

# SMART Howard House Project

## Quality Report

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Date of inspection visit: 6 to 7 November 2018

Date of publication: 08/01/2019

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



### 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.

# Summary of findings

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 rated SMART Howard House Project as good because:

- The service had made improvements following our last inspection in 2016. This included training staff in search techniques and attaching photos of clients to medication charts.
- The service was clean and welcoming.
- All staff were up to date with their mandatory training which included safeguarding, infection prevention and control, Mental Capacity Act and first aid.
- The service delivered treatment for alcohol and/or opiate detoxification in line with national institute for health and care excellence guidelines. There were clear policies and procedures in place to ensure that treatment was delivered safely.
- The service had strong links with community services to help ensure that clients were well prepared before starting treatment and that they would be supported once they were discharged from the service.
- All clients had comprehensive and holistic recovery plans in place.

- Risks were well managed and discussed in daily briefing sessions.
- Staff treated clients with kindness, dignity and respect. Clients gave very positive feedback about the support they received from staff.
- Staff morale was high and staff were well supported by their managers.
- There was a clear incident reporting procedure in place and learning from incidents was shared across the organisation.

However:

- Staff used both paper and electronic files to record client information, but practice was inconsistent. This meant it was unclear where to find information for some clients.
- There was no clear process in place for maintaining the gym equipment in the service. This meant that clients were at potential risk of injury when using equipment that was not appropriately maintained.

# Summary of findings

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Good 

# SMART Howard House Project

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to SMART Howard House Project

SMART Howard House Project provides a residential service for clients undertaking detoxification from opiates and/or alcohol for up to 12 weeks. A programme of psychosocial interventions is delivered alongside the medical detoxification to help people achieve abstinence and begin working towards long-term recovery.

The service can accommodate 10 residents. At the time of our inspection there were 9 people receiving treatment at the service.

The service receives referrals from the local community drug and alcohol service for people over the age of 18 who live in Oxfordshire.

The service has been registered with CQC since 16/5/2011 and is registered to provide accommodation for people who require treatment for substance misuse.

The registered manager had recently stepped down, and the area manager had submitted an application to become registered manager.

We previously inspected SMART Howard House Project in 2013 and 2016. At the 2016 inspection we told the provider they should take the following actions:

- The provider should ensure that photographs of clients are attached to their medicines charts.
- The provider should ensure that staff are trained in search techniques.

At the November 2018 inspection we found that both actions had been completed.

## Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor who was a registered mental health nurse with experience of substance misuse services.

## Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

## How we carried out this inspection

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

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

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- carried out a tour of the service including the clinic room
- held a focus group with seven clients
- spoke with the area manager and deputy manager

# Summary of this inspection

- spoke with five other staff members; including a nurse, key workers and a volunteer co-ordinator
- spoke with one volunteer
- observed a staff briefing session
- observed a group programme session attended by seven clients
- looked at care and treatment records of all nine clients currently using the service
- carried out a specific check of the medicines management
- reviewed three staff supervision files
- spoke with four stakeholders; including a GP, a deputy manager from a community drug and alcohol treatment service, a referrals co-ordinator from a residential rehabilitation service and a project lead from a local charity
- looked at minutes from team meetings; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

During the inspection we spoke with seven clients who were using the service. All of the clients spoke positively about the care and treatment they had received and stated that using the service had helped them to make positive changes to their lives. They felt safe and comfortable at the service. Clients told us that staff were

patient, kind, respectful and that the support they had received from them was brilliant. They said staff had given them opportunities to provide feedback about the service and that their suggestions had always been always listened to.

# 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 rated safe as good because:

- The service was clean, tidy and welcoming. Staff adhered to infection control principles and there was a designated infection control lead.
- Communal areas were monitored by closed circuit television (CCTV) to help ensure the safety of clients and staff.
- The clinic room was kept locked and keys were either held with the nurse or in a safe in the staff office.
- All staff were up to date with their mandatory training which included safeguarding adults and children.
- All clients had a risk management plan in place which they had developed collaboratively with staff.
- Clear security guidelines were in place and staff had completed training in search techniques.
- There was a policy for the management of controlled drugs and all staff were trained in the safe handling of medicines.

