

Addaction Chy

Quality Report

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

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

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

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

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

Overall summary

We inspected rehabilitation (substance abuse) services provided by Addaction Chy but we do not yet rate these services. The following is a summary of our findings in relation to the five key questions we always ask about a service: Is it safe, effective, caring, responsive and well led?

Addaction is a national charity which provides support to residents to overcome substance misuse. Addaction Chy is a second stage, residential rehabilitation centre for adults who have already detoxed.

We found the service was meeting the needs of its residents. All residents had a recovery plan although three were incomplete. Recovery plans showed residents had had input into the planning of their care and that their history and circumstances were being considered. Family and friends could visit the facility and meet with a resident in private. Risk was assessed and residents were receiving care that enabled them to recover. Incidents were recorded and responded to appropriately. However, two Care Quality Commission (CQC) reportable incidents, while managed appropriately within the organisation,

Summary of findings

were not reported to the CQC. Staffing levels ensured residents could have one to one care 24 hours per day if needed. There was a range of group interventions on offer and also activities for residents to take part in to aid their recovery. Residents were given the opportunity to complain and managers responded effectively to complaints by trying to resolve them proactively.

Staff were respectful of residents and offered an appropriate level of support. Staff had received training although there were some who had not completed mandatory training. Only the manager had done manual handling and Mental Capacity Act (MCA) training. One member of permanent staff had not completed safeguarding children and adults and none of the bank staff had completed safeguarding children and adults.

Three permanent staff plus all the bank staff had not done infection control. First aid and safe medicine handling had been completed by all staff. Staff told us that they enjoyed their jobs.

The service had recently moved into its new premises and maintenance tasks were being undertaken. Management were committed to resolving maintenance issues swiftly. For example, we saw that the manager had been in contact with senior managers and that there were clear plans in place to complete all maintenance issues within a reasonable time period. The environment was not clean in all areas. For example, dust had accumulated in high up areas including on window frames, door frames and some walls. The facility had a positive atmosphere and was well suited to accommodating therapeutic groups.

Summary of findings

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Addaction Chy

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction Chy

Addaction is a national charity that provides support to residents to overcome substance misuse. Addaction Chy is a second stage, residential rehabilitation centre for adults who have already detoxed. The service in Truro

provided beds for up to 18 residents. The service provided rehabilitation and low level detoxification. Residents at the service were required to be abstinent throughout the 12-week programme provided.

Our inspection team

The team comprised of two inspectors, a mental health nurse, a psychiatrist and an expert by experience (someone with experience of this type service).

Why we carried out this inspection

We inspected this service as part of our pilot process for inspecting community substance misuse services.

How we carried out this inspection

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

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

We carried out an announced visit on 17 February 2015.

During the inspection visit, the inspection team:

- spoke with five members of staff, including engagement workers, practitioners and the manager
- spoke with 10 residents
- attended and observed a morning meeting and a therapy group
- observed how staff interacted with residents.

We also looked at:

- the care records of 11 residents
- a range of policies and procedures and other documents relating to the running of the service.
- the premises.

What people who use the service say

People told us:

- staff were respectful, approachable, helpful and supportive
- the environment was safe and clean
- their treatment was meeting their needs
- they were treated with dignity and respect
- the service helped them to adapt to life in the community

- they could see their families and friends and go out when they wanted to and they could also use computers that were provided
- they did not like their bedrooms being searched without their knowledge
- they were well prepared when they arrived at the facility

Summary of this inspection

- they were supported when they felt anxious about being discharged
- they could complain and give feedback.

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?

- Staffing levels enabled residents to be kept safe
- Residents were risk assessed
- Searches of bags and bedrooms enabled staff to safeguard residents.
- There was zero tolerance of violence at the facility.
- Incidents were reported and investigated and lessons were learned
- Medicines were locked away and dispensed by staff who had been trained in the handling of medicines
- There were some maintenance issues but these were actively being resolved

However

- Some areas of the environment were not clean.
- There were no alarm systems for residents or staff to seek urgent help
- Some staff were unsure about the service procedure on deescalation and restraint.
- The CQC had not been notified of two CQC reportable incidents.

Are services effective?

- The service was providing a psychosocial model of intervention.
- The service was using evidence based treatments and developing new treatments.
- The service was completing outcome measures. Residents were assessed upon admission and had a recovery plan.
- Staff received supervision and were supported.
- The service worked with other disciplines and community services to provide holistic care.

