Gladstones Clinic Limited

Gladstones Clinic Cotswolds

Inspection report

Narles Farm
Dursley Road
Cambridge
GL2 7AB
Tel: 01453890184

Date of inspection visit: 15 September2021
Date of publication: 03/11/2021

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement because:

- Staff in the service were not receiving regular supervision or an annual appraisal. This was identified as an issue at the last inspection and we saw no improvement at this inspection.
- Staff had a limited understanding of safeguarding processes and procedures.
- Risk management plans did not always address the risks identified and were not updated after incidents.
- Incidents were not always reported in a timely manner and learning was not being disseminated to staff.
- Care plans were not being completed. Care planning was documented in varying ways by staff.
- Staff were planning for discharge towards the end of clients' treatment with a lack of inter-agency working.
- The service had not maintained the security of non-clinical records as these records could be deleted.
- The governance processes of the service had not ensured that its procedures ran smoothly. Leaders had not ensured that staff were using tools effectively to ensure the service was delivering high-quality care.

However:

- The clinical premises where clients were seen were clean.
- Staff completed a comprehensive assessment of clients' needs and provided a range of treatments suitable to the requirements of the clients and in line with national guidance about best practice. Staff engaged in medicine audits to evaluate the quality of medicine management.
- The teams had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received the appropriate training. Staff worked well together as a multidisciplinary team.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients and their families, in decisions and care planning.
- The service was easy to access with little or no waiting times.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Page

Background to Gladstones Clinic Cotswolds 5

Information about Gladstones Clinic Cotswolds 5

Our findings from this inspection

Overview of ratings 7

Our findings by main service 8

Summary of this inspection

Background to Gladstones Clinic Cotswolds

Gladstones Cotswolds Clinic provides accommodation and treatment for up to 12 clients who require residential substance misuse treatment which can include medically monitored detoxification from alcohol and opiates. The service only accepts privately funded clients.

At the time of this inspection there were 11 clients at the service. There were five clients undergoing detoxification.

The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment for disease, disorder or injury. There was a registered manager in post. Currently the registered manager from London maintained oversight of the service while a new clinic manager was due to start their role the week following this inspection. The service had employed an operational director in April 2021 to improve the governance and quality of the service but they had left the service the week prior to this inspection.

Our last inspection of the service was in October 2018, when the service was rated good. However, there were recommendations around; completing appraisals in a timely manner, ensuring a service strategy and values were developed for staff, that information on the website was correct and the collection of information for governance systems was timely and not burdensome. During this inspection we saw that the website had been updated and a set of values had been developed for the staff to work with. Some work had also been done on the service strategy. We saw that staff were still not having their annual appraisals and governance systems remained an issue.

What people who use the service say

Clients told us they felt safe at the service and there were always staff available when they needed them. Clients felt comfortable and confident to speak with staff about their care without fear of repercussions. Clients spoke very highly of all the staff and the 'amazing' food, with the chef taking extra care to meet individual nutritional needs.

Clients we spoke with told us about different aspects of their bedrooms needing replacement or repair. They felt that the lounge area was cramped, needed modernisation and were not happy that it was used as therapy space in the day. Clients also told us that there was a lack of hot water in the evening, so it was uncomfortable to have a shower.

Clients told us that the internet was poor, or sometimes not available at all. This had impacted on their ability to access 12-step meetings as they were being run as online sessions.

How we carried out this inspection

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

The team that inspected the service comprised of two CQC inspectors, an inspection manager and a specialist advisor with a professional background in substance misuse.

How we carried out this inspection

On this inspection we:

Summary of this inspection

• Interviewed a range of staff: the service manager, the operations manager, the lead nurse, a GP, a therapist, administration staff and a chef.

• Took a tour of the environment

• Reviewed three most recent complaints

• Reviewed eight care records

• Observed a multidisciplinary team meeting

• Interviewed eleven clients

• Observed one group intervention session.

