Start2Stop Limited

1 Kendrick Mews

Inspection report

1 Kendrick Mews
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

1 Kendrick Mews and associated locations is run by Start2Stop - a London independent provider of addiction treatment. The service offers outpatient treatment for people with binge-pattern addiction problems, and for clients that will be some months into their treatment process and have been referred to the service following primary or secondary rehabilitation. The service does not offer detoxification. The service supports clients with adjusting to life in London, and offers support with; abstinence, food, and returning to work or education. The service offers therapeutic support based on the 12-Step programme, and includes dedicated individual counselling, group therapy, yoga, art, mindfulness, Kirtan chanting, meditation, family counselling, educational workshops, and targeted written assignments. Since 2012, they have been providing residential secondary and tertiary treatment.

At the time of the Inspection the service had 2 people receiving support and treatment. This was the first inspection of the service.

We rated this location as good because:

- The service provided safe care and the premises where clients were seen were safe and clean.
- The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between clients, those close to them and staff were strong, caring, respectful and supportive. Clients were respected and valued as individuals and empowered as partners in their care. Consideration of people's privacy and dignity was consistently embedded in everything that staff do.
- Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual, transsexual people (LGBTQ); and Black, Asian, minority ethnic groups.
- Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. Staff reported an overwhelmingly positive culture, they felt valued and felt that when concerns were raised, they were taken seriously and where possible addressed.
- Governance arrangements were proactively reviewed and reflected best practice. Risk was managed well. The service was careful to admit only clients who demonstrated good motivation to complete treatment and there were no waiting lists.
- Staff regularly reviewed and updated care plans when clients' needs changed. Care plans reviews were personalised, detailed, thoughtful and recovery orientated.
- Staff made good use of recognised rating scales, which were repeated upon discharge from the service to highlight improvement in the clients' condition.
- 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.

However:

- Portable appliance testing (PAT) had not been carried out on some electrical appliances and equipment to ensure they were safe to use. The practice manager told us that some new equipment had been purchased since the last test and all appliances and equipment were due for testing in April 2023.
- Patient information was visible from the window on the white boards within the staff office. The service manager was informed, and they immediately ordered a privacy screen for the window and rectified this.
- One rug within the service did not have grippers on the bottom, which could cause slips/falls or injury to those within the accommodation. The service was informed, and this was remedied immediately.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good	

Summary of findings

Contents

Summary of this inspection

Background to 1 Kendrick Mews

1 Kendrick Mews provides residential substance misuse support and recovery services to people who have completed primary treatment, often involving a medical detoxification, at another service. The service is not commissioned by a local authority and people pay for the service themselves.

Treatment at the service involves the 12-step approach to achieving and maintaining abstinence through a structured intervention programme. This consists of morning therapy sessions Monday through to Saturday, and two evening therapy sessions. Clients receive one individual counselling session per week.

The service was first registered with the Care Quality Commission in March 2022 to provide accommodation for persons who require treatment for substance misuse. The service has a Registered Manager.

What people who use the service say

We spoke to 2 clients, one of whom was residing at the service and another who was attending the day care programme. Both of them said they felt safe at the service, and that staff were kind and helpful. Clients found the living arrangements clean and comfortable.

Clients said that staff were very respectful of their privacy. Care plans were clearly outlined, and staff took time to review care plans with clients and involved them in the decisions-making process.

Clients said that they were aware of the strict condition to remain abstinent while in treatment and said that staff were very good at supporting clients to remain drug and alcohol free.

How we carried out this inspection

The inspection was carried out by one inspector and a specialist professional advisor with expertise in substance misuse services also attended. The inspection included a one-day site visit.

During this inspection, the inspection team:

- Conducted a tour of the service environment
- Spoke with the registered manager/ safeguarding lead
- Spoke with 7 staff including a practice manager, founder/clinical director, managing director, recovery assistant, senior recovery assistant, counsellor/ health and safety lead
- Spoke with 2 clients
- Reviewed 2 clients' care and treatment records
- Observed a handover and a client group session
- Spoke to a family member and reviewed carer/ family feedback
- Looked at 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.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all electrical appliances and equipment are PAT tested.
- The service should ensure that no patient confidential information is visible from any windows within the service.
- The service should ensure that environmental risks within the service's accommodation, such as rugs/carpets/ flooring, are identified and addressed.

