move on and had been supported to develop strong recovery support networks in the local community. These clients also said they could contact staff at any time after they had left or pop into one of the drop in sessions if they wanted to.
- All of the ex-clients we spoke with said they had either embarked on volunteering which led onto an internship or regular paid employment. They told us they were well supported after leaving the Recovery Project.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff consistently interacted with clients in a respectful, professional and friendly manner. The atmosphere created at the project was one of recovery, hope and optimism.
- All nine clients who we spoke with commented positively about the staff working at the project. Individual staff were highly commended by the clients. Clients said the staff were kind, caring, non-judgemental towards them, highly skilled and supportive. Clients said the approach used by staff had been one of the fundamental and underlying reasons for their continued progress and recovery. Five clients said the staff at the project had saved their lives.
- Celebration ceremonies were held as clients progressed successfully through the stages of treatment and move on which clients said filled them with a sense of pride and accomplishment.
- Staff had a very good understanding of clients' needs and clients praised the work of staff in understanding their individual needs.

The involvement of clients in the care they receive

- All clients received information about the Recovery Project before they started treatment and they were encouraged to attend the weekly drop in sessions provided. After moving in to the project clients received an information pack and a very detailed induction was delivered by both staff and other clients. The induction process was co-produced and developed by clients and staff. The handbook welcomed clients and included information about their health needs, health and safety at the project, the various therapy and groups available, arrangements for cooking and cleaning and a lot of additional and useful information. In addition the rules and restrictions in place at the project were clearly described with the rationale of why they were in place. We found the information handbook and induction process helped to orientate clients to the service and clients we spoke with had received a copy and commented on it positively.
- There was evidence of client involvement in the care and support records we looked at and all clients had signed a copy of their care plans. Staff were person centred, highly individualised and recovery orientated. We also saw that clients reviewed their care plan at least once a week with their keyworker. Clients told us they were fully involved with every aspect of their treatment and care planning. They felt very much a part of this process and said almost everything that happened at the project was done between clients and staff together.
- The provider and client representatives had developed a client involvement charter which laid out what clients could expect from the service, the clients responsibilities and how they could be involved in shaping the service.
- Local advocacy services were advertised widely, both on the information board in the large meeting room and in the client handbook.
- Clients could get involved through a number of initiatives. One of the clients had a lead role as client involvement co-ordinator. A client involvement meeting took place monthly. Weekly community meetings took place where clients could raise any issues, ideas or concerns. Every client filled out a daily significant event sheet where they could raise any issues or concerns, the

forms were looked at by staff every day. All clients were given the opportunity to review their experience and give feedback both during their stay at the project and after discharge. The provider had commissioned a local charity to carry out a yearly client satisfaction survey. The provider also carried out its own snap shot survey on client satisfaction. In the most recent survey in December 2016 100% of clients were either satisfied or very satisfied that the service was meeting their needs and that the support offered was enabling clients to achieve their plans and aspirations.

- We looked at a number of examples of staff acting on clients' suggestions to improve services; these were potentially raised every day on the significant event sheets. This showed us how staff encouraged client feedback and responded positively and quickly to implement those changes. Examples included, Clients suggested an optional extra 12 step meeting be provided on site and this was set up and had been running well with good client attendance. Clients suggested a community barbeque and one was planned, held and enjoyed by many. Clients suggested a monthly garden clean up and this had happened and was a great success. Clients suggested building a brick barbeque in the court yard and this was successfully completed. In addition clients requested a gardening group be set up and this had happened as well as the purchase of seeds, plants and new gardening tools.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Clients admitted to the service were required to be alcohol and drug free. Clients therefore were referred from the partner detoxification service, the local partner agency community substance misuse teams or community mental health teams, rough sleeper teams or from prison, once a community care co-ordinator had been allocated. All prospective clients received a detailed assessment prior to moving into the service and starting treatment. All clients were encouraged to attend the services' drop in sessions before commencing treatment. The average occupancy for the three months preceding our inspection was 94%. 60% of clients referred had a pre-existing or recently diagnosed mental illness.
- The average length of stay at the Recovery Project was between six to nine months however this was individually assessed and agreed with each client. All clients admitted were already receiving specialist community support provided for those people who were dependent on drugs and alcohol; every client had an external care co-ordinator.
- The admissions policy listed eligibility criteria which included having a local connection to the area, having a commitment to ongoing abstinence, be alcohol and drug free for at least a few days before start date, be willing to attend meetings with alcoholics and narcotics anonymous, for clients to be willing and able to participate in and benefit from the therapeutic programme and to have a level of support needs that the service was able to safely meet.
- The waiting time for starting treatment from referral was approximately eight weeks although this varied quite widely as it was dependent on a client's state of preparedness. There were eight clients on the waiting list for a move in date at the time of our inspection. All clients waiting for a start date were receiving services from community based substance misuse teams in the interim and attended the Recovery Project drop in.
- During our inspection visit there were five empty rooms with five prospective clients due to move in over a two week period.
- Staff assessed potential clients prior to move in and they told us that they were given sufficient time to complete the assessment. Risk was assessed thoroughly pre move in to ensure that clients did not require a higher level of security and containment than the project was able to offer.
- The Recovery Project moved clients in at appropriate times of the day. All clients signed a licence agreement and paid for their room so their rooms were never used by others when they were away from the project.
- There were no delayed discharges from the Recovery Project unit in the year prior to our inspection as all clients were discharged back to the care of the referring team or onwards to other forms of supported living or back to independent living.
- Clients spoke to us about their discharge plans and told us how staff were helping them to achieve these plans.