However:

- Staff used both paper and electronic files to record client information, but practice was inconsistent. This meant it was unclear where to find information for some clients.
- There was no clear process in place for maintaining the gym equipment. This meant that clients were at potential risk of injury when using equipment that was not appropriately maintained.

Good



### Are services effective?

We rated effective as good because:

- Staff carried out a comprehensive assessment with all clients and ensured they had a physical health check on admission and at regular intervals throughout their detoxification.
- Clients had a personalised, holistic recovery plan in place which included a clear plan for where they would move on to at the end of their treatment.
- Staff followed national guidance around prescribing medicines for alcohol and opioid detoxification. A structured programme of psychosocial interventions ran alongside the medical detoxification.
- Effective multidisciplinary team working was in place and the staff team communicated frequently via regular meetings and email.

Good



# Summary of this inspection

- Staff had strong links with other agencies including a local GP surgery, the local community drug and alcohol treatment service and local charities which could offer support to clients once they were discharged from the service.
- All staff had received training in the Mental Capacity Act and had a good understanding of how it applied to their work.

## Are services caring?

We rated caring as good because:

- We observed staff interacting with clients in a caring and compassionate way throughout the inspection.
- Clients told us that staff always treated them with kindness, dignity and respect.
- Clients felt listened to by staff and had sufficient opportunities to give feedback about the service.
- Clients felt involved in their care and in the running of the service.
- Staff encouraged clients to maintain relationships with people who mattered to them and facilitated visits from family members and friends.

**Good**



## Are services responsive?

We rated responsive as good because:

- The waiting list for the service was reviewed weekly and clients waiting were kept up to date about their progress.
- Clients had keys for their own bedrooms which they were encouraged to personalise.
- A range of activities were available including mindfulness, yoga and art workshops.
- There was a large garden for clients to use.
- Staff arranged off-site activities for clients including walks and cinema trips.
- Clients knew how to give feedback and make complaints.
- There was evidence that learning from complaints was shared with the team.

**Good**



## Are services well-led?

We rated well-led as good because:

- There was clear leadership within the service. Managers, including the chief executive officer, were approachable and accessible to staff.

**Good**





# Summary of this inspection

- There were clear governance processes in place. Staff completed regular audits in line with an annual audit schedule and key performance indicators were used to monitor performance.
- There was a risk register in place.
- Staff and clients were consulted regarding changes to service provision.
- Managers were committed to pursuing innovation and had attended best practice visits to other services.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards






The service had a Mental Capacity Act policy in place which staff could refer to. All staff had received training in the Mental Capacity Act and consideration of capacity was well documented within client care notes.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Substance misuse/detoxification

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

## Are substance misuse/detoxification services safe?

Good 

### Safe and clean environment

Entrance to the service was via a locked gate and there was closed circuit television (CCTV) covering all communal areas which was monitored from the staff office. Clients were informed of the CCTV cameras in their therapeutic agreement and signs were also displayed around the service.

The communal living areas were cosy and welcoming and the buildings were clean throughout. Clients were responsible for cleaning the buildings and had access to equipment to enable them to do this. A deep clean took place once a week.

Up to date fire and health and safety risk assessments were in place and these were reviewed annually. The clients we spoke with said they had been given a fire induction when they arrived and knew where to congregate if the fire alarm was activated.

The clinic room was clean and tidy with a sink for handwashing and a couch for physical examinations. Medicines were stored securely inside the locked clinic room. The nurse held the keys whilst on the premises and at all other times they were stored in a locked safe in the staff office. The manager completed weekly audits of medicine in the clinic room.

Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. There was an identified infection control lead within the team and all staff were up to date with their infection prevention and control training.

