

Acquiesce Ltd

Acquiesce Ltd

Inspection report

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Date of inspection visit: 01 December 2021
Date of publication: 28/01/2022

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	Outstanding	
Are services safe?	Good	
Are services effective?	Outstanding	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

Summary of findings

Overall summary

We rated Acquiesce Ltd as outstanding. Our rating was outstanding because:

The service had developed and evolved since first opening in 2017. There was a positive, person centred culture and staff were passionate about working with clients to support their recovery and help them move on from addiction.

Client feedback was consistently positive about the staff and the service. The service offered a flexible and tailored groupwork programme to ensure they met client's needs. Clients fed back that the sessions equipped them with knowledge and tools for their own recovery. Sessions were tailored to individuals, interesting, varied and well delivered. Sessions were planned with activities, use of videos and presentations as well as written and visual material, to ensure that clients were engaged and the content was interesting. The service used a wide variety of tools for clients to use and try so that each client had their own bespoke package of plans and tools to support recovery in the future.

The service had good outcomes which they monitored and benchmarked against similar services. In the last 12 months, out of 61 clients who started the programme, 57 successfully completed treatment.

The service was well led and leaders had the skills, knowledge and experience to perform their roles. Staff felt respected, supported and valued. Staff felt proud of the service and treatment they provided, staff morale was good, and staff told us they loved their job and enjoyed their work. The service had a culture of improvement and encouraged creativity and innovation.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding	

Summary of findings

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Summary of this inspection

Background to Acquiesce Ltd

Acquiesce Ltd is based in Bolton. It is a six bed rehabilitation service which supports people to recover from substance misuse. The treatment programme is run from a service in Bolton town centre, with accommodation provided a short distance away in a quiet, residential area.

The service is registered to provide the regulated activity:

- Accommodation for persons who require treatment for substance misuse.

The service has a registered manager.

Acquiesce was registered on 8 December 2017 and this is the first inspection since registration with the Care Quality Commission.

How we carried out this inspection

This inspection was undertaken by one inspector and a specialist advisor, who was a nurse with a background in working in substance misuse services.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment and observed how staff were caring for clients;
- visited the accommodation which was separate to the treatment service;
- spoke with all six clients who were using the service;
- spoke with the registered manager and team manager;
- spoke with three other staff members; including recovery practitioners and recovery coach;
- attended and observed one group;
- looked at five care and treatment records of clients;
- spoke with one carer and reviewed carer feedback and testimonials;
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We found the following outstanding practice:

- Clients were allocated a keyworker before admission who introduced themselves by phone and helped alleviate any concerns or questions regarding treatment.
- The service model was a flexible groupwork programme based on 12 steps, psychoeducational, motivational and cognitive behavioural therapy approaches. A set timetable for the week included core programme sessions, exercise

Summary of this inspection

sessions and activities. The programme was delivered flexibly, with core sessions about addiction but additional sessions which could be delivered if identified as an additional need. These included for example sessions on anxiety management or sleep hygiene. Because of the flexible nature of the programme, this meant clients received a bespoke package of interventions tailored to their needs. Clients were introduced to a range of approaches to find the best fit for them. Practitioners had access to a wide range of resources and tools that clients could use again to ensure that clients had their own set of approaches and tools which worked for them individually.

- All staff received additional training for their role, including SMART recovery training, motivational interviewing and substance misuse training if they had not already completed this. Staff had also been supported with bespoke training and support tailored to their individual needs.
- The service offered a full therapeutic programme every day, including weekends. This was appreciated by clients as offering best value for money and ensuring that the structure developed through the week continued over the weekend. It was reported positively in terms of being able to embed and consolidate learning. Additional benefits noted by clients and their loved ones were keeping busy and focused at weekends, which can be a risky time in terms of losing motivation and increased craving for substances.
- Client's keyworkers went the extra mile to plan for opportunities once clients left the service. We saw testimonials from previous clients who had gone on to voluntary and then paid employment supported by the service, clients supported with curriculum vitae and applications and keyworkers liaising with current employers to ensure support was available post rehabilitation and several clients who were supported to apply for further education successfully. Clients had also been supported with accommodation issues, including one client who had relocated to the Bolton area with assistance from staff, including support to purchase furniture and furnishings for the new property. Keyworkers had completed reports at client's request for courts and civil proceedings and had on occasion accompanied clients to meetings or hearings.
- We saw instances where the service had adapted the treatment programme and delivery for clients with mobility issues, including seeking occupational therapy advice and recommendations.
- The service had developed a non-executive board with external non-executive directors specialised in key governance areas to broaden the management thinking and offer challenge and direction.