However

- Some staff had not completed mandatory training.
- Regular bank staff did not have full access to care records and care plans.

Are services caring?

- Staff were respectful, supportive and encouraging.
- Residents were treated with dignity and respect.

Summary of this inspection

- The service helped them to adapt to life in the community.
- Recovery plans were personalised and contained the residents' own goals.
- Overall confidentiality was being observed.
- Discharged residents supported current residents.
- Family and friends were supported to visit residents.

However

- Residents felt their privacy was infringed by staff searching their bedrooms without their knowledge.

Are services responsive?

- Residents were supported in settling into the service.
- Residents were involved in planning for their discharge from the service.
- A range of activities were being provided throughout the week.
- Provision was made for resident's individual needs.
- Residents had opportunities to complain and staff responded to complaints.

However

- The pay phone was not in a private area and not all residents were familiar with the service policy on confidentiality.
- The service did not have facilities for people with disabilities. For example, there was no ramp access to the building and the disabled toilet was being used for storage. There were no disabled residents requiring this at the time.

Are services well-led?

- Staff were encouraged to be aware of the values of the organisation.
- There were high levels of resident satisfaction on discharge.
- Performance issues were managed effectively.
- An employee assistance programme was available for staff needing support with personal difficulties.

However

- Some staff had not completed mandatory training.

Detailed findings from this inspection

Mental Health Act responsibilities

Residents stayed at the service voluntarily and were not detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Residents were required to consent to their treatment and signed a form upon admission. We found consent was signed in all cases but not dated in one resident's case record. The manager told us they were confident in supporting residents with decision making. Residents were involved in decision making about their care. We saw evidence the team's responsibilities under the MCA were being discussed in team meetings.
- One member of staff told us they had had online training in the MCA and Deprivation of Liberty

Safeguards (DoLS). Training records and the manager confirmed that only he had completed training in MCA and DoLS. The team could access advice and support from the manager or a psychiatrist. However, because staff had not received training in use of the MCA there was an increased risk that issues regarding consent and capacity would not always be appropriately identified or adequately managed. This could cause contravention with the MCA Code of Practice.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service had moved to its premises three months before our inspection and alterations to the building were still being carried out. We reviewed an action plan of works to be completed and it showed a commitment to maintaining and developing the building and its facilities. Each piece of required work was recorded and a timeframe for expected completion was documented.
- Cleaning was not of a satisfactory standard. There were no cleaning staff and cleaning was done by the residents. We toured the building and noticed that some high up areas and surfaces were dirty and dusty. We found the laundry room to be cluttered and dirty. We noted cleaning chemicals had not been locked away. We found a maintenance store had been left open and it contained tools. This maintenance store was also unsupervised. Residents told us they found the service to be safe and clean and that there was a cleaning rota. We saw a full list of cleaning duties for a 'house blitz' that had taken place in January. The manager told us he completed a comprehensive cleaning audit but we did not see it. The cleaning audit was not available to us at the time of the inspection.
- There were ligature points in the building and these were in areas that could not be seen by staff at all times. (Ligature points are places to which patients intent on self-harm might tie something to strangle themselves.) We spoke with the manager about this and they felt individual risk assessments mitigated any risks this presented. The service was careful not to accept patients who presented with risks of self harm and there had never been any incidents of self harm using ligature points. There were adequate measures in place to mitigate the risk.
- There were no alarm systems available for residents or staff to seek help in an emergency. Staff told us there had never been any incidents where they would have needed to use an emergency alarm because the service did not accept patients who were likely to present a risk to others.
- Bedrooms were not provided with en-suite facilities. There was a policy to place vulnerable residents in the area close to staff. Residents could lock their bedroom doors.
- Residents medicines were looked after by staff and stored in a locked cupboard in the main office. This was to ensure they were kept out of reach of all residents. Residents we spoke with were happy to comply with this. We reviewed the Addaction Chy medical and medication policy. Medicines were prescribed by the GP and picked up from the local pharmacy. They were handed in by residents and then stored in the staff office to keep them out of the reach of other residents. Staff prepared resident's medication for them to take and followed a sheet that showed the dosage required. Staff observed residents taking their medication so they didn't hoard it. Staff kept a record of medications that had been taken and they were trained by a pharmacist in dispensing. Resident's medication was double checked and signed. Staff and residents could seek additional advice from a community pharmacist. One resident with a severe and enduring mental health condition said the service managed their condition well.
- There had been a plumbing problem that resulted in there being no hot water. This was being addressed and there were measures in place to mitigate the issue. There were flats in the grounds of the facility, which were used to house residents after they have completed the 12-week programme. The showers in the flats were

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made available for residents in the service to use until hot water became available again. The residents who we spoke with did not raise any concerns regarding this issue.