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

Good

Substance misuse services

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

Is the service safe?

Good

We rated it as good.

Safe and clean care environments

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

Staff carried out regular risk assessments of the care environment and kept records of these. Staff had completed a fire risk assessment that included named fire marshals. The most recent assessment was completed in August 2022. Fire drills took place every six months and staff checked the service daily for any imminent risks, and to ensure safety measures were in place, for example checking fire extinguishers and signage around the properties.

The service managed risk and client safety where there was mixed sex accommodation, for example, the service had measures in place to ensure males and females had separate residential facilities and clients did not have to share toilet or bathroom facilities with members of the opposite sex.

The service employed a full-time housekeeper who carried out daily cleaning along with part time cleaners. The service kept up-to-date cleaning records for areas on the premises that were cleaned regularly. The furnishings were in fair condition, most areas were visibly clean, well maintained and fit for purpose.

The service had a contract for clinical waste collection, which was collected on a weekly basis.

However, we found that portable appliance testing (PAT) had not been carried out on some electrical appliances and equipment to ensure they were safe to use. The practice manager stated that some new equipment had been purchased since the last test and all appliances and equipment were due for testing in April 2023. We also found that, one rug within the service did not have grippers on the bottom, which could have caused slips/fall or injury to those within the accommodation. This had not been identified on the environmental risk assessment. The service was informed, and this was fixed immediately.

Good

Substance misuse services

The service was due to update their annual schedule of planned maintenance and renewal. Maintenance plans included reviews of upholstery cleaning, general wear and tear, furniture that needed to be replaced, and inspection of white goods.

Staff followed safe infection control procedures including hand washing. In response to the COVID-19 pandemic, the service had introduced up to date policies for staff and clients to follow. This included advice on testing and social distancing. Changes in local and national guidelines had been monitored and communicated to staff.

Safe staffing

The service had enough staff, who knew the clients and received appropriate training to keep people safe from avoidable harm. The service employed both full time and part time employees and did not use any bank or agency staff members. There was a good skill mix, including; counsellors, recovery assistants, sessional complementary therapists, and peer mentors.

The service only had one staff vacancy and interviews were underway to recruit a service director.

The service operated a shift pattern of 08.30am to 5.00pm with 4 staff members on duty and 5.00pm to 11.30pm with 2 members of staff on duty, throughout the week. At weekends the shifts were between 11.00am to 1.30pm and 5.00pm to 11.30pm with 2 members of staff on duty. Each day there was a named staff member identified as being on call during the night.

The service ensured robust recruitment processes were followed. The provider had carried out the appropriate checks to ensure the fitness of staff to work with clients including, interviews, and criminal records disclosure for all staff. All staff had relevant personal references and professional references prior to being employed by the service.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The compliance for mandatory and statutory training courses was 100%. The mandatory training programme was comprehensive and met the needs of clients and staff. It included subjects such as emergency first aid at work, health and safety and infection control. Managers monitored mandatory training and alerted staff when they needed to update their training as needed.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of key working sessions.

Assessment of client risk

Staff completed risk assessments for each patient prior to admission and reviewed this on a monthly basis, including after any incident.

Good

Substance misuse services

During the inspection we reviewed 2 clients' risk assessments and risk management plans. Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected clients' assessed needs. Both care plans were personalised, holistic and recovery-oriented had been recently reviewed. We found their physical and mental health and been fully assessed and recorded on the first day of their admission.

The registered manager and clinical director completed risk assessments of clients prior to admission to ensure that those admitted were low risk of harm to others and themselves.

There had been no incidents of violence reported at the service in the last 12 months.

Staff regularly reviewed the risk assessment for each client including after any risk event. All risk incidents were discussed in daily multidisciplinary meetings and risk management plans were updated in those meetings as appropriate.

All clients were registered to a GP on admission, and these were either NHS and/or Private. Staff supported clients to have regular physical health reviews and assessments completed at the GP surgery.

Clients were made aware of the risks of continued substance misuse and harm minimisation. Safety planning was an integral part of care plans. There was evidence in client records of staff having regular conversations about the impact of alcohol use when risk assessments were reviewed.

Records showed that staff had reviewed risk plans with clients and included the client's view.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health and reviewed the care given and tailored it to the client's needs.