Areas for improvement











Action the service SHOULD take to improve:

- The service should ensure that the CCTV policy is reviewed and contains details including where cameras were, how images were used or recorded and how to request access to the data.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 	Outstanding 
Overall	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 	Outstanding 



Substance misuse services

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

Are Substance misuse services safe?

Good



Our rating of safe was good.

Safe and clean care environments

Safety of the service layout

Staff completed and regularly updated thorough risk assessments of the service and removed or reduced any risks they identified.

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The treatment centre was arranged over three floors, with stairs between each floor.

Accommodation was provided within a large residential property. Bedrooms were arranged on the ground floor and two upper floors. Clients were responsible for keeping their bedrooms and shared areas of the house clean. A cleaner was on site at weekends to deep clean kitchen and communal areas.

The service complied with guidance and there was good management and risk assessment of mixed sex accommodation.

Annual environmental risk assessments were completed which included ligature risk assessments, fire risk assessments and appliance testing. Closed-circuit television was used to cover external grounds and entrances/exits.

Closed circuit cameras were used in the entrance areas to the treatment and accommodation service. There were signs present to indicate their use, and clients were informed of this however, the policy for closed circuit cameras did not outline where cameras were, how images were used or recorded and how to request access to the data.

Maintenance, cleanliness and infection control

Service areas were clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean.



Substance misuse services

Staff followed infection control policy, including handwashing.

A Covid-19 risk assessment was in place with a variety of control measures to manage infection prevention and control, including regular testing, cleaning procedures, and additional staff training.

The registered manager had sought advice and guidance early in the pandemic to ensure the service could operate safely. This included nationally and more locally, with good links made with the local authority infection prevention team. Staff offices were reconfigured to ensure social distancing and separation of staff. Group rooms were large, allowing for distancing between clients and from staff, with spacing marked on the floor with tape. Cleaning procedures were devised for all staff, including disinfecting of shared equipment such as phones and computers. Staff were able to access personal protective equipment throughout and staff testing was in place. Staff had been issued with lateral flow tests and PCR testing was completed weekly. Clients underwent testing prior to admission to the programme.

The service had continued to operate within government guidance throughout the pandemic with no outbreaks of Covid-19 or isolation periods.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.

The provider had determined the safe staffing levels, for the number of clients accommodated. Where staff were absent the provider used its own bank staff to cover and staff were flexible in ensuring the service continued to run.

The service had low turnover rates.

Staff leavers were often staff seeking promotion and career progression. The service were looking to address this through appraisal and development plans, including progression pathways within the service.

Managers supported staff who needed time off for ill health.

Levels of sickness were low.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

All staff had completed training in fire safety, safeguarding adults, first aid, manual handling, health and safety, conflict resolution, lone working, person centred care, infection prevention training and on-call preparation training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Staff completed risk assessments for each client prior to and at admission.

Staff knew about any risks to each client and acted to prevent or reduce risks.



Substance misuse services

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.

Clients were given advice on harm reduction including reduced tolerance and reducing the risk of overdose. There was a clear process for staff to follow to reduce the risk of harm following an unexpected discharge. Risk management plans included a plan for clients unexpectedly dropping out of treatment.

Flash meetings each day included consideration of risks, and the check-in and check-out meetings each day included consideration of client's current feelings and emotions, and gave an opportunity for group and individual discussion and planning relating to risky issues or situations.

Safeguarding

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

All staff had received training in safeguarding children and adults.

Staff kept up-to-date with their safeguarding training.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had a safeguarding policy for staff to follow. The service had made no safeguarding reports in the previous year however, we saw evidence in records that staff were aware of ongoing safeguarding issues that existed prior to admission.

Staff access to essential information

Client notes were comprehensive and all staff could access them easily.

The service used a purpose built electronic records system. All staff had their own individual log-in details.

Medicines management

Staff did not administer medicines. Clients were responsible for their own medicines and these were stored in locked boxes within client's bedrooms. The service ensured an up to date prescription summary was obtained from the GP and when a client was admitted their medicines were checked to ensure these matched.

Track record on safety

The service had a good track record on safety.

The service had a good track record on safety.