• Reviewed six medicine records

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that risk management plans address identified risks and are updated after incidents. Incidents must be reported in a timely manner, investigated and learning is shared with staff. (Regulation 12 (2)(b))
- The service must ensure that staff are receiving regular supervision and an annual appraisal. (Regulations 18(2)(a)).
- The service must ensure that robust governance systems are in place to assess, monitor and improve the quality of the service provided. (Regulation 17(2)(a)).

Action the service SHOULD take to improve:

- The service should ensure that staff have a good understanding of the safeguarding processes and procedures.
- The service should consider the system used to maintain security of non-clinical records.
- The service should consider the appropriateness of the clinic room being used as an office space.
- The service should ensure that care plans are completed, reviewed regularly and documentation is consistent throughout the service.
- The service should ensure discharge planning is timely and personalised.
- The service should consider how to promote inter-agency working.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Residential substance misuse services

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

Are Residential substance misuse services safe?

Requires Improvement

Our rating of this service went down. We rated it as requires improvement because:

Safe and clean environment

The service had accessible rooms where staff met with clients. The building was situated over three floors, and most therapeutic group work took place on the ground floor.

The service did not admit clients who were at high risk of self-harm. We saw there were blind spots and ligature risks which were a potential risk for medium or low risk clients. For example, the bedrooms were in a corridor of four bedrooms with a further two bedrooms around the corner which were in a blind spot. The provider's environmental risk assessment included ligature risks and steps taken to mitigate these.

Most areas that clients had access to were clean. Furniture and décor were in good condition throughout the building and clients had access to a small garden. However, the main therapy lounge was used as a relaxation place in the evenings. This meant that clients and staff had to move the chairs to one side and pull out sofas every evening. This area needed some renovation, leaders acknowledged this and told us this was scheduled to happen in the months following this inspection. Some clients told us that aspects of their bedroom needed replacement or repair, such as their chest of drawers not closing.

Staff kept up-to-date cleaning records and maintenance logs. We saw fire safety assessments and plans in place. Staff were managing the Control of Substances Hazardous to Health (COSHH) well. However, we were told by clients that there was an ongoing issue with access to hot water in the evenings if more than one person was having a shower. The provider told us the boiler had been checked and there were no issues reported but had not considered if the boiler was suitable to deliver hot water to the whole building. Following the inspection, a plumber was called and fixed an issue with a sensor.

Staff did not have access to personal alarms. The service had mobile alarms available for detox clients and the disabled toilet had a pull alarm. Leaders told us they were seeking quotes to update the system to cover all areas. Clients in the early stages of detoxification who needed additional support or monitoring would stay in a room downstairs where they could be more closely monitored and summon assistance more easily.

Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. There were anti-bacterial hand gels available throughout the service.

Safe staffing

The provider had enough staff to meet the clients' needs and had contingency plans and cover arrangements to manage unforeseen staff shortages to ensure client safety. There were sufficient staff in the service to maintain safe staffing levels during the day until midnight. However, there was only one support worker on shift from midnight until 7am. We raised this with the service as a safety concern for patients undergoing detoxification, particularly with the bedrooms being spread between two floors on different sides of the building. Since the inspection, the service has staffed all night shifts with two workers.

The provider used staff within the service to cover any absences. Where this was not possible, agency staff would be used to cover shifts at short notice.

An experienced non-medical-prescriber nurse managed all detoxification and physical health input with the support of a General Practitioner (GP), who visited the service once a week and provided off-site support as necessary.

The service had input from a consultant psychiatrist who attended the clinic once every two weeks. Staff had access to on call medical support on a 24-hour basis and waking night staff summoned assistance as needed.

Staff were up to date with the provider's core mandatory training. Staff completed a series of training as part of their induction. Staff could also access additional online training specific to their roles. Training for staff included fire safety, infection prevention and control, basic life support, safeguarding adults and children, equality and diversity, data protection and lone working. At the time of inspection, compliance for all mandatory training was above 90% which was in line with the provider's target, with the exception of safeguarding children at 85%.

