Transforming Choice CIC

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

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.

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

Summary of findings

Overall summary

We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well together and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Guidelines published by the National Institute for Health and Care Excellence and Public Health England do not report on the effectiveness of detoxification programmes that use alcohol rather than prescribed medication to manage withdrawal.
- Staff monitored clients for symptoms of alcohol withdrawal, but this was not documented using a recognised alcohol-withdrawal tool.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	See main body of the report.

Summary of findings

Contents

Good

Transforming Choice CIC

Services we looked at:
Substance misuse services

Summary of this inspection

Background to Transforming Choice CIC

Transforming Choice CIC is a community interest company offering residential alcohol detoxification and rehabilitation. The service is unusual in that alcohol detoxification is carried out using alcoholic drinks. Staff give clients a reducing number of units to drink each day, until the client has completely withdrawn from alcohol. The detoxification process usually lasts five to seven days, and is at the beginning of a 12-week rehabilitation programme. The rehabilitation programme focuses on building coping strategies and life skills, and reintegrating clients into the community. The service also provides an aftercare service, that consists of a member of staff who continues to support clients who have been discharged from the residential programme.

The service has a contract with a GP (who is also the nominated individual) and nurse from a local GP practice. They assess the client's medical suitability for the service, and administer high dose vitamin injections during the detoxification process.

The service is available to men and women aged over 18 years. There are four cohorts per year, for up to 14 clients at a time. Clients cannot join a programme after it has started.

There are a further eight bedrooms on the top floor of the building, for clients who have completed the programme to stay until they are able to find accommodation. These eight rooms are rented to clients on a short-term basis, and are not subject to inspection by the Care Quality Commission.

The service is registered to provide the regulated activity: accommodation for persons who require treatment for substance misuse. The service was registered on the 5 March 2015, and has a registered manager.

Transforming Choice CIC was last inspected by the Care Quality Commission in November 2016. At that time the Care Quality Commission did not provide ratings of substance misuse services.

At the last inspection we issued a requirement notice for a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were gaps in recording the administration of high dose vitamin injections, and in recording some individual sessions with clients. At this inspection we found that these requirements had been met.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a nurse.

Why we carried out this inspection

We inspected this service as part of our ongoing inspection programme.

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?

Summary of this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with two clients
- collected feedback from ten clients using comment cards
- spoke with the registered manager
- spoke with the nominated individual who is also the clinical lead
- spoke with four other staff members
- attended and observed two group sessions with clients, and a staff hand-over meeting
- looked at eight care and treatment records of clients, which included medicines and detoxification programme records
- reviewed the management of medicines
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Feedback from clients, in person or through comment cards, was extremely positive. They felt that staff empathised with them and treated them as equals, as many of those staff had lived experience of addiction. The culture of the service put the client at the centre, and worked with them to make their own choices and develop their own skills and independence.

Clients described staff as very caring, and felt that their recovery journey was a shared experience. All clients were given a welcome pack that clearly explained the programme and expectations of clients throughout their stay. Clients confirmed that this had been explained to them before they arrived, and during their stay. Clients said that they had been searched on admission (for alcohol and other items) but they had agreed to this and it was done privately and with dignity. They felt safe in the service.

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?

Good

We rated it as good because:

- All premises were safe, clean, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to any sudden deterioration in clients' physical and mental health.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to information and it was easy for them to maintain high quality records – whether paper-based or electronic.
- The service used systems and processes to safely administer, record and store medicines.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

- Staff monitored clients for symptoms of alcohol withdrawal, but this was not documented using a recognised alcohol-withdrawal tool.

Are services effective?

Good

We rated it as good because:

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Summary of this inspection

- Managers made sure that staff and volunteers had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

However:

- Guidelines published by the National Institute for Health and Care Excellence and Public Health England do not report on the effectiveness of detoxification programmes that use alcohol rather than prescribed medication to manage withdrawal.

Are services caring?

Good

We rated it as good because:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- The service supported and enabled clients involvement and independence. They ensured that clients had easy access to additional support through excellent local networks.
- Staff involved clients in care planning and risk assessment. Clients wrote their own recovery plans with the support of staff as an integral part of the recovery programme.
- The service actively sought clients feedback on the quality of care provided. This included feedback questionnaires, participating in staff interviews and weekly client feedback meetings. Staff informed and involved families and carers appropriately.