- The service offered ex-clients and their families and friends the opportunity to contact staff for support and/ or information after discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The Recovery Project was made up of five buildings, the main house with the staff offices, two interview or meeting rooms and four move on rooms for clients who had completed their treatment programme. The four houses across the courtyard garden provided shared accommodation for 26 clients. Each house had communal bathrooms, lounges and kitchens. In addition a large meeting room was available in the courtyard garden. All of the rooms we looked at were well furnished. The quality and standard of the environment, fixtures and fittings was good. We spoke with a number of clients who had been homeless and sleeping on the streets before moving into the project. They could not speak highly enough about the quality and comfort of their living arrangements at the project.
- Clients were able to make private phone calls on a payphone in each of the houses. Their own mobile phones were stored in the staff office and clients in the secondary treatment programme were able to freely use their phones when they wanted to.
- Clients could access a computer for supervised use of the internet.
- The clients had access to a courtyard garden which they maintained themselves with staff support.
- All clients were self- catering and were able to have hot and cold drinks and snacks throughout the day. Staff assisted clients with budgeting and,if required, planning meals, shopping and cooking.
- Clients' bedrooms were personalised with their photos and personal items on show. Clients accessed their bedrooms at any time. Clients had a key to their room and could ensure their possessions were securely stored.
- A daily activity and therapy programme was in place for those clients on both the primary and secondary treatment programmes. Alongside the therapy and treatment programmes additional activities were available and included Taekwondo, yoga, gardening and a recently formed choir.

Meeting the needs of all clients

- One room in one of the houses had full disability access including adapted toilet accessibility and access to the bedroom area which was on the ground floor.
- Staff told us that information could be made available in different languages as required by clients using the services. Information was available on interpreters.
- There was a range of information available on treatments, therapy, local services, clients' rights and how to complain. Relevant information was on display in all of the meeting rooms and included support groups available for families, drug and alcohol services available across the local area, creative recovery activities and a café run by people in recovery and services available for young adults and children.
- Clients told us there was access to spiritual support and staff would advise and assist them to access any as they required.

Listening to and learning from concerns and complaints

- There had been no complaints at the Recovery Project in the preceding 12 months to our inspection. Minor concerns were dealt with on an ongoing basis and these were either raised by clients with staff individually or via a client's buddy or via the significant event sheets.
- Copies of the complaints process were on display in the meeting rooms and in the client handbook and the topic was covered during the client induction process. Clients we spoke with all knew how to make a complaint should they wish to do so. This included how to contact the Care Quality Commission should the client wish to do so.
- Staff confidently described the complaints process and how they would handle any complaints. Staff told us that they try to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns.
- Staff met regularly to discuss learning from complaints. Complaints and concerns raised by clients were a standing agenda item in the fortnightly staff meetings. Every three months all concerns were collated and circulated to staff, clients and commissioners of the service with associated plans of action taken to address the concerns.

Substance misuse services

Are substance misuse services well-led?

Vision and values

- Staff we spoke with were able to confidently and passionately describe the vision and values of the provider. They all spoke with an immense sense of pride of being a valuable part of the team. Those staff who themselves had completed treatment at the Recovery Project described their indebtedness towards the provider and how privileged they felt to be contributing towards clients' recovery journeys now. Staff described working at the project as incredibly challenging and remarkably rewarding, without exception.
- The project manager had daily contact with all staff and clients. The manager was highly visible and clients knew him well and said they felt confident to approach him if they had any concerns. Staff told us their manager was quite superb.
- Staff commented on the high quality support they received from the two administrator posts.