Assessing and managing risk to patients and staff

We looked at eight care records and found assessments to be of a good standard, with up-to-date information, which was personalised and holistic. Staff carried out thorough risk assessments as part of the pre-admission assessment to ensure that clients admitted were classified as low to medium risk so that their needs could be met within the service.

Staff worked with clients to create their risk management plans to address risks identified at the point of admission. However, if further risk was identified during a client's admission, we did not see staff responding to changing risk appropriately. In two out of eight records we reviewed, we saw a new risk had been identified but risk assessments and risk management plans had not been updated to reflect or manage the change in risk.

Staff completed early exit from treatment plans with clients. However, we found these to be generic and not personalised for each client. Staff were able to explain how they would ensure the safety of a client who prematurely discharged themselves from the service, for example not leaving the service at night.

Staff made clients aware of the risks of continued substance misuse and gave harm minimisation advice and information throughout the programme. Safety planning was an integral part of discharge planning.

The service had a designated smoking area.

The service had a list of banned articles to facilitate detoxification from substances and to reduce client risks.

Clients were not permitted to leave the grounds in the first three days of detoxification and were asked to leave their mobile phones in the care of staff. Clients had access to their mobile phones for an hour on Sunday evenings. Clients were made aware of the restrictions pre-admission and were asked to sign to consent to these on admission.

Safeguarding

Safeguarding systems were in place, but it was unclear how robust these were. Staff had mandatory online training on safeguarding adults and children. However, staff we spoke with found it difficult to explain what safeguarding was and what processes they would follow. We could not be assured that staff had a good understanding of how to safeguard people in their care.

Staff access to essential information

Staff had prompt and appropriate access to care records that were accurate and largely up to date. Staff used electronic records for all their recording, including client assessments and care plans. However, non-clinical records were stored as MS Word documents that could be deleted. More than 1000 of these records had been deleted and the service was still in the process of recovering these documents.

Medicines management

Medicines were overseen by a non-medical prescriber (NMP) nurse with support from a local GP for physical health and a consultant psychiatrist for mental health. There was also a full-time registered mental health nurse who worked five days a week to support with medicines management. The service had systems in place to ensure medicine was stored at optimum temperature and controlled drugs were stored safely.

The nurse prescribed all detoxification medicines. Medicines were administered by a nurse on the days they were available, and by recovery staff on the weekends. Staff administered these medicines after having been given internal competency training, signed off by the NMP nurse on site.

The service had identified medicines errors, but these were not always logged as incidents in a timely manner. We saw four medicines errors within a six-week period which had all been delayed in reporting, with little evidence of any investigation or learning to prevent similar occurrences. These errors were all relating to the administering of additional medicines sooner than indicated on the prescription chart and no harm occurred as a result of this.

The service was able to demonstrate innovations they had made to medicines management to prevent medicine errors. For example, the medicine administration records (MARs) were greyed out at times where clients were not due to take any medicines. However, the effectiveness of this system had not been reviewed as we saw errors in the administering of additional medicines before its prescribed time. We noted these had happened after the implementation of this system. Medicines audits were being completed by the NMP nurse, which meant that the service was not maximising the effectiveness of an audit.

The clinic room was clean and was well-equipped. Clients came into the clinic room to receive their medicines. We saw that medicines were always taken in the presence of two staff members. However, we found the clinic room to be a cluttered space which was also being used as an office outside of medication times. We could not be assured that information displayed on computer screens was always kept confidential.

Requires Improvement

Residential substance misuse services

Track record on safety

There had been no serious incidents reported in the last 12 months.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. However, staff did not always report incidents in a timely manner. We reviewed ten incidents and found three were reported up to a month after they had occurred, four of these were not reported to CQC although they were notifiable events and five of these did not contain any follow-up actions. We could not be assured that the service maintained clear oversight of incidents, identified learning or disseminated learning with staff. Staff we spoke with told us they haven't had learning shared with them.