There had been no serious incidents in the 12 months prior to our inspection.



Substance misuse services

Reporting incidents and learning from when things go wrong

Staff reported serious incidents clearly and in line with policy.

Staff reported incidents, but there was no current system to grade incidents according to severity. This meant that all incidents were investigated and overseen via the senior manager meeting. The service manager recognised that the incident reporting procedure meant all incidents were being recorded as serious untoward incidents and was in the process of changing this.

Staff knew what incidents to report and how to report them. There had been 53 incidents in the last 12 months. The most common incidents were minor breaches of behavioural contracts and minor accidents.

Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong.

The service manager and staff were able to give examples of where minor mistakes were made and addressed. The service had not had any incidents which met the threshold for formal duty of candour actions.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Unplanned exits from treatment were reviewed for future learning, and clients and families involved where possible.

Staff received feedback from investigation of incidents, via flash meetings and team meetings.

Are Substance misuse services effective?



Our rating of effective was outstanding.

Assessment of needs and planning of care

Staff completed a comprehensive assessment of each client either on admission or soon after.

Prior to a client's admission, a comprehensive pre-admission assessment and initial plan was devised with the client. On admission, clients and their keyworkers completed an admission plan following on from the pre-admission assessment and plan.

Clients had their physical health assessed soon after admission and regularly reviewed during their time at the service.

Health screening was routinely conducted as part of admission assessments. The service worked in conjunction with a local GP service to register clients as soon as they were admitted and to ensure they gathered current and historical physical health information to help plan any ongoing physical health treatment needed. Clinical records showed evidence of ongoing GP involvement and collaborative working between the service and the GP and other health professionals.

Staff also supported clients with specific physical health concerns and had been able to support clients to access emergency dental services, physiotherapy services and emergency medical care.



Substance misuse services

Staff developed a comprehensive care plan for each client that met their mental and physical health needs.

Each client had a recovery plan which was completed by them with their keyworker. These were split into headings of substance misuse, structured treatment programme, strength based interventions, holistic interventions, physical health needs, mental and emotional health needs, social needs, family intervention and relapse prevention planning.

We reviewed five recovery plans. These were recovery orientated, comprehensive and highly individualised.

Staff regularly reviewed and updated care plans when clients' needs changed.

Recovery plans were reviewed within one to one sessions at least weekly, with any significant changes made as needed.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the clients in the service.

The service model was a flexible groupwork programme based on 12 steps, psychoeducational, motivational and cognitive behavioural therapy approaches. A set timetable for the week included core programme sessions, exercise sessions and activities. The programme was delivered flexibly, with core sessions about addiction but additional sessions which could be delivered if identified as an additional need. These included for example sessions on anxiety management or sleep hygiene. Because of the flexible nature of the programme, this meant clients received a bespoke package of interventions tailored to their needs. Clients were introduced to a range of approaches to find the best fit for them. Practitioners had access to a wide range of resources and tools that clients could use again to ensure that clients had their own set of approaches and tools which worked for them individually.

Staff delivered care in line with best practice and national guidance.

The service model was split into five domains, psychological, physical, spiritual, social and family. The evidence base for elements of the programme was derived from the National Institute for Health and Care Excellence, the national clinical management guidelines, routes to recovery government guidance and Self-Management and Recovery Training approaches (SMART recovery).

Staff identified clients' physical health needs and recorded them in their care plans.

Staff made sure clients had access to physical health care, including specialists as required.

Physical health needs and ongoing monitoring arrangements were recorded in client's recovery plans and care records. All clients were registered temporarily with a local GP service.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes.

The service sent data to the National Drug Treatment Monitoring System (NDTMS) and the treatment outcome profiling system. This enabled the service to audit treatment provision and benchmark their treatment alongside similar services.

In the last 12 months, the service had 57 clients completing their treatment as planned, giving a completion rate of 93%.



Substance misuse services

Each week staff asked clients to complete a session questionnaire, which asked about relevance, session organisation and understanding from the programme that week. The last two months of results showed high levels of agreement from clients about the sessions undertaken, with only two neutral responses around understanding, which were then picked up individually.

A further questionnaire checked learning and understanding at the end of treatment with responses from the last three months all agreeing or strongly agreeing to statements about the programme.

Staff used technology to support clients.