There was some gym equipment on site which clients could use if they had been medically cleared and risk assessed to do so. They could obtain the key for the gym from the staff office and were permitted to use the gym for up to 30 minutes. The manager was responsible for the gym equipment, however there was no formal contract in place for the maintenance of this equipment. Staff told us that this had been identified through internal quality assurance processes and was due to be addressed, however at the time of our visit clients were at potential risk of injury from using equipment that was not appropriately maintained.

### Safe staffing

The staffing structure for the service had recently been reviewed as part of a service improvement plan. The service manager post was vacant and the area manager was providing cover for that role while recruitment took place. A deputy manager was also in post. Staff told us that they had felt well supported during the transition between managers. The organisation had also recently recruited a quality manager to improve governance processes and have oversight of organisational audits.

The team had three residential key workers, two night shift workers, a housing and move on worker, a stock control and administration worker and a volunteer co-ordinator.

# Substance misuse/detoxification

who managed seven volunteers. There were also two well established bank workers to provide cover. Enhanced disclosure and barring service (DBS) checks had been carried out for all staff and volunteers.

A nurse was employed by the service via an agency, on a long-term contract and was a qualified non-medical prescriber. Medical cover was provided by the medical director who was a consultant psychiatrist. The medical director was available for telephone advice and provided clinical supervision to the nurse.

New clients were admitted to the service on Mondays following a joint assessment by the nurse and a sub-contracted GP with an extended role in substance misuse (GPwER). A GPwER is a GP who undertakes, in addition to their core general practice, a role that is beyond the scope of GP training and requires further training, in this case in drug and alcohol treatment.

There were a minimum of two staff on duty from 8am-6pm Monday-Friday and a lone working procedure was in place at nights and weekends. Night cover was provided by a sleep-in member of staff who clients could call for assistance if needed. All staff had completed first aid at work training so there was always a trained first aider on site and staff we spoke with knew the procedures to follow to obtain help from emergency services when needed.

Three substantive members of staff had left the service in the last 12 months. There was a low sickness rate of 1% over the same period. Staff told us they had worked extra shifts to cover periods where there had been vacancies in the team, and that it was rare for activities to be cancelled due to a lack of staff.

We reviewed the training records for all staff which showed that they were all up to date with their mandatory training.

## Assessing and managing risk to patients and staff

SMART Howard House Project provided a medically monitored service. This means that the service did not accept referrals for clients with complex physical or mental health needs who would require treatment in a hospital or other setting with 24-hour medical cover. Referrals for the service came via the local community drug and alcohol treatment service. Clients were required to have achieved some stability in their substance use prior to admission, which sometimes meant reducing their use in the community. The nurse assessed suitability for admission

and risk prior to admission and if it was found that more preparation work was needed then this was discussed with the client and their key worker from the community service. The service had clear exclusion criteria in place which had been shared with referrers.

Risk assessments were completed on admission and included risks related to substance use, physical health, mental health, motivation, violence/aggression and safeguarding. At the time of the inspection there were nine clients receiving treatment at the service. We reviewed the care records for all nine clients and all had a risk assessment and risk management plan in place. The risk management plans had been developed collaboratively with clients and staff encouraged clients to take ownership of their risks.

Staff identified and responded to changing risks to, or posed by, clients. Staff attended morning briefing sessions where risks for each client were reviewed and to ensure the whole team were aware of any new risks. We attended one of these briefings during our inspection and observed discussion of each client including risk issues. Where action was needed this was allocated to a specific member of staff to complete.

Clients completing an alcohol detoxification were monitored by staff in their rooms for three hours after their detoxification commenced. The service had two bedrooms along the same corridor as the clinic room which were used for clients completing an alcohol detoxification to ensure they were as close to the nurse as possible. Staff ensured the environment was safe by removing any heavy items or obstructions away from beds. An allocated worker then did regular checks on clients for the next 24-48 hours and the clients were given a walkie talkie to call for assistance if needed.

The service had security guidelines in place which included guidance on how to carry out searches. Searches were completed by a staff member of the same gender as the client in a private room. Staff had completed training in search techniques which had been delivered by a former prison officer. Lack of training in search techniques had been highlighted as a concern at a previous inspection in 2016, however this had now been completed. Clients were informed that they and their property would be searched as part of their therapeutic agreement. Clients told us that the search procedures had been well explained and that they felt comfortable with them.