Are services responsive?

Good

We rated it as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Summary of this inspection

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff supported clients with activities outside the service.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Are services well-led?

Good

We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

All clients were presumed to have capacity, and were supported to make choices about their lives. Clients did not have a formal capacity assessment, but staff understood the nature of capacity, and the impact that alcohol may have on this. Clients visited the service, usually several times, before starting the programme. This gave them the opportunity to consider the programme and its restrictions, and to make a decision if they wanted to attend. Clients signed their consent to participate in the programme.

There were no clients at Transforming Choice subject to Deprivation of Liberty Safeguards.

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

Are substance misuse services safe?

Good

Safe and clean environment

All premises were safe, clean, well maintained and fit for purpose. The service was provided in a large converted Victorian house. The design and décor of the building was tired in some areas, but it was maintained and clean.

The service had the necessary statutory health and safety checks and assessments carried out by external contractors. This included fire safety and monitoring of utilities. Staff carried out a monthly environmental check that identified any required cleaning or maintenance, and then ensured this was carried out.

There were dedicated male and female bedroom areas, in which all clients had their own room. There were communal toilets, showers and a bathroom in each area. There were four bedrooms on the ground floor, which included the only ensuite room, which was accessible by clients with mobility issues. The manager told us that these rooms were usually used for one gender, but at the time of inspection there were women in two of the rooms, and a man in the other because of mobility problems. Within this area, there were toilets and showers next to each room. The area was easily observable as it was on the ground floor, was covered by closed circuit television, and was next to the staff sleep-in bedroom. All bedrooms had a staff call alarm.

Staff adhered to infection control principles. Clients participated in the cleaning of the building as part of their rehabilitation programme. They were provided with clear instructions and dedicated cleaning equipment. This included handwashing facilities, personal protective equipment such as gloves, and colour-coded mops and buckets.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The service had thirteen permanent staff. There were no vacancies, but one post was currently on hold. The service did not use agency staff, but bank staff were used to cover sickness. At the time of the inspection there was one person on extended sickness leave. In the year to 2 August 2019 there had been 25 shifts when bank staff were used. No staff had left during the same 12-month period.

The first four weeks of each 12-week programme was the most intensive, when clients detoxified from alcohol and started their recovery programme. Staff annual leave was booked in advance and was not usually arranged during this four week period. There had been no shifts where there were not enough staff, and no activities had been cancelled due to staff shortages. The service had twenty volunteers or peer mentors, who were all former clients.

The service did not have onsite medical or nursing cover. A nurse from the local GP surgery was employed to administer a high-dose vitamin injection to all clients during the first week when they were detoxifying from alcohol. The clinical lead, who was a GP and the nominated individual, carried out pre-screening assessment of all clients. Clients accessed healthcare through their own GP.

Staff had completed their mandatory training, which included National Vocational Qualifications level three in health and social care, fire warden training, medicines management, equality and diversity, safeguarding, health and safety, and first aid.

Assessing and managing risk to clients and staff

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

We reviewed eight care records: four records of current clients (who were in the second week of their programme), and four records of previous clients who had completed the full 12-week programme.

All clients were screened by the clinical lead after referral, and the team then discussed and agreed all potential admissions. Each client required a letter of support for them to be part of the programme from their GP. This was in addition to recent blood test results, information about the client's current physical and mental health, their medical history, and details of any medicines they were taking. Clients were invited to visit the service on up to three occasions so that they could talk with staff, and sometimes other clients, and both parties could determine if the programme was suitable for them. The client's motivation to change was part of this assessment.