The service had invested in technology which was used within the service, including televisual equipment for use during sessions and technology at the accommodation to enable attendance at evening mutual aid groups.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

The team manager completed regular audits and these were well completed and detailed. Results from these were discussed with staff and changes/improvements made as a result. For example, a recovery plan audit in November 2021 highlighted a potential change to recovery plans to include aftercare arrangements and details. This had been included to discuss at the management meeting in December 2021.

Skilled staff to deliver care

The service had (access to) a full range of specialists to meet the needs of the clients.

The service manager and director both worked clinically in the service. The service had two highly skilled recovery practitioners who had extensive experience and skills in this type of service. There were three support workers who had developed in their roles and ran some sessions. The service had visiting teachers for physical health including a pilates teacher and yoga teacher.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff.

The service followed safe recruitment procedures, including disclosure and barring service checks. Recovery practitioners had been recruited who had extensive skills and background in working in substance misuse.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

All staff had completed service specific training in SMART recovery training, motivational interviewing and substance misuse training if they had not already completed this..

Staff were also completing training and qualifications identified in their development plans, including level 3 substance misuse training for support workers and management training for managers. There were plans for staff including support workers to receive structured training in delivering group sessions and therapeutic groupwork.

Practitioners were also trained in family interventions.



Substance misuse services

Managers gave each new member of staff a full induction to the service before they started work.

Managers completed induction checklists which included contact and information prior to starting work, key training and tasks for the first days in employment and regular reviews up to three months from starting.

Managers supported staff through regular, constructive appraisals of their work.

The service had an appraisal process which included a manager assessment, staff assessment and 360 degree feedback from peers. We saw completed appraisals which reflected positive discussions and reviews of staff performance and plans for staff development.

Managers supported staff through regular, constructive clinical supervision of their work.

Staff supervision records covered a set format of actions, performance, governance, continuing development and well being. The team manager ensured supervision took place regularly.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Flash meetings were held every day in the morning with the staff on duty that day, to ensure information was shared about staffing, changes to the service, updates regarding admissions and discharges and any other relevant information. Whole team meetings took place every three months. We reviewed the last three meeting minutes. These covered a set agenda of service delivery updates, staffing, governance, health and safety, performance and staff and client feedback or issues to raise.

Managers recognised poor performance, could identify the reasons and dealt with these.

The service had access to an external human resources company who managed recruitment and could advise on performance.

Managers recruited, trained and supported volunteers to work with clients in the service however this had been put on hold due to the Covid-19 pandemic and need to restrict visitors. The service was exploring whether this could re-start with a successful previous client visiting the service to outline their journey planned for the festive period.

The service had previously recruited volunteers and provided training to enable them to move on into paid employment.

Multi-disciplinary and interagency team work

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings.

Staff participated in flash meetings each morning to handover important information. These meetings also included updates from group sessions and one to one sessions.

Service teams had effective working relationships with external teams and organisations.

The service worked collaboratively to deliver more joined-up care particularly when planning admissions and discharges and managing transition.



Substance misuse services

The team had effective working relationships with other relevant services outside the organisation. This included detoxification services and community services involved in clients care pre-admission. The service was innovative in identifying and making links with other organisations, including further education, charities, social enterprises and statutory agencies so there was a holistic approach to rehabilitation, recovery and discharge. The service empowered and supported access to advocacy and mutual aid in the community.

Good practice in applying the Mental Capacity Act

There was a clear policy on Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff supported clients to make decisions on their care for themselves. Staff assumed clients had capacity and they supported clients to make their own decisions. They understood the service policy on the Mental Capacity Act 2005. Staff could give examples of scenarios and instances where impaired capacity had been considered and appropriate actions had been taken.

Are Substance misuse services caring?



Our rating of caring was outstanding.

Kindness, privacy, dignity, respect, compassion and support

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, treatment or condition.

We spoke to all six clients living in the service at the time of this inspection. We were also able to review 65 feedback reviews and seven client testimonial accounts. Feedback was positive about all aspects of the programme. Clients spoke of being given a second opportunity at life, of finding hope for the future, of changing their lives and being able to achieve anything.

Staff were described as amazing, caring, patient and knowledgeable and having a real passion for helping people recover.

Staff were discreet, respectful, and responsive when caring for clients.

Clients spoke of being able to talk openly, with no fear of stigma or being judged.

During the inspection, we observed warm and caring interactions between staff and clients. Clients were clearly comfortable in the treatment service and staff were friendly, considerate and supportive with clients and their needs during the day.