Staff understood the duty of candour. They were open and transparent and gave clients and their families (where appropriate) a full explanation if and when something went wrong.

The service had provided some information about improvements in safety and practice following incidents. For example, the service had restricted access to the loft space in the evenings following an incident; as staffing is reduced to two support workers after 7pm it was difficult to maintain safety on all floors of the building. However, we found the process for investigating incidents was not robust and we could not evidence that learning from incidents had been disseminated to staff.

Are Residential substance misuse services effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

We looked at eight care records. We found each of these to be of a good standard, including holistic, person centred and recovery focused.

Staff completed a comprehensive assessment in a timely manner. All clients had a thorough pre-admission assessment by phone which included their clinical and psychosocial needs and current risks. This information was shared with the lead nurse who requested medical summaries, including blood results. Clients would not be admitted until the service had received this summary.

The nurse completed a more detailed face-to-face assessment on the day of admission before clients were formally admitted, including a physical health check. The nurse monitored clients' physical health daily, including taking basic observations.

Staff developed care plans that met the needs identified during the initial assessment. There was a system in place to document the review of care plans using a 'weekly care plan' document. However, in the eight care records we reviewed, none contained a completed weekly care plan. We observed that staff recording of ongoing care planning was being documented in different ways.

Requires Improvement

Residential substance misuse services

Best practice in treatment and care

We looked at eight care records. Staff recorded the assessment and management of alcohol withdrawal using the clinical institute withdrawal assessment for alcohol (CIWA-AR). Staff told us that harm reduction advice was integrated into therapy sessions.

Staff carried out and recorded ongoing physical health assessment and care. This included a physical health assessment on admission and use of the National Early Warning Score (NEWS2) to identify any deterioration in physical health.

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence (NICE). These included detoxification medicines and a rolling programme of psychological therapies. Clients also had access to alternative therapies such as yoga, acupuncture and meditation.

Staff supported clients to live healthier lives. They could also access the onsite gym equipment and the service worked closely with clients to change their eating or drinking habits to support their rehabilitation. For example, supporting clients not to use coffee as a substitute for alcohol where this was indicated.

Skilled staff to deliver care

The service had a range of professionals within the team to meet the clients' basic needs. The service included a nurse (non-medical prescriber), a mental health nurse, therapists, senior therapists and support workers. In addition to this the service had catering and a maintenance handyperson. Domestic support was provided by an external agency.

The service provided all staff with an induction that included mandatory training, shadowing other staff as well as access to a range of policies and procedures. However, we did not see managers actively identifying the learning needs of staff and/ or providing them with opportunities to develop their skills and knowledge.

The service ensured that recruitment procedures were in place and followed, and any poor staff performance was dealt with within performance management policies.

Staff were not receiving supervision in line with Gladstone's supervision policy. Although formal sessions were not being held or logged, staff told us they were informally supervised by the NMP nurse as needed. This means that staff were not having the opportunity to develop their skills and knowledge by actively reflecting on their everyday practice.

No staff appraisals had taken place in the year prior to this inspection. This means that employees were not getting a formal opportunity to analyse their performance at work or to discuss their development and wider goals. At our last inspection we saw that staff were not receiving annual appraisals and we had not seen any improvements at this inspection.

The service did not have any volunteers.

Multi-disciplinary and inter-agency team-work

In the care records we reviewed, we did not see documentation that included care pathways to other supporting services.

Requires Improvement

Residential substance misuse services

We did not see any evidence of multiagency working with agencies outside the organisation. We could not be assured that the long-term rehabilitation of clients was being addressed holistically.

The service discharged people when specialist care was no longer necessary (generally at the planned end of the 28-day programme).

Good practice in applying the MCA

The service had a policy on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which staff were aware of and could refer to. Staff referred any concerns around mental capacity to the registered manager.