A comprehensive assessment was carried out on admission, and a risk management plan developed. During the first week when clients were detoxing from alcohol they were closely supervised by staff. They spent the day in communal areas, and in the evening and night they were checked on every 15-30 minutes by staff. Higher staffing levels were maintained during this period. The service had a written protocol to keep clients safe, which included the action to take if a client had a seizure or became unwell. On admission and during the detoxification period each client was breathalysed. Staff developed a plan to reduce the client's alcohol consumption over five to seven days. Staff monitored clients for symptoms of alcohol withdrawal, but this was not documented using a recognised alcohol-withdrawal tool. If there were indications that the person was going into withdrawal, then additional units of alcohol were given. Clients were closely monitored by staff when they were consuming alcohol. Staff clearly explained to clients that the purpose of drinking the alcohol was to safely manage their withdrawal, not to get them drunk. Each client had a chart with the alcohol reduction programme clearly laid out. Alcohol withdrawal rating scales were not used, but staff recorded if there were any adverse symptoms, and if additional alcohol units were given the rationale for this and its effect. A risk of alcohol withdrawal is seizures, but these were rare in the service. Staff knew what action to take in the event of a person having a seizure.

All clients were assessed on an individualised basis. There were no absolute exclusion criteria, but clients would not usually be admitted if they had significant health problems or they had never undergone detoxification before.

All staff had completed first aid training. This included resuscitation and how to respond in the event of a person having a seizure. The service did not have emergency resuscitation equipment, as there were no medical or nursing staff onsite. In the event of a medical emergency staff would call the emergency services.

Staff implemented restrictions on clients, particularly during the first month of the programme. These restrictions were explained to clients before they came to the service, and included in the client information booklet. For the first four weeks clients did not go out of the building alone, this was because of potential risks to clients in terms of their health and their risk of relapse. Mobile phones were not allowed during the day so that clients could focus on the programme and themselves. Restrictions were discussed in clients' meetings, and when the programme was reviewed.

Staff had protocols to follow if a client drank alcohol in the service (after the detoxification period), or if they wanted to leave. This was individually reviewed and discussed with the client. Staff would arrange a local hostel, if relevant, so that the person had somewhere to go and provide three days of medication. If a client wanted to return to the programme, this would be individually assessed and the rest of the client's asked for their agreement.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Good

Substance misuse services

Staff had completed safeguarding training. They knew how to identify safeguarding concerns, and the action to take in response. Contact details for the local authority safeguarding team were on display. In the year up to 31 October 2019 the service had had one safeguarding concern, which staff had responded to appropriately. Staff told us that client's did not routinely have child visitors, but there were procedures for this to happen safely when required.

Staff access to essential information

Staff had easy access to information and it was easy for them to maintain high quality records – whether paper-based or electronic. A computer-based client records system had been implemented in July 2019. All staff had an individual login and password, and were positive about the change. The registered manager told us that there had been no significant problems with the new system, but they would review it the following year. Paper records were still used for recording detoxification units and medication. These were stored securely in a staff-only area.

Medicines management

The service used systems and processes to safely administer, record and store medicines.

All staff had received medicines management training. An audit of medicines was carried out each month. All client's medicines was prescribed by their GP, and supplied by a community pharmacy in blister packs. All client's administered their own medicines from the blister packs which were stored securely in their rooms. The exception to this was controlled drugs or medicines that needed to be refrigerated, which were stored centrally by staff. Staff prompted clients to take their medicines if required, and monitored them to ensure that they were taking their medicines correctly.

At our last inspection we identified problems with medicines storage and recording. This included insecure controlled drugs storage, and inconsistent recording of the administration of a high-dose vitamin injection. At this inspection we found that these issues had been addressed.

Medicines were supplied by a community pharmacist who visited the service several days a week, to deliver medicines, and take away any unwanted medicines.

Track record on safety

The service had a good track record on safety. The service reported and responded to incidents, but there had been no serious incidents in the twelve months leading up to this inspection.

Reporting incidents and learning from when things go wrong

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

Staff reported incidents in an accident book. Where necessary, incidents were investigated and the findings acted upon. Most incidents were relatively low level, such as minor falls with no significant injuries. Staff could explain how to report incidents, and were aware of the duty of candour.

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

Good

Assessment of needs and planning of care

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

We reviewed eight care records: four records of current clients (who were in the second week of their programme), and four records of previous clients who had completed the full 12-week programme. All clients had information from their GP which included a recent blood tests, medical history and current medicines. Each record contained an assessment of the client's substance use, mental and physical health, social or criminal issues, and their motivation to change. Each client had a mini-mental state completed, and the clinical lead screened all clients (after

detoxification) for autism, attention deficit hyperactivity disorder and bipolar affective disorder. If indicators for any of these issues were identified this information was shared with the client and their GP.