Staff were aware of clients identified risks and recognised when to develop and use crisis plans according to client need. This included being prepared for risks around early or unexpected exit from the service with a plan that clients and staff could refer to.

The service did not have a waiting list at the time of the inspection. However, the registered manager was able to explain that all admissions are planned in advance to ensure that there is sufficient capacity available.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so.

Staff received training on how to recognise and report abuse, appropriate for their role, and they knew how to apply it.

Staff we spoke to were aware of how to identify adults and children at risk of suffering harm and how to refer on as necessary to the safeguarding lead and local authority safeguarding team. Any safeguarding referrals or concerns were discussed in the daily staff meeting to ensure outcomes were shared with staff. The service had a safeguarding lead, who was the registered manager, this meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characterises under the Equality Act.

Staff access to essential information

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

Client notes were comprehensive, stored securely and staff could access them easily. Staff used a paper records system and the records reflected that entries were made in a timely fashion.

Clients were able to transition seamlessly between services because there was advance planning and information sharing between teams. For example, transfer of care to an inpatient detoxification facility for a client that had been identified as needing such support.

Medicines management

The service did not prescribe medicines. Clients would only be admitted after completing primary treatment, often involving a medical detoxification programme. One of the admission criteria was that clients could safely-administer their own medicines, if they needed to take it for physical or mental health reasons. There were lockable safes for each client in their bedrooms to store all client medicines. There was also a locked medicine cabinet in the staff office, staff stored naloxone within the cabinet which is a medicine used to reverse or reduce the effects of opioids overdose. Staff members carried out standard daily room checks each morning which included verifying that no prescribed medicines were left out of the medicine lock boxes provided.

Staff liaised with clients' GPs and consultant psychiatrists regularly to make sure there was medical oversight of the clients' physical and mental health where necessary.

Track record on safety

There were no serious incidents at the service during the previous 12 months.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. The service had an incident reporting system in place. Staff used the incident reporting processes appropriately. Staff explained how incidents would be dealt with and processed and gave examples. For example, if an incident was to occur, staff would escalate their concerns and meet to formulate actions/ learning from the incident. The service held regular monthly safeguarding committee meetings. We reviewed meeting minutes. They covered incidents, self-harm and the safeguarding register.

The service's policy and procedures and staff handbook emphasised openness and transparency with regards to explaining the treatment approach and the reasons for the rules in place. Staff had a duty of candour to clients and care records demonstrated frank discussions between staff and clients and their families. Staff were able to give examples of apologising when things went wrong.

Good

Substance misuse services

Is the service effective?

Good

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 care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery orientated.

We reviewed care records for 2 clients and found their physical and mental health had been assessed and recorded. Staff raised any concerns about client suitability with the multidisciplinary team where appropriate. Staff also liaised with the client's consultant psychiatrist where necessary to ensure continuity of care, including supporting the client to take medicines necessary for their mental health condition.

Clients we spoke with knew who their allocated counsellor was. Counsellors met with their assigned clients on a weekly basis and this was recorded.

Staff completed a basic physical health assessment upon admission and supported clients to attend their GPs or other physical health appointments.

Best practice in treatment and care

The service based its model of care on an approach called the 12-step programme. This programme emphasises the importance of clients helping other clients with an addiction to obtain abstinence. Each step builds upon the previous step in the progressive course of action. The service supported clients through this process by providing a place to live with other clients on the same journey. Clients also attended 'fellowship' meetings 5 times a week, or 3 times a week if they were working.

Staff provided clients with workshops, community groups and weekly one to one meetings, to discuss their progress and address any obstacles they were facing.

Clients had access to a personalised support programme, and they could choose from a variety of groups, such as mindfulness, meditation, art and education and employment groups.

Staff supported clients to create a bespoke treatment programme from the different workshops and groups available. Some groups were mandatory as part of treatment and once clients established recovery and life structures, the client, in conjunction with their counsellor would look at decreasing their programme attendance in order to engage with activities such as work, volunteering or courses. We spoke to 2 clients who said that the service was effective in supporting them to remain abstinent.

We observed a group and found that staff facilitated this well and clients had the time and space to express their ideas and objectives. The group went at a good pace and provided a caring, supportive and comfortable space.