Staff gave clients help, emotional support and advice when they needed it.

Staff supported clients to understand and manage their own care treatment or condition.



Substance misuse services

Clients fed back that the sessions equipped them with knowledge and tools for their own recovery. Sessions were described as tailored to individuals, interesting, varied and well delivered. We saw that sessions were planned with activities, use of videos and presentations as well as written and visual material, to ensure that clients were engaged and the content was interesting. The service used a wide variety of tools for clients to use and try so that each client had their own bespoke package of plans and tools to support recovery.

Clients spoke positively of the holistic approach taken by the service, including access to yoga and meditation. The service had previously incorporated community visits, for example, bowling, but this had been placed on hold at the time of inspection to minimise potential exposure to Covid-19. The service hoped to resume these in the future, but had been able to take time for walks in local country parks which clients enjoyed.

Staff directed clients to other services and supported them to access those services if they needed help.

Clients spoke positively of being able to attend mutual aid groups. Prior to the pandemic, these had been held locally and clients dropped off and picked up. During the periods of Covid-19 restrictions, meetings were held online and the service invested in equipment to use in the lounge at the accommodation so clients could attend. This had ensured clients could still attend and also there were opportunities to try different meetings online.

Staff also helped clients plan for the future, identifying organisations and support available in their local areas as part of discharge planning.

Clients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each client.

Staff followed policy to keep client information confidential.

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 independent advocates.

Involvement of clients

Staff introduced clients to the service as part of their admission.

The service had a comprehensive, thorough pre-admission and admission process. Once a client was accepted for treatment, they were allocated a practitioner who contacted them and introduced themselves. Clients awaiting admission were able to contact their practitioner or the registered manager with any concerns or questions. The registered manager was the designated contact for all clients prior to admission and completed all pre-admission assessments and information gathering.

On the day of admission, clients were welcomed to the service if arriving themselves, and for clients transferring from detoxification placements, transport could be arranged by the service.

On arrival, clients said they felt welcomed, they met the other clients in treatment and staff, and were assigned a buddy who was another client further along in treatment or approaching discharge.

Staff involved clients and gave them access to their care planning and risk assessments.



Substance misuse services

Staff completed risk assessments and recovery plans with clients.

Staff made sure clients understood their care and treatment.

The service collected feedback on a weekly basis about that weeks treatment programme, including session relevance, understanding, sufficient time for discussions and questions and session organisation. Clients were seen by their practitioner for individual sessions throughout the programme where understanding was checked, and session content could be refreshed or discussed in more depth.

Staff involved clients in decisions about the service, when appropriate.

Clients were involved in the development and changes to the programme. Sessions were planned each week according to client needs and requests. The programme could be adapted and was flexible to fit each clients' needs.

Each morning and at the end of the day, there were group meetings with clients and staff, to plan and then evaluate the day. Morning "grounding" meetings enabled clients to feedback on their evening, report any concerns and develop aims for the day. The session included a mindfulness exercise to focus on the day ahead. The "check-out" meetings at the end of the day were an opportunity to evaluate the day, explore any beneficial or difficult aspects or emotions and highlight key learning. Clients opinions were sought and valued, and changes made as a result.

Clients could give feedback on the service and their treatment and staff supported them to do this.

There were multiple ways to feedback, including daily diary completions, grounding and check-out meetings, weekly feedback questionnaires and feedback sought at regular intervals during treatment and pre-discharge.

The service collated overall feedback using an end of treatment questionnaire. This included questions about the rehabilitation programme, staff attitude, facilities and carer support. We saw responses from the last three months all agreeing or strongly agreeing to statements about the programme.

The service kept a log of compliments and thanks received. In the eight months from April - November this totalled 30 thank you cards, phone calls, thank you gifts and emails. Half of these contacts included feedback about continued abstinence and recovery from clients who had left the service up to three years before.

Staff supported clients to make decisions on their care.

Staff made sure clients could access advocacy services.

Staff also advocated on client's behalf and supported them with difficulties which may impact on their treatment and future progress. This had previously including liaising with a range of other professionals and organisations, including housing providers, employers, local authority departments and assisting with legal proceedings, including providing reports if needed.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers.



Substance misuse services

We spoke to one current family member by phone and reviewed carer feedback received by the service in the form of service reviews and compliments.