# Substance misuse/detoxification

The service allowed visits from people under the age of 16. These were risk assessed and facilitated in the group room in the garden.

Smoking was permitted only in the designated smoking area in the garden. Smoking cessation services were usually available; however, these had not been provided for several weeks due to a shortage of staff in the local partner service. Staff offered nicotine replacement alternatives to clients to try and encourage them to stop smoking.

There were restrictions in place within the service including no access to devices which could connect to the internet, not leaving the unit unaccompanied and monitoring of phone calls/post. Details of these restrictions were included in the therapeutic agreement and clients told us that they understood that the restrictions were there to help ensure their safety and aid their recovery.

## Safeguarding

The service had safeguarding policies for adults and children. All staff, including bank staff, had completed training in safeguarding. Staff we spoke with had a good understanding of local safeguarding procedures and could describe the steps they would take if they were concerned about their clients or visitors being at risk of abuse, including discussing protection interventions with the individual concerned. The managers were the allocated safeguarding leads for the service.

## Staff access to essential information

Staff used a mixture of paper and electronic records. The paper files included copies of client assessments, signed therapeutic agreements, care plans, risk assessments and key contact details and all daily progress notes were recorded electronically. Some of the electronic files also had copies of assessments and care plans uploaded, however this was inconsistent. This made it unclear where to find information for some clients. This was discussed with managers who told us that they were in the process of moving to a paperless system so everything would be recorded and accessed in the electronic record.

All information was stored securely. The paper records were stored in locked cabinets within the staff office and all electronic information was password protected.

## Medicines management

A policy for the management of controlled drugs was in place. Medicine was stored in a locked fridge/cupboard within the treatment room. Medicines were ordered from a local pharmacy and delivered daily, except on Fridays when stock for the weekend was delivered. Staff told us that weekend stock was stored in a separate bag for each day. Medicine was received by the nurse or by two other members of staff and checked to ensure the correct medicines had been delivered. All staff, including bank staff, had completed training in the safe handling of medicines and staff were not allowed to administer medicine until they had been signed off as competent to do so by the nurse. Where non-clinical staff administered medicine both members of staff were required to check the client name and dose and initial the administration sheet.

Medicines charts included photographs of clients on them to help ensure that medicine was given to the correct client and reduce the likelihood of medicine errors. This was an action from the previous inspection in 2016 which had been addressed.

Naloxone was available at various points throughout the service. Naloxone is a medicine used to rapidly reverse the effects of an opioid overdose. This was also given to clients when they were discharged from the service after they had been trained how to use it.

Adrenaline was kept on site to treat clients in the event of a severe allergic reaction. This was available in the clinic room and the staff office and was in date. A defibrillator was also available in the staff office.

## Track record on safety

The service had reported two incidents to CQC in the 12 months prior to the inspection. The service kept an incident log to record details of any incidents and actions required as a result of these.

## Reporting incidents and learning from when things go wrong

The service had clear procedures in place for reporting incidents. Any member of staff could report an incident by filling in an incident form which was then electronically submitted to the health and safety mailbox which was reviewed by the senior management team. The management team then agreed the appropriate level of investigation required. All incident investigations were reviewed by an incident review panel which was made up

# Substance misuse/detoxification

of senior managers across the organisation. Once an incident investigation had been completed the learning was discussed in managers meetings and then cascaded to teams via team meetings. Learning from incidents across the organisation was shared with the team, not just incidents from SMART Howard House Project.

Staff were open and transparent about incidents which had occurred and were able to give examples of actions which had been taken as a result of these. For example, there was an incident where three clients had managed to get drugs on site and fake urine testing to avoid detection and staff spoke about how procedures had been updated so that clients were supervised once they had been informed they needed to give a urine sample.