- Smoking was not permitted inside the building but a covered smoking area was provided outside. There were fire procedures in each room and fire extinguishers were well situated. Staff and residents told us they were aware of the fire drill.
- Doors to the service were locked at night but could be opened from the inside to ensure residents could go out.

Safe staffing

- The staff team comprised 10 permanent staff and three bank regular bank staff. This included a manager, practitioners and engagement workers. Residents also had support workers.
- We found staffing arrangements to be adequate. An engagement worker slept at the service at night in order to provide support if it was needed. At weekends the service was staffed by engagement workers. A practitioner was always on call. A handover book was used to record information to transfer between shifts. A first aider was always on duty. A member of staff told us they felt confident to contact the on-call practitioner if they needed to.
- The manager told us the service was rarely short staffed but they could request additional staff if needed. At the time of our inspection one member of staff was off sick and two were on annual leave. During our interviews with staff and residents, they told us activities and appointments continued even when the service was short staffed. Staff told us there was enough staff to enable them to offer one-to-one care if needed and residents said they were always able to access one-to-one support when they needed it.
- The service did not use agency staff. Bank staff were used but on a regular basis. This meant residents were receiving care from staff they were familiar with. Bank workers received supervision every two months and permanent staff received it monthly.
- Residents told us the staff dealt with situations confidently and this helped them to feel safe.

Assessing and managing risk to patients and staff

- Risk assessments were completed for residents, although in two out of the five care records we saw, they had not been regularly updated. Residents were trained in overdose harm minimisation.
- Residents were given an initial assessment on arrival at the service. They were screened to see if they were at risk of harm to themselves and others and this included a review of their history.
- As part of the admission contract agreement resident's bags were inspected when they were admitted to the service to ensure they were not carrying anything that might harm themselves or others.
- Residents could have visitors who had to complete a risk assessment form prior to the visit.
- Access to physical health care was good and residents could be accompanied to medical appointments if they needed support.
- The service checked residents medicines and doses with their GP upon admission to the service. However, staff sometimes gave residents advice about their medication without being qualified to do so. We saw a group supervision meeting agenda which indicated that a medication management process was soon to be introduced. This would involve a GP and psychiatrist completing medical reviews and a form would be completed that could be attached to residents' records for staff to follow. There was no date for when this would be happen.
- The service could test residents for drug and alcohol usage and had a breathalyser. Residents told us they were breathalysed if they had been out for a long time. The manager told us that residents were breathalysed if there was any indication of being under the influence of drugs or alcohol. This was also part of the admission contract agreement signed by residents.
- Staff told us that there were no problems with aggression and violence at the service. There was a zero tolerance of violence policy. Staff had not been trained in de-escalation but most were confident in managing aggression and preventing escalation. Residents told us they had not experienced any aggression and that they felt safe. If aggression did occur it was dealt with by discharge of the individual and debriefing of the other residents. One member of

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staff told us they didn't know whether they were allowed to use restraint but that they had never needed to. The member of staff was not aware of a policy or procedure on de-escalation and restraint.

Track record on safety

- There had been two incidents of harm or risk of harm in the previous 12 months.
- One incident was the establishment of a relationship between two residents, which had led to both of them choosing to leave the programme. Following the incident the manager introduced a procedure to follow up service users who might be vulnerable to forming new relationships during treatment. They also planned to stagger discharges to prevent residents influencing each other. We saw the documentation in relation to the change in procedure.
- The other incident was the death of a resident within a week of an early discharge. The resident agreed to be discharged because the facility discovered they were using legal highs. The service were going to introduce training for residents in naloxone and to lobby the local shop to stop selling legal highs. They planned changes to the assessment process to underline the importance of total abstinence. The manager told us that this was not reported to CQC at the time because the person has been discharged from the service.
- There was an older incident where a resident had sustained injury following an accident. This would have been a notifiable incident and should have been reported to the CQC at the time. The manager acknowledged this and said that he would ensure that all future notifiable incidents would be reported to the CQC.