The service had a process for regular communication and support calls with a designated family member, partner or friend. This involved regular planned weekly calls which took place on the same day as individual client sessions. Calls to carers were led by a different practitioner than the client's key worker. These calls were an opportunity to catch up about progress, but also to ensure support was available to carers and calls often included elements of psychoeducation and future planning.

Feedback from carers was that having a named contact, both before and during admission, was appreciated. Carers said that calls took place as planned and these calls had helped them to support their loved ones in treatment. They valued having space for themselves to talk through fears and concerns.

Staff helped families to give feedback on the service.

Carer feedback was sought and we saw formal feedback gathered at the end of treatment as well as compliments cards and gifts received. Carers spoke of feeling positive and hopeful for the future, grateful for the treatment and support their loved ones received and the support they received to rebuild relationships during and after treatment.

Are Substance misuse services responsive?



Our rating of responsive was outstanding.

Access and discharge

The service was easy to access and had a clear referral and admission process. Staff planned and managed discharge well. The service advised on alternative care pathways people whose needs it could not meet.

The service had clearly documented admission criterion and clients needed to be abstinent to access the service. The service compiled data for admissions refused by both clients and by the service. Between January and November 2021 a total of 62 assessments were not progressed. Just over a third of these were related to clients who were just seeking detoxification. In terms of clients that the service did not agree to admit, 11 refusals were around physical health or mobility needs which the service could not meet and six were related to a lack of motivation to change. The service completed in-depth assessments prior to admission, and physical health concerns or mobility issues were not always a barrier to admission. We reviewed two case summaries where an independent occupational therapist had been arranged to assess clients and assist with practical planning and adaptations to the programme for clients with mobility issues. Both clients had been able to successfully complete their treatment programmes.

Clients were allocated a keyworker before admission who introduced themselves by phone and helped alleviate any concerns or questions regarding treatment. The registered manager gave their contact details and was the contact point for all new referrals into the service.

The service liaised with clients during their detoxification programme, which clients and carers told us had resulted in a smooth transition from detoxification to the service for clients. The service manager had also assisted clients to identify suitable detoxification placements if needed prior to admission to Acquiesce.



Substance misuse services

Managers regularly reviewed length of stay for clients to ensure they did not stay longer than they needed to.

Managers and staff worked to make sure they did not discharge clients before they were ready.

The core treatment package offered was for 28 days. This could be extended if clients felt a longer stay would be beneficial. We spoke to three current clients who had decided to extend their stay for further time, and saw feedback reviews from previous clients who had made this decision too. Clients spoke of using the additional time to build upon the tools and knowledge they had gained and become more confident in recovery.

The service offered a full therapeutic programme every day, including weekends. This was appreciated by clients as offering best value for money and ensuring that the structure developed through the week continued over the weekend. It was reported positively in terms of being able to embed and consolidate learning. Additional benefits noted by clients and their loved ones were keeping busy and focused at weekends, which can be a more risky time in terms of losing motivation and increased craving for substances.

Discharge and transfers of care

Staff carefully planned clients' discharge and worked with others to make sure this went well.

Clients were supported during treatment to begin planning for discharge and to develop an individualised relapse prevention plan. These were updated and built upon in individual sessions during treatment, with input from carers including family members. There was practical guidance for clients in what to include and the purpose of a relapse prevention plan.

Discharge planning included practical plans for the day of discharge and the service offered structured aftercare sessions following discharge to support recovery.

The service had procedures for staff to follow for planned discharge, planned early exits and unplanned exits from treatment. Staff completed early exit plans with individual plans for risks arising from potential relapse and overdose, and support available, for clients who left the programme early. Staff would also arrange for regular recovery calls and contact to be made following a set process for these.

The service collated data on unplanned exit from treatment. In the last 12 months, there had been four clients who left treatment early, with 57 clients completing treatment, giving a completion rate of 93%. The service benchmarked their completion data with NDTMS and had consistently higher completion rates than similar services.

Facilities that promote comfort, dignity and privacy

The service had separate treatment and accommodation facilities. Clients reported that this was positive, in providing a gap between "treatment" and "home". Clients also thought it was helpful being in a more community based setting as this helped prepare for discharge in a more normal, real-world setting.

We visited the accommodation in the evening with client's consent. The accommodation was spacious, well maintained and furnished and decorated to a high standard.

Each client had their own bedroom, which they could personalise.

All rooms were double bedrooms, with fitted wardrobes and cupboards.