The service had a duty of candour policy in place. Staff we spoke with had a good understanding of the duty of candour and could give examples of how they had kept clients informed and involved when incidents had taken place. The incident reporting log also prompted staff to record details of how duty of candour had been met.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

We reviewed the care records of all clients currently receiving treatment at the service and found that all had received a comprehensive assessment. The assessment included drug and alcohol use, physical health and prescribed medication, mental health, personal and offending history, social factors, safeguarding, mental capacity, housing and finances and move-on planning. This was in accordance with the national institute for health and care excellence (NICE) quality statement (QS23) which states, 'people in drug treatment are offered a comprehensive assessment'. In one record we reviewed there was limited information in the assessment about a mental health condition and it was unclear whether this was a current or historical concern. This was discussed with the manager who confirmed it was not a current concern, however agreed that more detail should have been documented and that this would be discussed with staff.

Clients received frequent physical health checks. Clients on an alcohol detoxification had their pulse, blood pressure and temperature checked on admission and again one hour later. These observations were then completed at six hourly intervals for the first day, four times daily for the next two days and then daily following this unless more frequent monitoring was clinically indicated. Other clients received weekly physical health checks.

All clients had a personalised, holistic recovery plan in place which had been written in their own words. All clients had been given a copy of their recovery plan. These were reviewed regularly. Clients we spoke to told us they had clear move-on plans in place and that they felt supported to make their own decisions about whether they wanted to move on to a rehabilitation service or re-engage with community services once they were discharged. A counsellor visited the service once a week to offer integrative counselling for up to 3 clients. Clients were prioritised based on their preferences and date of admission. These interventions were in accordance with the NICE quality statement (QS14) which states that, 'people using mental health services are actively involved in shared decision-making and supported in self-management'.

All clients had a re-engagement plan in place which had been written in their own words. Clients we spoke with told us that staff had followed the plans when people had decided to leave the service.

### Best practice in treatment and care

The service had procedures in place for both alcohol and opioid detoxification. These were reviewed annually by the medical director.

Staff followed national guidance around prescribing medicines for alcohol and opioid detoxification. Chlordiazepoxide was administered for alcohol detoxification and methadone and buprenorphine were used for opioid detoxification.

The service offered a structured programme of psychosocial interventions which included cognitive behavioural therapy (CBT), mindfulness and recovery approaches from the 12 step programme. These interventions were in accordance with the national

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institute for health and care excellence quality statement (QS23) which states that, 'People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments'.

Staff used the severity of alcohol dependence questionnaire and the clinical institute withdrawal assessment for alcohol scale to assess and manage alcohol withdrawal.

## Skilled staff to deliver care

The staff team comprised a deputy manager, a nurse, a sub-contracted GP, three residential key workers, two night shift workers, a housing and move on worker, a stock control and administration worker and a volunteer co-ordinator.

All staff were up to date with their mandatory training, which included safeguarding, equality and diversity, information governance, Mental Capacity Act, infection prevention and control, first aid and fire awareness. Staff involved in delivering groups had completed training in group work facilitation. Staff reported excellent access to training opportunities and told us they were encouraged and supported to complete courses which would help further their career progression. Volunteers within the service were also supported to complete training courses, for example one volunteer had been funded to complete an introduction to counselling course. The managers within the service monitored the professional registration of the nurse and the GP and kept a record of this.

Appropriate checks were carried out before staff started working in the service. Managers had records of disclosure and barring service checks for all staff and volunteers working with the service.

Staff told us that they felt very well supported by their managers and colleagues. The service had a supervision policy in place which stated that each staff member would have a supervision contract in place stating the frequency of their supervision. We reviewed three staff supervision files and all had a supervision contract in place and received supervision every four to six weeks. Staff reviewed their caseloads in supervision sessions and there was a review of actions from the previous meeting. Staff also had group supervision once a month which was facilitated by an external counsellor. All substantive staff had received an annual appraisal within the previous 12 months.

Managers told us that they felt well supported by senior colleagues within the organisation. The deputy manager was in the process of enrolling in a level five NVQ diploma in management and leadership.