Staff were aware of the potential impact of substance misuse on mental capacity. They knew that this could lead to fluctuating capacity, and the need to consider delaying decisions until such time as a person was no longer under the influence of substances and was able to make the decision for themselves where appropriate to do so.

Staff assessed capacity to consent to treatment as part of the initial assessment and admission process. Clients would sign a contract consenting to the treatment programme. The service would not admit clients who lacked capacity to consent to the programme, but were aware that capacity to consent could change, and that this needed to be an ongoing consideration.

Staff had access to Mental Capacity Act 2005 online learning as part of their basic induction training.

Are Residential substance misuse services caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

Most staff treated clients with compassion and kindness. Clients were treated with dignity by most staff involved in their care, treatment and support. Staff were caring and showed a genuine interest in the client's wellbeing. Clients told us that staff treated them well and behaved kindly towards them. However, we observed some staff engaging in a non-compassionate manner with clients.

Staff understood the individual needs of clients and supported clients to understand and manage their care and treatment. Staff we spoke with were motivated and inspired to offer care that was kind and promoted people's dignity. Clients were given a welcome pack on arrival to orientate them to the service.

Staff supported clients to understand and manage their own recovery and treatment. Clients told us that they were able to make their own choices and that they had guidance from their key worker and doctor in making these choices.

Staff directed clients to other services or supported them to access those services if they needed help. Staff provided clients with a resource sheet which included information on additional support.

Requires Improvement

Residential substance misuse services

Staff followed policy to keep client information confidential. Staff told us that they always sought consent to share information when working with clients.

Staff stayed in contact with care-coordinators in the community and notified them when the client was discharged from the service.

Involvement in care

Staff involved clients in their recovery planning. Clients told us they were involved in their care planning, but none of the eleven clients we spoke with had a copy of their care plan. This reflected the absence of care plans in the care records we reviewed.

The service sought client and carer feedback on the quality of care provided but were unable to demonstrate changes made as a result of this feedback. Feedback was sought from clients in community meetings and completion of exit questionnaires. However, managers told us that community meetings had not been running regularly and there was a lack of recording of outcomes and actions. The service had completed a brief client survey in August to gain feedback from clients around CQC's key questions. Clients we spoke with told us they had raised with leaders that there was no hot water during the evenings, and this had not been resolved.

Involvement of clients

Whilst we saw that client's recovery plans were personalised, we did not find any evidence of recovery plans being shared with clients.

The service had peer mentors who delivered sessions once a week via an online videocall to engage with clients. These individuals helped reduce potential barriers for clients, including raising concerns. Clients that we spoke to told us that they would feel comfortable reporting concerns. However, due to issues with the internet connectivity these sessions had some disruption.

Involvement of families and carers

Staff involved families or carers in clients care. If the client consented, families and carers could also be involved in the client's care by sending in letters, which were used as part of therapy sessions. Families were sent a family handbook prior to the client's admission to give them information about what to expect and how they could remain involved in the client's care.

Are Residential substance misuse services responsive?

Good

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

Access and discharge

The service had admission criterion and would only accept clients over the age of 18, with a substance addiction who were considered to be low or medium risk. The service would not accept clients with severe or complex mental health issues. The service also would not accept clients with complex physical health care needs as they did not have the specialist physical health care skills needed to support these clients. The service did not have a lift which meant that some clients with mobility issues may not be able to access the loft which was also used for alternative therapy sessions.

The service did not have a specific agreed response time for referrals but were able to admit most referrals within a week. Admissions took place on a Monday, Tuesday or Wednesday when the NMP nurse was on duty to ensure safe admissions. On the day of the inspection we were told by managers that the service had a full complement of clients with the next admission being in two weeks' time.

Admissions were only delayed if there was a delay in accessing medical reports pre-admission or if they had to wait for a day when the NMP nurse was on duty. For example, if a referral came in on Thursday, the earliest the client could be admitted was on Monday.