Staff used information from the client about their alcohol usage, a breathalyser test, and the client's weight and physical health to calculate an individual alcohol reduction plan. Clients were given a set number of alcohol units to drink (usually sherry or strong lager) in the presence of staff up to four times a day. If necessary, clients had additional units of alcohol to manage their withdrawal safely, with the rationale for this documented. Clients were given a high-dose vitamin injection for the first five days of their detoxification. This is a treatment recommended for clients who are withdrawing from alcohol. The administration and monitoring of clients in the hours after the injection was carried out by a registered nurse from a local GP practice.

Following their detoxification in the first week, clients moved onto a structured programme of rehabilitation and recovery. This included compulsory group sessions four days a week. One day a week was allocated to leisure activities in the community, such as going to the gym or a café. Weekends were free for family visits and activities such as walking around the park. The group programme had a theme each week, that promoted recovery and resilience. Each client had regular one-to-one meetings with their key worker. Clients wrote their own recovery care plan with support from their key worker, and these were regularly reviewed together.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

The alcohol detoxification service at Transforming Choice was originally developed by a core group of staff, and continues to develop based on experience of working with clients, client feedback and in some cases lived experience of addiction. Guidelines published by the National Institute for Health and Care Excellence and Public Health England do not report on the effectiveness of detoxification programmes that use alcohol rather than prescribed medication to manage withdrawal. There are some published studies of similar alcohol reduction programmes that have shown positive results, but the evidence base remains small.

The residential/recovery aspect of the service was consistent with guidance from the National Institute for Health and Care Excellence and Public Health England. There was a structured recovery and rehabilitation programme which included psychosocial interventions. Staff had a variety of personal experience and formal training that gave them the skills to provide the recovery programme. If clients required psychological support or treatment, they were signposted to local counselling/ support services.

The service used the recovery star (an outcome measurement tool) with clients, as it provided a clear visual measure of a client's progress.

The clinical lead provided specific group sessions for clients, which included the impact of alcohol on the body and brain, to support clients to understand its effects.

The philosophy of the service was to promote clients' independence, and remove the expectation that staff and services must step in to help them, which they believed ultimately disempowered clients. For example, clients were encouraged to make their own appointments, rather than staff arranging this for them. If a client had a health concern they were encouraged to make an appointment with their own GP. Blood borne virus screening was not carried out at the service, but clients were encouraged to arrange for their own screening with their GP or local services.

Monitoring and comparing treatment outcomes

Care and recovery plans were regularly reviewed with the client. Clients were given a file to take away with them on completion of treatment. Staff described this as being part of the client's own recovery pathway, which continued after they had left Transforming Choice.

Staff completed treatment outcome profile information for each client, and submitted data through the National Drug Treatment Monitoring System to Public Health England.An evaluation of Transforming Choice was carried out by a local university, covering clients admitted from March 2015 to October 2018. This showed that of the 164 clients who used the service during this period 94% had completed the initial alcohol detoxification, and 69% had completed the

Good

Substance misuse services

12-week rehabilitation programme. This was better than the national rates of 53-61% in 2017/18, that were recorded in the National Drug Treatment Monitoring System. Information submitted in November 2019 showed that completion of treatment rates were currently at 86%, with on average two clients leaving each quarterly programme before completion. Staff acknowledged that it was difficult to reliably monitor medium to long term outcomes once clients had left the service. There was currently limited data about long term abstinence and relapse.

Skilled staff to deliver care

Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

All staff, including volunteers, went through an induction when they started working in the service. They were provided with an employee handbook which included information about their employment, and key policies such as safeguarding, whistleblowing and confidentiality. All staff had recruitment checks carried out before they were employed. This included disclosure and barring service checks, which were repeated every three years.