Good governance

- We looked at a series of audits, human resource management data and data on incidents and complaints. The information was presented in a summarised form every three months. This meant that the manager and more senior management team were able to receive assurance from data and apply clear controls to ensure the effective running of the service. Staff received their mandatory training, supervision and appraisals. There were sufficient staff available every day to deliver good quality care and support to clients. Audits were regularly carried out to ensure treatment and therapy was effective. Staff were confident that they learnt from incidents, complaints and patient suggestions and feedback.
- Clients we spoke with told us that they were encouraged by staff to participate in making suggestions towards improving many aspects of the service.
- The manager told us they felt they had the autonomy and authority to make decisions about changes to the service. They commented that they felt very well supported by the provider and the provider's Addiction Services senior manager . They also said they enjoyed a very close working relationship with the manager of the provider's Detox Support Project.
- The provider held operational and strategic risk registers however the Recovery Project did not maintain its' own one. Although staff and the manager were able to talk about risks there was no local risk register, pulling all of the risks together. The risks for the environment, health and safety and fire were individually scored and rated for likelihood of occurrence and the impact of any such occurrence. The manager thought a local risk register would be helpful and agreed to develop one.

Leadership, morale and staff engagement

- Staff told us they understood what was expected of them in their jobs, they felt supported by their line manager and felt they could safely raise concerns at work. They understood how their work helped to achieve the service objectives. All of the staff we spoke with were highly satisfied working at the Recovery Project.
- The staff met regularly in team meetings and all staff described morale as exceptionally good with their manager being highly visible, approachable and supportive. Staff were asked regularly, by their senior managers, about what they thought the services did particularly well and what the services could do to improve. The service was extremely well led with committed and positive leadership.
- Sickness and absence rates were just above 1% as of April 2017. This is a very good level of achievement.
- Staff said they felt very well supported in dealing with any concerns they had about any adverse behaviour from either fellow staff or clients.
- Staff were aware of the whistle blowing process. There was a policy which the provider would follow for the investigation of concerns. No whistle blowing alerts were received by the Care Quality Commission in the year prior to our inspection.
- Staff told us they felt the Recovery Project was a very effective service for clients, they felt supported and valued by the management team. They described their morale as being exceptionally high.
- Staff were able to confidently describe the importance of transparency and honesty and their duty of candour.
- All of the staff we spoke with expressed their pride in the strong element of team working across the project.

Commitment to quality improvement and innovation

- The staff and management were highly motivated in striving to achieve the best possible outcomes for

clients. In addition to existing audits, longer term (five years and over) audits were planned to track the progress of ex-clients, particularly in regards to their recovery, well- being and employment.

- The provider recorded client outcomes with the National Drug Treatment Monitoring Service, which also provided access to national statistics about effectiveness of alcohol and drug treatment.
- The provider submitted quality contract monitoring reports four times a year to commissioners. An annual project review report was carried out, with client feedback and a client's account of their journey through the service, and was published on the provider's website.
- In the year preceding our inspection four quality visits had been made by the provider's chief executive officer and other members of the organisation's board.
- A detailed peer service review was carried out each year. This entailed staff from another of the provider's services reviewing all aspects of the service with a focus on quality. Trained client auditors carried out the review with staff and co-produced the report.

Outstanding practice and areas for improvement

Outstanding practice

- External health care professionals visited the project regularly to deliver presentations to clients. This would often lead to clients making individual appointments with these staff. Examples included a local dentist practice, a specialist blood borne virus nurse and a specialist contraception and health development worker. Clients told us these sessions had enabled them to address health and well-being issues, sometimes for the very first time in many years. Interagency working was extremely strong and effective, taking place with primary care (particularly doctors, dentists and blood borne virus specialists), the locality community substance misuse teams, probation, social services and mental health teams being particularly positive examples.
- Three clients told us they had embarked on the provider's volunteer programme to prepare them for an 'internship' placement. The provider's intern programme was an employability training programme which included a six month work placement in a variety of roles and with a wide choice of organisations.
- Client feedback was exceptionally positive. They said they were filled with hope, aspirations and optimism, some for the first time in their lives. Several clients said the service had been pivotal to their recovery and had saved their lives

Areas for improvement

Action the provider SHOULD take to improve

- The service should consider the development of a risk register to bring together the known risks and plans to manage these risks.