The service did not take external referrals from commissioners, all clients were privately funded for the treatment programme.

Staff planned for clients' discharge towards the end of their admission. This meant that the service had left little time for the exploration of client's ongoing needs to maintain abstinence in the community. This increased the chances of relapse and readmission.

Staff did not routinely work with external agencies as part of the discharge planning process as this was not relevant to many of the service's clients, who rarely had additional external support agencies involved.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own bedrooms and were not expected to sleep in bed bays or dormitories. There was no segregation of male and female rooms, but all bedrooms had en-suite facilities. We raised this as an issue, because there was only one member of staff on shift from midnight until 7am, ensuring the safety of 12 clients across two floors. Since the inspection, the service has ensured two support workers are on shift every night. There was an accessible toilet located on the ground floor.

All bedrooms were lockable, and clients had a key to their own room. There were no limitations as to when clients could access their rooms, other than an expectation of attending the therapeutic groups. Clients who were undergoing detoxification treatment were advised to keep their doors unlocked so staff could ensure their safety.

Clients shared access to lounges. There were two lounges on the ground floor, one large one which could accommodate all the clients and a smaller one to accommodate a smaller group. Therapy sessions were held in the larger lounge. There was also a loft room on the third floor which was used for alternative therapies or relaxation. When a client with mobility issues was using the service, relaxation sessions were delivered on the ground floor. Clients also had access to a gym and access to a small garden. Clients could make hot drinks throughout the day.

Patients' engagement with the wider community

Requires Improvement

Residential substance misuse services

Staff supported clients to maintain contact with their families and carers. Staff encouraged family visits and clients could go out locally with their families.

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Staff supported clients to attend 12-step recovery meetings. Prior to Covid-19 clients were taken to these meetings in person but were now being attended via an online platform. This included alcoholics anonymous (AA) or narcotics anonymous (NA) meetings.

Meeting the needs of all people who use the service

The service had accessible bathrooms throughout, with access ramps to enter the building. However, clients with mobility issues could not access the upper floors. We were told by staff that when a client with mobility problems used the service, all therapy groups were held on the ground floor to ensure that all clients could access the groups.

Clients had a variety of meal choices. If they had any dietary needs, the chef provided meals to meet these. All clients we spoke with spoke very highly of the chef, their insight into an individual's nutritional needs and their passion.

There was no designated space or religious artefacts to meet the needs of clients of different faiths.

Although leaflets were available for clients, we did not see leaflets readily available. Staff said these were usually made available on request.

The service did not have any waiting lists to monitor. Clients were admitted to the programme as soon as they had been accepted and following receipt of the appropriate medical information.

Clients reported that care and treatment was not cancelled or delayed.

Listening to and learning from concerns and complaints

Staff protected clients who raised concerns or complaints from discrimination and harassment. Complaints records demonstrated that individual complaints were responded to in accordance with the service's complaints policy.

The service had a complaint system to show how complaints were managed and responded to. However, in two of the three complaints we reviewed, we found that the service had identified areas for improvement but had not implemented any changes to improve the quality of the service.

Are Residential substance misuse services well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Requires Improvement

Residential substance misuse services

Leaders provided clinical leadership, and had the skills, knowledge and experience to perform their roles. The oversight of the service was being maintained by a registered manager from London while a new clinic manger was due to start in post the week following this inspection. An operational director had been employed in April 2021 to improve governance and quality of the service. However, we were informed that they had left the service the week prior to this inspection. The manager's office was isolated on the second floor which made it difficult for them to be visible to both staff and clients.

The organisation had a clear idea of recovery, using an integration of medical, psychiatric, holistic and alternative therapies in their recovery programme.

Leaders had a good understanding of the service they managed. They could explain how they were working to provide quality care.