Good

Substance misuse services

We reviewed 2 care records and saw that staff made good use of recognised rating scales, such as the generalised anxiety disorder test (GAD-7) and patient health questionnaire (PHQ-9). These rating scales were repeated upon discharge from the service to highlight improvement in the client's condition.

Staff participated in quarterly care quality reviews at the end of the management and safeguarding meetings. Results of clinical audits, recommendations and action plans were discussed within this forum. For example, upon analysis and client need, one nasal naloxone pen was kept in the locked medicine cupboard for use in an emergency.

The service contacted ex-clients after one-month, face to face, at six months and twelve months via telephone to assess the effectiveness of the treatment.

Skilled staff to deliver care

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. Counsellors were registered with organisations such as the British Association of Counselling and Psychotherapy and/or the Federation of Drug and Alcohol Practitioners. Staff had various qualifications such as a diploma in sex addiction and counselling, diploma in therapeutic counselling, diploma in transactional analysis and psychotherapeutic counselling, and a Bachelor's degree in Psychology. Counsellors and recovery workers had specialist training such as working with survivors of childhood sexual abuse, working with anger, mindfulness-based relapse prevention, family groupwork, post-traumatic stress disorders and attachment theory.

We saw that the induction programme for new staff included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, quality and record keeping.

Managers provided all staff with monthly supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings.

Multi-disciplinary and interagency team work

The core team included 9 counsellors, 4 recovery assistants, 2 peer mentors, a practice manager, clinical lead and a managing director. The service had access to a pool of contracted staff that included mindfulness, art and meditation therapists and yoga trainers.

Staff handed over information at 5.00pm every weekday to the recovery assistants and contracted staff who ran the evening classes.

There were daily multidisciplinary meetings where each client was discussed. Staff also had monthly team meetings to discuss issues concerning the running of the service. These meetings were a chance for staff to highlight any risk that needed to be added to the services' risk register and to discuss changes to the service.

Clients' files recorded liaison between clients' psychiatrists and the service, to ensure that the service had all the information it needed to support clients effectively.

Good practice in applying the Mental Capacity Act

Good

Substance misuse services

All staff had training in the Mental Capacity Act (MCA). The service only accepted clients who had the capacity to consent to admission and treatment.

Clients had signed a consent form so that the service could share information with the referrer and the medical professionals involved in their care. Clients had also signed a contract stating that they understood their admission into treatment.

Is the service caring?

Good

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. Relationships between clients, those close to them and staff were strong, caring, respectful and supportive.

Clients were respected and valued as individuals in their care. Consideration of clients' privacy and dignity was embedded in everything that staff did, including awareness of specific needs they had. These were recorded and communicated in daily multidisciplinary team meetings.

Clients said that staff were warm, empathetic and accessible. Clients said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of consequences. Clients felt that staff were fair and transparent.

Staff gave clients help, emotional support and advice when they needed it, and this was not restricted to key working sessions.

However, we found that patient information was visible from the window within the staff office. The practice manager was informed, and they immediately ordered a privacy screen for the window.

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. Care records demonstrated client involvement in shaping their care plans.

Involvement of clients

Staff were committed to working in partnership with clients and families. All clients we spoke to stated that staff took on their opinions in planning their care.

Good

Substance misuse services

Clients were clear on the criteria of admission to the service, and signed a terms and conditions document, which was in their care records.

The service carried out client surveys and held weekly community meetings where clients said they could raise concerns and give feedback to the service.

Involvement of families and carers

We saw evidence of family and carer input in the care records we reviewed. Clients all said that their family was involved as much as they wanted. The service provided a weekly programme for family and carers. The programme was aimed at individuals who may have been affected by a loved one's emotional ill health or trying to adapt to their relative or partner having entered into a recovery process. Subjects included; boundaries, living with recovery, care taking, co-dependency, how to manage the addict, communication and relapse. The weekly programme was facilitated by a specialist with over 20 years' experience in working in the field of adult addiction and family services.

Information about local registered charities to support family and carers was available in the client's induction pack, and a guide for families was available in paper form and online, which included all relevant information regarding what to expect, support and information for carers and families.

Family and carers told us that the service was excellent and supportive. They told us that they were thankful that staff had helped them and their loved one's recovery and found joint meetings helpful and informative.

Monthly meetings were offered to all clients and family/carers, which were facilitated by a counsellor to discuss the progress of the client along with any concerns.