At the time of the inspection there were seven volunteers working with the service. These were managed by a volunteer co-ordinator who had completed training in the management of volunteers. Volunteers completed an induction programme which included familiarising themselves with policies and procedures and shadowing for up to six weeks.

## Multi-disciplinary and inter-agency team work

Staff attended daily briefing sessions. We observed a session during our inspection which was attended by all members of the staff team. There was also a multi-disciplinary team meeting every week. Minutes from the meeting were circulated via email afterwards. Outside of these meetings staff were in frequent contact via email.

The service had good links with a local GP practice where clients were registered while they were receiving treatment at the service. We spoke with one of the GPs there who told us that there is clear and careful communication between the two services and that when issues have arisen staff have dealt with these appropriately.

Stakeholders told us that staff were professional, responsive, dedicated and that they worked together to solve problems. They told us that staff had worked hard to develop and maintain good working relationships with them to ensure the best possible service for their clients.

Staff told us there was good communication with care co-ordinators for people under the care of mental health services, and that they maintain frequent contact while clients are receiving treatment at the service.

## Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act (MCA) which was available for staff to refer to. All staff, including bank staff, had completed training in the MCA and staff we spoke with had a good understanding of this.

Mental capacity was considered as part of the assessment process. If a client lacked capacity then the assessment



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would be re-arranged. If the client had already been admitted to the service then they would need to be moved to an alternative unit capable of treating clients with more complex needs.

## Are substance misuse/detoxification services caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

The clients we spoke with unanimously agreed that staff treated them with kindness, dignity and respect. They said that staff were brilliant and that they consistently went above and beyond to ensure that their experience within the service was as positive as it could be. Clients told us that when staff raised issues about client behaviour this was done in a kind and respectful way. They said staff encouraged them to work at their own pace and that they gave them time to learn.

Clients told us that they felt privacy was maintained as much as it could be while they were in the service. One client told us they had an issue with staff knocking on their door and entering straight away but that they had raised this with staff and they allowed more time before entering following this.

We observed staff interacting with clients throughout our inspection in a compassionate and caring way. Staff greeted clients by their preferred name and enquired about their wellbeing. We attended a morning briefing session where staff discussed each client in a respectful manner and had good knowledge of clients' preferences.

We observed a session of the groupwork programme during our inspection. This involved education, discussion, reflection and a review of goals. Seven clients attended the group and were all fully engaged. The group facilitator was well prepared and created a warm and supportive atmosphere.

Clients were given a resident handbook when they were admitted to the service. This included information about house rules, the therapeutic agreement, the groupwork programme, daily diaries, house meetings, job descriptions, guidelines for visits, how benefits are used,

further residential treatment, concerns and complaints, fire procedures and examples of weekly timetables and food menus. Within the handbook it referred to SMART Howard House Project as being "clean and dry". Best practice would be to use the phrase "substance free" to avoid the potentially stigmatising connotation of clean being the opposite of dirty. However, the resident handbook was in the process of being reviewed and a consultation with clients and staff had taken place.

### Involvement in care

Clients received an induction when they were admitted to the service and were also allocated a buddy to support them to settle in. Clients told us that they found this peer support invaluable.

Clients told us that they felt involved in their care every step of the way. They said they were given lots of information about the service and had to show motivation before they were admitted so they knew what to expect. They said staff always took their personal preferences into account and that they felt listened to. The service ran weekly house meetings which gave clients an opportunity to discuss any issues they had with staff. Clients told us that when they had raised issues they were always listened to and where staff agreed to act this was always done.

In addition to the weekly meetings there were comments boxes around the service where clients could post anonymous suggestions and questionnaires were also sent out to clients who had finished treatment. There was a "you said, we did" board on display in the dining room which showed lots of examples of where clients had given feedback which staff had acted on. An example of this was that clients said they get bored on weekends so staff introduced a weekly quiz on a Sunday evening.

Clients felt that they were involved in the running of the service. They were invited to participate in interviews for new members of staff and were supported by the deputy manager to write questions for interviewees.