Staff were skilled at monitoring and working with clients, and at delivering the model of care. This was partially learned by shadowing and reflecting with more skilled and experienced staff. All staff had completed their mandatory training, except new staff who were booked onto future training. Staff had supervision every three months, and an appraisal every year. Staff were able to access support and supervision and advice outside of scheduled sessions. Supervision and appraisal sessions followed a standard form that discussed each staff member's strengths and areas for development. Staff performance issues were dealt with supportively but effectively.

There were approximately 20 volunteers or peer mentors working in the service at the time of the inspection. Most of the volunteers had been through the programme themselves. They used experience of the programme and their own individual skills to support clients.

The service's philosophy meant that it did not employ or contract healthcare professionals to provide care directly to clients, other than a GP and nurse who provided specific parts of the programme. This model of empowering clients meant that if a client had a healthcare need they would go to their GP or other community resource, and this developed their ability to do this themselves, rather than having a support worker do it for them.

Multi-disciplinary and inter-agency team work

Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working with relevant services outside the organisation.

Staff at Transforming Choice met each week to discuss each client's care and progress. Staff handovers took place when staff changed three times a day. Care records showed that staff and clients liaised with clients' GPs and other professionals if they were involved with a client's care, for example community mental health teams. The service had links with other support services, such as local hostels, housing services and other substance misuse services in the area.

Good practice in applying the MCA

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

All clients were presumed to have capacity, and were supported to make choices about their lives. Clients did not have a formal capacity assessment, but staff understood the nature of capacity, and the impact that alcohol may have on this. Clients visited the service up to three times before they started the programme. This gave them the opportunity to consider the programme and its restrictions, and to make a decision if they wanted to attend. Clients signed their consent to participate in the programme.

There were no clients at Transforming Choice subject to Deprivation of Liberty Safeguards.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Good

Substance misuse services

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

Feedback from clients, in person or through comment cards, was overwhelmingly positive. They felt that staff empathised with them and treated them as equals, as many had lived experience of addiction. The culture of the service put the client at the centre, and worked with them to make their own choices and develop their own skills and independence.

Clients described staff as very caring, and felt that their recovery journey was a shared experience. All clients were given a welcome pack that clearly explained the programme and expectations of clients throughout this. Clients confirmed that this had been explained to them before they arrived, and during their stay. Clients said that they had been searched on admission (for alcohol and other items) but they had agreed to this and it was done privately and with dignity. They felt safe in the service.

The interactions we observed between staff and clients were positive, friendly and respectful. Staff had a clear understanding of clients, and showed empathy in relation to their history and circumstances.

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.

After clients had completed the detoxification part of the programme, they developed their own recovery plan with staff. When clients left the service at the end of the programme they had a folder of information which included their recovery plan. Staff were clear that this was each client's own plan, and that this was the start of their recovery journey. Clients organised and took part in a graduation ceremony at the end of their programme. This may be in the garden in summer, or in an external venue. Each client group made decisions about who will arrange each element of the event, including a compere from the group. Each client will say or present something as part of the ceremony. A local radio presenter attended the ceremonies to present the graduation certificates to clients. Staff, former clients, commissioners, and family members (at a client's request) were invited to the ceremony.

Clients held a weekly meeting where they could raise any issues of concern. Clients were given the opportunity to reflect on the programme at the end of their 12-week programme, and were also asked to complete a survey to give feedback about what worked well and what they think should change. Managers told us that changes had been made following feedback from clients. For example, the times that clients have access to the phones and inviting families to visit.

As part of the interview process potential staff members were asked to work half a shift in the service, following which feedback was obtained from clients. Volunteers, who were all former clients, sat on interview panels for new staff. Volunteers received supervision and completed the same mandatory training as employed staff.

A former client had been appointed to the board to ensure the client perspective was heard.

Staff informed and involved families and carers appropriately.

Staff told us that there was no specific work with friends and families, but they provided support for them if necessary. They told us that many clients had complex feelings about and relationships with their families, and they were led by them on whether they wished to engage with. From the second week of the programme, clients were able to go out at weekends with a sober family member if they wished. The manager told us that there would typically be about eight out of 14 clients who had family members who visited. Clients without visiting family members went out with staff. If clients wished family members were invited to the graduation ceremonies.