Is the service responsive?

Good

We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well.

The service had clear admission criteria and comprehensive up to date overview of the service on the provider's website. The admission criteria included accepting clients over 18 years old, both males and females who have suffered with drug addiction or alcoholism. All clients were required to have successfully completed an extended period of treatment and abstinence or have had a short relapse following a lengthy period of recovery.

The service received self-referrals and referrals from a primary or secondary rehabilitation facility. One referrer we spoke to said that the service rarely had a waiting list for a new client. The service also accepted clients who had not undergone primary treatment, if stable, low risk and testing clean and sober and able to access other services within the service such as day services and evening groups. At the time of the inspection, there was no waiting list.

Good

Substance misuse services

The service met the needs of clients and was delivered in a way to ensure flexibility, choice and continuity of care. Staff had ongoing discussions with clients in weekly counselling sessions about their needs. The service had a comprehensive booklet describing the service that people who wanted to use the service could use and clients could refer to. The booklet included details such as what the service offered, a weekly timetable, information about staff, including qualifications and contact information.

The service followed up on clients who had attended the service with a meeting or telephone call a month after treatment to ensure the clients were still abstinent. Staff offered discharged clients private one to one counselling sessions and day-care workshops. Staff also offered carers of discharged clients a weekly group for carer support.

Clients were given a written agreement before they entered the service, which staff explained to them before they signed. The contract was based on an agreement to abide by the terms and conditions of admission. Care records demonstrated that, when necessary, staff reminded clients of the content of their contract and the reasons why the service may ask clients to leave. Staff gave examples to show that they upheld these conditions and asked clients to leave if they did not follow them. We saw an example where a client did not keep to the client contract and was quickly referred to an in-patient service to have additional support for their substance misuse. This meant that the staff acted in a way that was consistent with the service's policies and procedures.

The facilities promote comfort, dignity and privacy

The design, layout and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The rooms, bedrooms and therapy rooms were all well-furnished, comfortable and well lit. The clients we spoke to said that the environment was always clean. All clients had their own bedrooms. Clients had access to outside space.

Staff and clients said that there were enough rooms for the therapy groups which were scheduled. But there were no spare rooms for other activities when the groups were in session.

Staff stored care records in a locked cupboard in the staff office, which was also locked when not in use. Electronic mail and documents concerning client information was encrypted and staff used passwords to access their work email accounts.

Meeting the needs of all people who use the service

The accommodation was not suitable for clients with disabilities. However, a ramp was available to allow access for clients with impaired mobility to attend workshops/ programmes within the main hub.

The service did not admit clients who did not have fluent English. This was because treatment depended on talking therapies and group work which was facilitated in English. The manager told us that they were able to appropriately signpost clients who were not suitable for this service to other services.

Clients were able to give feedback about the service at weekly meetings.

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual, transsexual people (LGBTQ+); and Black, Asian, minority ethnic (BAME) groups. Staff we spoke to gave us examples of how they supported clients with their needs and signposted clients to local services or support groups.

Good

Substance misuse services

Listening to and learning from concerns and complaints

The service had procedures in place to manage complaints. Clients knew how to complain and information regarding how to complain was available within the staff and client handbook, which was given upon admission. The service had received no formal complaints in the past 12 months.

All clients we spoke to said they knew how to complain.

The service had a complaints policy and procedure, which all staff had read.

Most staff members we spoke to said they were confident about raising concerns about other staff members' behaviour or attitudes, without fear of retribution.

The service received a range of compliments, letters and emails. Compliments came from former clients and their families.

Is the service well-led?

Good

We rated it as good.

Leadership

Leaders were experienced, visible to staff and clients and had a good understanding of the service.

The service was led by a managing director, clinical director and managers who had many years' experience in addiction services, were academically qualified and were members of registered professions. The service was well established and growing in capacity.

Leaders could explain the objectives of the service and how they supported clients to remain in treatment and recover from their substance misuse. It was a small service and the managers were on site most of the time and shared an office with the staff, which ensured they were accessible.

Leaders had a good understanding of the service they managed.

Leaders had a good understanding of priorities in their service and possible challenges they could face.

Leaders were visible in the service and approachable for clients and staff. Staff felt included in changes within the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of the service.

Staff the treatment approach and delivered care and support in line with that approach. The service's vision and approach were in the staff handbook and consistent with the policy and procedures.