Reporting incidents and learning from when things go wrong

- Staff had been briefed on reporting incidents of harm or risk of harm and they did so using standard forms within 48 hours of the incident. We asked the manager why the time period was so long at 48 hours. They told us that this was a standard process within the organisation but that reporting incidents never took this long. This could be a risk if staff believe they have up to 48 hours to report an incident because appropriate actions could be delayed. We saw evidence that incidents were reported and responded to appropriately. We saw

examples of lessons learned when something had gone wrong. Learning from incidents was disseminated at team meetings and managers told us staff were debriefed. Staff confirmed this.

- When there were incidents of substance misuse, this usually resulted in the resident being discharged as the service was abstinence-based. One member of staff told us about an incident of residents using legal highs. They felt it was being investigated thoroughly and were confident the team would learn from the experience.

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

Assessment of needs and planning of care

- Residents were assessed upon admission, including a risk assessment. We found risk assessments were detailed. Because of the nature of the facility, residents were not given a physical examination and staff were not trained to do so. The manager told us that the GP undertook all physical examinations. All residents had a care record and a recovery plan which reflected their needs. In three cases we noted residents had not been given a copy of their recovery plan according to their record. One new resident told us they did not yet have a recovery plan and didn't feel they had been adequately assessed. Session notes were included in records but they were not signed to show who had completed them. We found a referral for one resident in another resident's file which was a potential risk of confusing one resident with another. Some items were not completed in every case record, e.g. social history, life skills assessment, contact form and client evaluation of self during their first few days at the facility.
- Care records were secured safely in the staff office.
- All practitioners at the service had access to residents care plans but three regular bank staff did not. The manager told us that bank staff were informed only of "need to know essential information" and did not have full access to care records and care plans for reasons of privacy and confidentiality. This is a risk because without full access to care records and care plans bank staff are not as fully informed about residents as permanent staff. The manager told us that any key risks were highlighted to individuals involved in someone's care and the manager presented new residents cases to the team.

Substance misuse services

- Residents were well informed about the service. They were given a service user guide on arrival. This gave a comprehensive outline of the 12 week programme and the rules of the service. Residents were told about local services such as Alcoholics Anonymous and Narcotics Anonymous.
- Prior to admission residents signed a contract and agreement which included certain expectations and restrictions. For example, in order to maximise recovery, leave was not permitted during the first two weeks of a resident's stay except to access medical care. Residents agreed not to receive visitors in the first two weeks of their stay and this was explained to them. Mobile phones were not allowed for the first two weeks of admission. When residents went on leave they were required to return by 10.00pm and they were breathalysed. There was a delay in contacting the police if someone was late back as the call was not made until the morning. The manager told us that the police would not act on a call until the following morning.
- Resident's files included details of their GP practice and a list of their medications. This enabled staff to monitor and respond to their health needs.
- Recovery plans enabled care to be personalised although we found this to be missing from one case file.

Best practice in treatment and care

- We reviewed the Addaction new interventions policy. It showed a commitment to developing interventions and to ensuring care is effective and efficient. Staff could apply to Addaction for approval to use interventions if they were endorsed by reputable bodies.
- The service provided a psychosocial model of intervention. This comprised of cognitive behavioural therapy, motivational interviewing and relapse prevention. Staff told us training in these areas was good. Treatments offered also included relaxation and acupuncture. The service could refer residents to local mental health services for additional support if required. Staff were aware of how to do this.
- Residents completed the treatment outcomes profile and recovery plan. This is a nationally recognised tool which measures change and progress in key areas of the lives of residents being treated in drug and alcohol services. This assisted staff in supporting residents in a way that was person-centred and most effective for them.

- A quarterly review outlined plans for ex-residents to provide group sessions for new residents to foster hope. We saw a therapeutic peer review exercise which was being used as part of the programme.