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

Good

Access, waiting times and discharge

Good

Substance misuse services

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

There were four scheduled detoxification and rehabilitation programmes each year, with a fixed start time. There were no emergency admissions or detoxifications. To be accepted for the programme clients must want to stop drinking, be assessed as physically able to safely detox at Transforming Choice, and have met with staff beforehand as part of the assessment process. When a client had been assessed, they were considered for the next programme. The service did not have a waiting list, but if a person was accepted and the next group was full they would be prioritised for the following programme.

Staff told us that on average there were about two clients per group who did not complete the programme. If a client did leave, the gap was not filled as it was seen to be disruptive to the clients in the existing group.

The service supported clients to find suitable accommodation to move onto after the programme. All clients left the programme when it finished, so there were no delayed transfers of care. There were eight rooms in the service that were available for clients to rent temporarily whilst they were looking for accommodation. This prevented clients from becoming homeless whilst waiting for somewhere to live. The service had an aftercare worker who supported clients after they had completed the programme, including those in the rented accommodation.

The facilities promote recovery, comfort, dignity and confidentiality

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

All clients had their own bedroom. Only one of the bedrooms was ensuite, but each room had a sink and nearby gender-specific toilets, showers and a bath. Each client had space to securely store their belongings. Clients could spend time alone or with other clients in lounges and communal spaces throughout the building. Clients had access to two large televisions with film and television streaming services. There was a large garden outside the building with seating. Clients made their own breakfast, but lunch and dinner was cooked by a chef. Clients were generally complimentary about the food, and could access drinks and snacks when they wished. There was a clients' payphone, and many clients had their own mobile phone, though access to this was restricted as part of the therapeutic programme. There was adequate space for group and one-to-one sessions.

Clients' engagement with the wider community

Staff supported clients with activities outside the service. The group programme included a community activity day each week. This included activities in the local community such as swimming, going to the gym or a café. It aimed to introduce clients to local facilities, so that they could continue to use them after they left the service. Families were able to visit clients at weekends. Sober family members were encouraged to go out with clients. If clients did not have family members, staff went out with them instead.

The service was originally established to target clients who found it difficult to access substance misuse services. This may be because they were homeless, had other difficulties or found it difficult to contemplate stopping alcohol. Transforming Choice was continuing this work through a separate programme, where former clients went out into the local community (for example to homeless shelters and cafes) to talk with people in a relaxed way about alcohol. They did not tell people that they should stop drinking, but if they did wish to find out more or want support they would be signposted to several services in the area, not specifically Transforming Choice.

Meeting the needs of all people who use the service

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

Not all areas of the building were accessible by people with reduced mobility. There were no lifts, but there was a ramp at the front of the building. There were four ground floor bedrooms, and one of these had an accessible shower and toilet.

Staff told us that they had worked with clients for whom English was a second language, but acknowledged that it would be difficult for clients to participate in groups if they

were not fluent in English. There was information on display in different languages. If clients had difficulty reading, staff read aloud and went through any written material with them.

Food was cooked onsite, and the chef was aware of client's preferences. Food was provided to meet dietary and cultural needs and preferences.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

There had been no formal complaints in the year up to this inspection. Clients were given information about how to complain as part of their orientation to the service, and there was information about how to do this on display. Staff were familiar with the complaints process.

Clients' told us they were able to raise concerns or complaints if they wished. Clients had a weekly meeting where problems were raised. These were often about items that needed repairing of replacing, that they did not wish to purse as formal complaints. Clients were able to raise issues or concerns during groups, and in their one-to-one sessions with staff. Clients were encouraged to talk with one another if they had problems, as part of the programme for developing the ability to work and negotiate with others.

Are substance misuse services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

The registered manager and their deputy were part of the team that set up Transforming Choice. They had a vision of providing a service for vulnerable clients in Liverpool, and they were skilled and experienced at working in this area. The service had a clear definition of recovery and this was understood by all staff. The managers were committed to developing and expanding the service. They were focused on providing positive outcomes for clients at Transforming Choice, and also at engaging with clients before and after treatment. The managers were onsite and an integral part of the team. External leadership training was being carried out by one of the managers.