Staff were in constant contact with the provider's senior leadership team. We found instances which showed that the service upheld its own policies and admission criteria, which meant that the staff were acting in accord with the service's strategy and policies.

Staff contributed to discussions about the ongoing strategy for the service and these discussions happened during monthly team meetings

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff could raise any concerns without fear. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.

Staff we spoke to felt proud of the service and positive about it as a place to work. They spoke highly of the culture and leadership team. Staff told us that they felt respected, supported and valued. Staff said they worked in a close team that felt like family. They were proud of the number of clients that received effective treatment and were able to stay abstinent after treatment.

Staff felt able to raise concerns without fear of retribution. Staff could speak openly to the senior leadership team. Staff knew how to use the whistle-blowing process and said that they had confidence in the service to take their concerns seriously.

Staff appraisals included conversations about career development and how it could be supported. Managers identified staff training needs during regular supervision and appraisal, and staff had attended a variety of specialised training. Staff turnover and sickness rates were low.

Staff records showed that the service promoted equality and diversity in their hiring process and there were staff from a variety of backgrounds and lived experiences. Most staff were also in recovery, had sponsors and were supported in their roles.

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.

The provider had an effective governance structure in place, which was underpinned by a governance policy and implemented through structured management meetings; health and safety meetings, safeguarding meetings and clinical care quality meetings.

Results from clinical audits and surveys were discussed monthly and the service made improvements because of them. Clients were treated well, there were no waiting lists, and audits at the service found that most clients remained abstinent after treatment.

Good

Substance misuse services

Governance arrangements were proactively reviewed to reflect best practice and risks were managed well. There was a clear framework of discussions at the daily multidisciplinary team meetings to ensure that essential information, such as learning from incidents, duty of candour, safeguarding and complaints, was shared and discussed. These records were easily accessible to all staff that needed to refer to them.

Managers responded to concerns and suggestions made by staff. For example, during a staff meeting a staff member requested information regarding support with an eye test and during the next month's meeting minutes we saw that this was addressed, and further support and advice was offered on how to do so for all staff members.

Management of risk, issues and performance

The service managed risk well. Managers were aware of risks affecting the service and took action to mitigate them.

Environmental risks were addressed through monthly health and safety committee meetings, and maintenance issues were reviewed. The service contracted with external organisations to ensure that fire and other safety measures were checked yearly.

Staff maintained and had access to the risk register. Staff could escalate concerns when required. The registered manager knew what was on the risk register. The registered manager also discussed items on the risk register with staff in multi-disciplinary team meetings as appropriate.

The service mitigated risks through strict observance of its admission criteria, to ensure that the service did not take on clients who posed a level of risk that the service was not set up to manage safely. Remaining client risks were addressed through daily ward round meetings, and a centralised safeguarding register. There had been no serious incidents and no safeguarding concerns during the previous year.

Staff met regularly to discuss the service and plans for improvement and expansion.

Managers and staff had regular feedback from clients through weekly community meetings, one to one session's with clients, client feedback surveys and exit interviews at the end of treatment.

Information management

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

The service used paper records for client care, which were comprehensive and audited regularly to ensure staff had the information they needed to deliver safe and effective care.

Staff informed us that they had the technology and equipment to do their work and the telephone system worked well.

The provider routinely collected performance and training data.

The registered manager had access to information to support them in their management role. For example, human resource records, supervision records, appraisals and training data. All information needed to deliver care was stored securely and available to relevant staff, in an accessible format when they needed it.

Staff made notifications to external bodies as needed. The service reported notifiable incidents to the Care Quality Commission.

Engagement

The service engaged effectively with staff, clients and their families.

Staff met regularly with managers to discuss the service and plans for improvement and expansion.

Managers and staff had regular feedback from clients through weekly community meetings, one to one sessions with clients, client feedback surveys and exit interviews at the end of treatment.

Clients, and their families, were able to contact the director directly concerning their care. We saw examples of correspondence and meetings between the director and clients in care records.

Clients we spoke to felt that they could approach the leadership team at any time.

Learning, continuous improvement and innovation

Managers and staff used information and best practice to continuously improve the service.

Staff kept up to date with the latest developments and areas of concerns in addiction.

Some staff members had undertaken additional learning, training and development to support their roles.