Skilled staff to deliver care

- Staff were required to complete mandatory training but not all staff had completed this. Only the manager had done manual handling and Mental Capacity Act (MCA) training. One member of permanent staff had not completed safeguarding children and adults training and none of the bank staff had completed safeguarding children and adults training. Three permanent staff plus all the bank staff had not done infection control. First aid and safe medicine handling had been completed by all staff.
- Staff were supervised and performance managed by the service manager. External clinical supervision was also provided for practitioners
- Role dependant training was offered in the following: group facilitation, medication management, data management, blood born viruses, manual handling, drugs and alcohol awareness and first aid.
- We heard from two residents that not all staff seemed knowledgeable enough to run the groups they were running. We raised this with the manager. The manager told us that staff were trained to run groups but there could be occasions when untrained staff might have to cover for absence or sickness.

Multi-disciplinary and inter-agency team work

- We reviewed the referral information received by the service and it was detailed and informative.
- All residents were registered with a local GP. However, one resident told us they had not had a medical review since they had been at the service. The manager told us the medical reviews were scheduled for all residents via the GP.
- The service has good links with the following: General Practitioners (GPs), a local detoxification unit, housing agencies, the local NHS mental health trust including the psychiatric inpatient service and community mental health teams, a social enterprise who provided volunteer and work placements and the police.

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Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Residents stayed at the service voluntarily and were not detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- Residents were required to consent to their treatment and signed a form upon admission. We found consent was signed in all cases but not dated in one resident's case record. The manager told us they were confident in supporting residents with decision making. Residents were involved in decision making about their care. We saw evidence the team's responsibilities under the MCA were being discussed in team meetings.
- One member of staff told us they had had online training in the MCA and Deprivation of Liberty Safeguards (DoLS). Training records and the manager confirmed that only he had completed training in MCA and DoLS. The team could access advice and support from the manager or a psychiatrist. However, because staff had not received training in use of the MCA there was an increased risk that issues regarding consent and capacity would not always be appropriately identified or adequately managed. This could cause contravention with the MCA Code of Practice.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Residents we spoke to told us staff were available, approachable, respectful and helpful. One resident said "they are lovely, so easy to approach". Another resident told us staff were "polite, caring and professional".
- We observed staff being respectful and encouraging towards residents. Staff described a holistic and person-centred approach. We attended group sessions and found them to be well facilitated and productive. Staff spoke about residents with respect and care.
- Residents told us they felt safe and the service enabled them to concentrate on their recovery and focus on the reasons for their addiction. Residents told us they were treated with dignity and respect and things were explained clearly and thoroughly. Residents appreciated

- the opportunity to have one to one support whenever they needed it. They told us staff were caring. One resident told us their self-esteem had improved, they were managing stress better and they "love it here".
- Residents described a service that helped them to adapt to life in the community. They could go out and they could also use computers that were provided. Some internet sites were blocked to enable safe internet browsing. Residents had access to Wi-Fi for their own devices.
 - Residents who had children told us this was considered in their care needs and they felt supported. Residents could see visitors in the summer house for privacy.
 - Residents told us their bedrooms were searched without their permission and this felt like an invasion of their privacy. Staff told us rooms were inspected if there was felt to be a risk. They told us residents were informed afterwards. The manager told us that this was explained as part of the pre-admission contract and agreement. However, from what residents told us this process could be made clearer.

The involvement of people in the care that they receive

- Residents were involved in and given responsibility for their care. Recovery plans were personalised and contained the resident's own goals. However, our review of records showed that five recovery plans had not been given to residents and reviews were not always completed or up to date. The manager confirmed that some reviews had not been updated but insisted that this was a recording issue. Residents confirmed that reviews had taken place.
- Residents were required to be involved in group activities including therapeutic sessions and preparing and eating meals together. Residents were given another resident as a buddy for their first two weeks at the facility. Some residents who had completed the programme moved on to the Chy flats and could offer peer support to residents.
- Residents were given the opportunity to raise house issues in a daily group and the manager was responsive in resolving problems. The groups were encouraged to negotiate solutions to problems together.
- Residents had assignments to complete as work towards their recovery. One resident told us they were writing an essay. Residents told us they were working

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hard on their recovery. In a group we attended a resident gave a reading and other residents reflected on it. Residents were encouraged to give each other feedback in group exercises.

- Residents could also feedback on the service through questionnaires.