The board of directors included the nominated individual who was also a GP and the clinical lead. The service had a process for ensuring that directors and managers complied with fit and proper persons regulation requirements.

Vision and strategy

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

The vision of the service was to provide an environment where clients can find their own solutions and their way of getting well, whatever that is.

The service provided space where clients can do this, so they can develop the skills they need. Managers told us that the service cannot control everything, and trying to do so makes it fraught for staff and clients. They provided clients with support, but staff did not rush in to help them, as they believed that created dependency. They wanted to empower clients to make their own choices and become independent, not dependent on care or statutory services. There was a focus on building up client's resilience, so they were more able to deal with setbacks or challenges in the future.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff were positive about the service. There were regular team meetings (usually weekly or fortnightly) that staff participated in. Staff felt able to raise any concerns they had, and discuss work-related or personal issues if necessary. Some staff were on their own recovery journey, and they felt supported in this by the service. Staff were able to contribute to the development of the service. Staff reflected on and reviewed the recovery programme at the end of every 12-week group.

Good

Substance misuse services

Governance

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

There were effective governance structures in place to ensure that staff received mandatory training, supervision and appraisal; and that there were enough staff to meet clients' needs. The rehabilitation programme was reviewed regularly and changes made as a result. There were processes for auditing medication. There were processes that ensured the building was safe, and that staff knew what to do if there was a fire or other incident. There was a three-monthly governance meeting with the managers and directors. This reviewed any incidents, complaints, developments or other issues within the service. This had a standard agenda which included any client or staffing issues, incidents and complaints, buildings, service developments and contractual/finance issues. Actions were followed up in subsequent meetings. A former client had been appointed to the board to ensure the client perspective was heard.

Management of risk, issues and performance

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

The service had a risk register which was reviewed as necessary, and at each governance meeting. Staff could submit items to the risk register through the registered manager, and they were discussed at board meetings.

In 2018-19 the service had support from an organisation that works with non-profit organisations to improve their management and governance. This work was positive in improving local processes, and ensuring the service and clients received the money they were entitled to. For example, it ensured people received the correct level of housing benefit.

Information management

Staff collected and analysed data about outcomes and performance.

All staff had access to the electronic care record system, through their own individual login and password. Staff were positive about the electronic care record system which had been implemented in July 2019. Paper records were stored securely in staff-only areas. Information from other professionals, such as GPs, was shared when necessary and with client's consent.

The service submitted information to national bodies such as the National Drug Treatment Monitoring System. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

Learning, continuous improvement and innovation

The service is unusual in its approach to alcohol detoxification and has developed its own methods for implementing this. A local university carried out a research project into the efficacy of the programme, by using standardised benchmarking measures such as reporting to the National Drug Treatment Monitoring System and submitting treatment outcome profiles. The report from this project benchmarked the service against national data for client outcomes. The service came out favourably in comparisons for client outcomes and cost.

The research project collected a lot of qualitative evidence from interviews and observations of clients and staff. These was compiled into a book which included personal stories. The overall findings were dramatised and presented in a theatre, with clients/former clients acting and participating. This had been repeated on three occasions with different clients performing the roles. Former clients were part of a working group to establish an independent theatre company, separate from Transforming Choice, that would develop further workshops.

The service had developed several initiatives that were not part of this regulated service, but were based at Transforming Choice and/or involved former clients. These included the pre-treatment outreach service, the aftercare worker, and aftercare beds/rooms. Further developments were also under consideration, such as housing for more complex clients. Funding for these services was identified and raised independently, so did not impact on Transforming Choice.

Outstanding practice and areas for improvement

Outstanding practice

The service was person-centred. Staff supported clients to make their own choices and develop their own recovery plans and independence. The service had around 20 volunteers who were former clients. Former clients were also part of a pre-treatment service that went out into the community (for example to homeless shelters and cafes) to talk with people in a relaxed way about alcohol.

Each client had a mini-mental state completed, and the clinical lead screened all clients (after detoxification) for autism, attention deficit hyperactivity disorder and bipolar affective disorder.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider having its treatment model clinically ratified.
- The provider should ensure staff monitor withdrawal symptoms using a recognised alcohol-withdrawal monitoring tool.