Staff encouraged clients to maintain relationships with people who matter to them and clients told us that staff were very helpful in facilitating visits from family members. Clients told us that if their family were unable to visit them staff would arrange to accompany the client to go out to see them instead.



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Staff had received thank you cards from families, however, there was no formal process in place for collecting feedback from relatives.

When clients completed the programme staff organised a graduation ceremony to take place on their last day. This provided opportunity for them to receive support and encouragement from peers before they moved on.

Clients told us the main thing they would like to improve would be to have more activities on weekends. The service was in the process of recruiting more volunteers to enable this.

**Are substance misuse/detoxification services responsive to people's needs?**  
(for example, to feedback?)

Good 

## Access and discharge

At the time of the inspection there were three people on the waiting list for the service. The waiting time from referral to admission varied widely; the most recent figures showed this ranged from nine to 56 days. This was because admission was dependent on the readiness of the individual, whether more interventions were needed in the community prior to admission and whether there was a move on plan in place for them at the end of their detoxification. The service had separate male and female sleeping areas and could host either eight male and two female clients or six male and four female clients at a time. This therefore meant that on occasion clients may have to wait for a bed in the relevant gender-specific area to become available. The manager, deputy manager, nurse and move-on worker reviewed the waiting list weekly to check and follow-up on any outstanding information. Clients and their key workers from the community service were kept up to date while they were on the waiting list.

Where clients had been identified as unsuitable for the service, for example because their needs were too complex, alternative treatment options were discussed with the client and their key worker from the community substance misuse service.

As clients had a clear move on plan in place from the point of admission delayed discharges were rare, however where this did happen there was evidence of staff working with other agencies to ensure the client was moved on quickly.

Volunteers from the service continued to mentor clients for up to three months once they had been discharged. This could involve phoning them to see how they were or meeting them. Volunteers notified staff if they were meeting up with people and all contact was logged.

## The facilities promote recovery, comfort, dignity and confidentiality

All clients had keys for their own bedrooms which they could access throughout the day and they were encouraged to personalise their bedrooms to make them feel at home. Sleeping areas were separated into male and female areas.

The service had a large garden that clients were freely able to access and volunteers often arranged to take clients out walking. The garden included a separate quiet space for clients to use for reflection and relaxation. A range of activities were available during the week such as mindfulness, yoga and art workshops. Staff also facilitated visits to a local gym and swimming pool.

All food was cooked by clients in the communal kitchen and they could offer suggestions for alternative menu options. Clients told us that the food was of a very high quality.

## Patients' engagement with the wider community

Clients were not allowed mobile phones during their stay however were able to make phone calls from the staff office. They were allowed to make one phone call within 48 hours of admission but were not permitted to make any further phone calls within the first week of their stay. After the first week they were permitted to make phone calls every other day on a rota basis. Exceptions were made for clients with young children who were able to make phone calls daily. All phone calls made were monitored by staff. Incoming and outgoing post was also monitored by staff. These restrictions formed part of the therapeutic agreement and clients told us that they understood they were in place to ensure their safety and promote their recovery.

# Substance misuse/detoxification

Staff encouraged clients to take part in activities outside of the service and had recently arranged cinema trips and a day out to a theme park. All activities had been risk assessed.

Staff facilitated access to mutual aid groups in the local community. This was in accordance with the national institute for health and care excellence quality statement (QS23) which states, 'People in drug treatment are offered support to access services that promote recovery and reintegration including housing, employment, personal finance, healthcare and mutual aid'.

Staff also arranged for representatives from local charities to deliver presentations to clients to ensure they knew about support available from the wider community once they left the service.

## Meeting the needs of all people who use the service

Communication needs of clients were considered at assessment so that staff could ensure that suitable adaptations were made. For example, if a client had low literacy levels then more visual aids would be used, or if a client had poor vision large print materials could be used. Staff had created a range of large print documents and posters were on display stating that these were available.

The building was not adapted for people requiring disabled access and was therefore unsuitable for people in wheelchairs. Managers told us that they have accommodated clients with mobility issues in the past by giving them a ground floor room and using the dining room as a social space, however this meant that they could not use the full range of facilities.