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

Access and discharge

- There were 18 beds available at the service but only 16 were currently in use. Referrals were received from a variety of sources including GPs, other substance misuse services, mental health services and through self referral.
- Residents told us they were well prepared when they arrived at the facility. They could come to visit the service before they were admitted and were shown around by an existing resident. They were given information and time to think about whether they wanted the service.
- Residents were involved in planning for their discharge from the outset of their stay. Staff told us residents were discharged from the service when it was safe to do so. Residents told us they were supported when they felt anxious about being discharged. If appropriate they could be housed in flats nearby so they could continue to receive support. Residents were involved in their discharge planning. They also had an emergency discharge plan. Upon discharge residents were given information about relapse prevention.

The facilities promote recovery, comfort, dignity and confidentiality

- The facility appeared calm and friendly. There was a spacious feel and with airy and comfortable spaces for group and individual activities. A resident told us there was a "great atmosphere" and they had been made to feel comfortable. There were quiet areas and visitors could be accommodated. Residents could use the kitchen to make drinks and snacks whenever they wanted. They could personalise their bedrooms and were encouraged to do so. They could access their

bedrooms during the day if needed but were encouraged to take part in activities. Residents were not allowed in each other's rooms. Residents told us their possessions were safe.

- Residents kept a therapeutic diary and it was read and responded to by their key worker. Residents told us they found this encouraging and supportive. One resident we spoke to told us they were recognising and dealing with their addiction and since being in the service "my thoughts are completely different".
- The ward telephone used by residents to contact their families was in a corridor and was not private. We overheard a confidential call made by a resident in relation to their care and treatment. Residents told us the payphone was not private and people listened in. The manager told us that private calls to doctors, for example, could be made in private on request.
- Not all residents knew the service policy on confidentiality. Care records showed residents had signed a confidentiality agreement but these were not always dated.
- The service was managing the use of mobile phones to protect residents. Residents were not allowed to have mobile phones during the first six weeks of their stay in the facility. This was to optimise their recovery and was a condition of their voluntary admission to the facility. One resident told us they felt six weeks was too long and the reasons for this rule were not properly explained to them. Another resident told us residents with mobile phones had been using them inappropriately. We viewed the information provided to residents by Addaction Chy on the use of mobile phones. It gave alternative arrangements including the facility for residents to request access to their mobile phones to make private calls.

Meeting the needs of all people who use the service

- Staff were committed to meeting the needs of all their residents. The service provided a choice of activities for residents to take part in including art, gardening, monthly outings and subsidised gym membership. We saw a 12 week programme which showed residents had a routine which included taking part in individual and group therapeutic activities. They also had sessions on relapse prevention, assertiveness, life skills, relaxation, meditation and acupuncture. There were also evening activities such as board games and film nights. The day

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after our inspection the residents were due to go on a visit to the Eden Project. We saw that activities were also provided on bank holidays and weekends. However, one resident complained there were no activities at the weekend.

- There was no disabled access to the building or facilities for people with disabilities. There was a disabled toilet but it was being used for storage. A lift was available but at the time of inspection the service was unable to take people with disabilities because it did not have a ramp into the building. Shortly after the inspection the manager told us that this had now been resolved. A ramp has been fitted and the disabled toilet had been emptied.
- Male and female only groups were sometimes held. A member of staff told us about their support of pregnant women in the facility. They told us they work alongside other professionals involved in the woman's care in order to offer a supportive individualised care approach.
- Dietary requirements were fulfilled. Residents managed their own menus and did their own cooking. A resident told us the food was really nice. Another resident told us about the healthy food they were enjoying. One resident told us "Residents put their heart and soul into cooking".
- Access to spiritual support was not made available directly and no information was being provided to residents. Residents could access a quiet room if they wanted to. One resident told us the yoga and meditation were meeting her spiritual needs. Another resident told us no one had mentioned spiritual needs.
- The manager told us leaflets could be translated if needed. Access to interpreters was being provided via community services external to the service. Information was available to residents about mental health problems, treatments, local services and helplines.

Listening to and learning from concerns and complaints

- The manager told us residents knew how they could complain and about how to access advocacy services. There was a poster about how to make a complaint and also a complaints box. We saw a comprehensive exit questionnaire for residents leaving the facility. Staff told us residents were aware of the complaints procedure. However, two residents told us they did not know the complaints procedure. One resident told us complaining was not encouraged and more

encouragement and help was needed to help residents feed back about the service. However, residents also told us they felt comfortable to make a complaint if they needed to.