Vision and strategy

Staff were unsure of the visions and values of the team and organisation and what their role was in achieving that. Staff we spoke with knew where they could find the values of the organisation, but were unclear as to what the service was striving for or what it wanted to achieve in the future.

Culture

Staff felt respected, supported and valued. The staff group felt positive and satisfied in their roles. They felt they had some autonomy with making changes to drive improvements. Although there had been a few changes in leadership, morale remained good within the team and the service was settled.

Staff felt positive and proud about working for the provider and their team and had confidence in the management team.

Staff knew the service's whistleblowing policy. The service responded to any concerns around staff performance and where there were difficulties within the team the manager investigated these and followed them up.

We saw no evidence of the service recognising staff success within the service.

Governance

The service did not have systems and processes to ensure the service was safe.

The service had enough staff at the time of the inspection for the number of clients in the service during the day. However, after midnight there was only one support worker on shift overseeing all the clients, across one corridor downstairs and another corridor upstairs. We raised this at the time of inspection and the service has since maintained two support workers on night shifts.

Clients were assessed over the telephone initially. These assessments were thorough and captured the holistic needs of clients. Managers ensured that these assessments were discussed at multidisciplinary team meetings to review their appropriateness to be admitted to the service.

Staff completed mandatory training and other specific training for their role. Leaders maintained oversight of this to ensure compliance was in line with the service's expectation.

Staff were not having regular supervision. The operational director had highlighted this as an issue, but the service had not yet established a system to ensure supervision sessions were taking place regularly, were meaningful and were documented.

Governance policies, procedures and protocols were in place but were not being used effectively to ensure the service was delivering high-quality care. We were told by the registered manager that the service had a quality and auditing toolkit that wasn't being used but was something they were looking to embed as part of internal action plan.

There was a clear framework of what must be discussed in team meetings, to ensure that essential information, including learning from incidents and complaints, was shared and discussed. However, we were told by leaders that it had been difficult to get all staff to attend during the pandemic and therefore there were only three team meetings in the last 12 months.

Management of risk, issues and performance

There was limited evidence available to review to be assured that there were quality assurance and performance frameworks in place. The service did not have a risk register but staff at facility level could escalate concerns as required. Leaders told us they held quarterly governance meetings, but we were unable to review minutes for these meetings. We saw a brief clinical governance audit had been completed in March 2021.

The service had contingency plans for emergencies.

Information management

All information needed to deliver care was stored securely and available to staff in an accessible form, when they needed it. Staff had access to the equipment and information technology they needed to do their work. All client records were stored electronic.

Information governance systems included confidentiality of client records. The registered manager had access to computerised records and spreadsheets in relation to the running of the service to support with the management role. This included information on staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement. However, a significant number of files which were pertinent to the governance of the service, such as complaints investigations and policies had been deleted. Some of these files were recovered but at the time of inspection leaders were still unsure of how many other files had been removed. We could not be assured by the service how they would mitigate the risk of this happening again.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. Each client was given information in the form of a welcome pack on arrival. Information was also delivered during group sessions.

Requires Improvement

Residential substance misuse services

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Clients were encouraged to give feedback as part of weekly community meetings, as well as exit questionnaires at the point of discharge. However, leaders told us that community meetings had not been held since before the Covid-19 pandemic. Clients and staff could meet with members of the provider's senior leadership team on request, to give feedback.

Learning, continuous improvement and innovation

The service was not involved in any research at the time of inspection. Staff were keen to deliver a range of holistic and alternative therapies tailored to the individual wishes and needs of clients, including acupuncture, yoga, massage and meditation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The service had not ensured that staff were receiving regular supervision and an annual appraisal. (Regulations 18(2)(a)).

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk management plans did not address identified risks and were not updated after incidents. Incidents were not reported in a timely manner, investigated or learning shared with staff. (Regulation 12 (2)(b))

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service did not have robust governance systems in place to assess, monitor and improve the quality of the service provided. (Regulation 17(2)(a)).