Staff had been running referral clinics in local community hubs to promote the service and had information available in other languages. Staff re-assured people that they would be supported to maintain religious activities whilst receiving treatment at the service and that any dietary needs would be accommodated.

## Listening to and learning from concerns and complaints

Information about concerns and complaints was included in the resident handbook which was given to all clients on admission. There were also complaints posters and leaflets on display around the service.

Managers kept a log of complaints and compliments. One complaint and six compliments had been logged since July 2017. The complaint had been upheld and lessons learned had been documented and shared with the team. Lessons learned from complaints were also discussed in senior managers meetings to ensure that learning was disseminated across the organisation.

## Are substance misuse/detoxification services well-led?

Good 

### Leadership

The service manager post was vacant at the time of the inspection and so the area manager was covering this role while recruitment took place. Staff told us that the support they received from both the area manager and the deputy manager was "fantastic". They also said that the chief executive officer was a visible presence within the service and that she always made time for staff.

Managers told us that they felt well supported in their roles and that they were given opportunities to progress within the organisation and learn from colleagues in other teams. Both the area manager and the deputy manager had vast experience of working in substance misuse services.

### Vision and strategy

Staff were aware of the organisation's mission statement which was "helping others to help themselves". The mission statement and values had recently been updated following wide consultation with staff and clients.

### Culture

Staff we spoke to told us they were very happy working in the service and that they felt well supported within their roles. Staff were passionate and dedicated to achieving the best possible outcomes for their clients.

Staff told us they were aware of the organisation's whistleblowing policy and that they felt comfortable to raise concerns when necessary.

Managers told us that they were proud of their staff and that they were committed to providing the best service they could for their clients.

# Substance misuse/detoxification

A member of staff had recently been through a disciplinary hearing and dismissed which staff had found difficult, however they had been supported by managers both on a one to one basis and as a group. There was also evidence of managers checking on staff wellbeing in supervision notes.

## Governance

The service had clear governance processes in place. There were policies in place to support the governance structure including a corporate governance policy, incident reporting and management policy and a concerns, complaints and compliments policy. The policies were regularly reviewed.

Staff regularly completed audits against SMART's practice standards which were based on best practice and national guidance. An audit schedule was in place which showed that a different practice standard was audited each month and the results discussed in a team meeting. The most recent audit was a safeguarding audit which was completed in October 2018. Any actions generated from audits were added to the service improvement log which was reviewed monthly. The medical director also conducted clinical audits every three months.

The service used key performance indicators such as the number of people successfully completing the programme and the number of recovery plans including an exit strategy to monitor performance. These were reviewed in quarterly meetings with commissioners.

## Management of risk, issues and performance

The organisation had a risk register in place which was reviewed at leadership team meetings. Staff were able to escalate concerns to be added to the risk register.

Managers told us that any performance issues would be addressed within supervision and personal development plans which would be reviewed monthly. There was also an internal capability procedure that could be followed if needed.

## Information management

The service used both paper and electronic recording systems. Staff had access to the information technology needed to carry out their roles.

Clients and stakeholders we spoke with did not have any concerns about confidentiality.

## Engagement

Staff at all levels told us they had opportunities to give feedback about service provision and contribute ideas for service development. Opportunities were provided within team meetings but staff also told us they felt able to discuss ideas with managers on an informal basis. Managers shared an office with staff which promoted an open and transparent environment.

Clients had sufficient opportunities to give feedback to staff via the weekly house meetings, feedback boxes and questionnaires. Stakeholders also told us that they received positive feedback from clients about the service.

## Learning, continuous improvement and innovation

There was a service improvement plan in place which managers were reviewing and updating monthly. Staff told us that they were keen to improve the service they were providing for clients. The area manager and deputy manager had been participating in some good practice visits to other residential substance misuse services to learn about the way they work and share ideas.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that the gym equipment on site is appropriately maintained.
- The provider should ensure that there is consistency with record keeping to enable staff to promptly access client information.