- Complaints were discussed in a weekly process group and in the morning meetings. Complaints were handled by the manager. We saw evidence of appropriate handling of a complaint which included an apology to the complainant and changes to the services which had occurred as a result. Staff told us they listened to complaints with an open mind, investigated them and considered what might have been done differently and what additional support could be offered. This meant the complainant and other residents could benefit.
- We attended a morning meeting which included a discussion of house issues. We found the manager to be responsive to complaints. We saw a respectful relationship between residents and staff and a willingness to meet their needs.

Are substance misuse services well-led?

Vision and values

- The manager told us they embraced Addaction's values. Managers had regular supervision with the area manager and good contact with the director. Staff were being encouraged to be aware of the values of the organisation

Good governance

- The manager was reviewing the experiences of residents who had used the service. We saw an evaluation of resident exit questionnaires. It showed very high levels of satisfaction. From a sample of 38 respondents, one rated their overall satisfaction as average, seven as good and 30 as excellent.
- We saw a quarterly review of the service. It reported an increase in resident retention (patients managing to stay and not relapse). The review also included learning from three case studies and some future goals to improve engagement.
- Staff were supervised by the service manager. Performance issues were managed informally using supportive measures such as action plans. A member of

Substance misuse services

staff told us they were having 1.5 hours of external clinical supervision per month as well as line management supervision. The manager told us that this was in line with the organisations expectations.

- We reviewed the mandatory training list which showed not all staff had completed training. Of the 14 staff listed, completion rates were: first Aid was completed by 12 staff, mental capacity act was completed by four staff, manual handling was completed by one member of staff, infection control was completed by seven staff, safeguarding adults was completed by 10 staff, safeguarding children was completed by 10 staff and safe medicine handling was completed by all staff.
- Bank staff were only being trained in first aid and safe medicine handling.
- Practitioners could undertake additional training to enhance their skills including the Level three Certificate in Tackling Substance Misuse. However. This was not a requirement. The manager told us that he encouraged staff development and training.

Leadership, morale and staff engagement

- We found the manager of the service to be approachable, helpful and available to staff. The manager told us there was a positive culture in the service where staff would escalate their concerns readily and the team were happy most of the time.
- An employee assistance programme was available for anyone needing support with personal difficulties.
- Staff said they felt supported and encouraged at work and they enjoyed their jobs. Staff showed insight for the need to be content at work because of their impact on residents. They told us the team were happy and cohesive. They said senior staff come to visit the service and they felt involved in the development of the service.

- We reviewed the Individual Personal Development Plans for two staff. Reviews were being scheduled throughout the year on a rolling programme. The plans showed meaningful goals were set for individuals according to their roles and responsibilities. These were aligned with the goals of the service. The process facilitated staff to have clear goals and to understand the expectations of their employer or the expectations placed upon them.
- A bi-monthly team meeting was held. We saw evidence the meeting was used by managers to tell staff about changes in procedures and to improve service delivery. We saw action plans for each staff group and these were discussed at the team meeting.
- One member of staff told us they were not aware of the whistleblowing policy or procedure.

Commitment to quality improvement and innovation

- The manager told us they had certificates in management from the Federation of Drug and Alcohol Professionals. They told us that this helped them to undertake their role with knowledge and competence. The manager had been in post for 3 years.
- The new interventions policy enabled staff to screen and pilot new therapeutic interventions and apply to have them approved. Addaction Chy had applied to Addaction to pilot Aromatherapy as a treatment. They had a qualified aromatherapist on their team. The policy provides a structure for research proposals. Residents were asked to complete feedback forms for groups and workshops so they could be developed in line with feedback. A resident told us about a workshop they had attended which was aimed at improving the service.

Outstanding practice and areas for improvement

Outstanding practice

The service was providing acupuncture and piloting the use of aromatherapy.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure the payphone is located in a private position to enable residents to make confidential phone calls.
- The provider should ensure a cleaning procedure is implemented and the quality of cleaning checked regularly.
- The provider should ensure that bank staff have the same access to care plans and care records as the permanent staff.
- The provider should ensure the staff are aware of and understand the organisations policy and procedure on the use of restraint.
- The provider should ensure the staff receive all mandatory training and are kept up to date.
- The provider should ensure that staff receive appropriate training in relation to the monitoring of physical health.
- The provider should ensure that unsafe areas of potential hazard are locked or supervised.