Substance misuse services

Clients had a secure place to store personal possessions.

Clients had their own storage in bedrooms and in the kitchen for food. All clients reported this worked well and they had sufficient storage. Each bedroom contained a locked cupboard for medicines. Clients had their own keys to rooms.

Staff used a full range of rooms and equipment to support treatment and care.

The treatment service was based on the outskirts of the town centre and was arranged across three floors. Group rooms were on the ground and second floor, with the main service reception and offices on the first floor. There was sufficient office space for individual sessions and for staff to work in their own space and distanced to limit any potential Covid-19 spread.

There were two large group rooms used for groupwork sessions. These allowed for space to socially distance. Both rooms had audio-visual equipment to show presentations, video clips and use interactive tools. Lighting and heating could be controlled and both rooms had good access to natural light and ventilation.

The service had quiet areas and a room where clients could meet with visitors in private.

All visiting was taking part remotely at the time of this inspection due to concerns about the spread of Covid-19. Clients and carers we spoke to were aware of this prior to admission and understood the rationale. Clients were encouraged to keep in touch with their loved ones via phones and video calls. The service also supported carers by offering structured weekly support calls with a nominated carer, often a spouse, partner or parent. The accommodation was equipped with high speed wireless internet for clients to use.

Clients could make phone calls in private.

Clients tended to use their bedrooms to make private calls in the evening, although there was also space in communal areas of the accommodation.

The service had an outside space that clients could access easily.

Both the treatment service and accommodation had outside space to access. At the treatment service, a small enclosed courtyard had been decorated and equipped with outdoor seating and a partial shelter. The accommodation benefitted from a large back garden, with a patio area and seating, which was maintained by a regular gardening company visiting.

Clients could make their own hot drinks and snacks and were not dependent on staff.

Both group rooms at the treatment service had a small kitchen area alongside, with a kettle and fridge. Tea and coffee making supplies were provided by the service.

At the accommodation, an extended kitchen meant there was space for all clients to use the kitchen to make drinks and food as needed. Clients cooked for themselves or cooked for the household communally and shopping was purchased according to client's own dietary or nutritional choices.

Clients' engagement with the wider community

Staff supported clients with activities outside the service, such as work, education and family relationships.



Substance misuse services

Staff made sure clients had access to opportunities for education and work, and supported clients.

Client's keyworkers went the extra mile to plan for opportunities once clients left the service. We saw testimonials from previous clients who had gone on to voluntary and then paid employment supported by the service, clients supported with curriculum vitae and applications and keyworkers liaising with current employers to ensure support was available post rehabilitation and several clients who were supported to apply for further education successfully. This was particularly impressive given that clients were accepted from anywhere in the United Kingdom and many did not reside locally.

Clients had also been supported with accommodation issues, including one client who had relocated to the Bolton area with assistance from staff, including support to purchase furniture and furnishings for the new property.

Keyworkers had completed reports at client's request for courts and civil proceedings and had on occasion accompanied clients to meetings or hearings.

Staff helped clients to stay in contact with families and carers.

Staff encouraged clients to develop and maintain relationships both in the service and the wider community.

The service included evening attendance at mutual aid meetings three times per week for clients to seek additional support and continue after discharge if beneficial. Clients told us that they found this useful and we saw that some clients had continued with this after discharge, including leading their own groups or being sponsors for others.

Some clients remained in contact with those they had been in treatment with and continued to benefit from the friendship and mutual support. Clients were also linked into their own local community services and support networks if required.

Many previous clients kept in touch with the service to update on their progress and recovery. Carers, including clients parents, also contacted the service to offer feedback and updates.

Meeting the needs of all people who use the service

The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

We saw instances where the service had adapted the treatment programme and delivery for clients with mobility issues, including seeking occupational therapy advice and recommendations. The service also adapted the programme for clients with literacy needs, including offering individual support to complete written work and the use of visual aids and tools.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.



Substance misuse services

The service had a handbook for clients, giving information and advice about the programme, expectations for clients, group rules and house rules. Notices were displayed at the treatment centre about complaints, including contact details for CQC. There was also information about first aid contacts, fire prevention and alarm details alongside information from other organisations which clients may wish to contact. Thank you cards and messages were also displayed.

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 and wider service.

Clients, relatives and carers knew how to complain or raise concerns.

Clients told us they would feel confident to be able to raise any complaint or concerns.

There had been no formal complaints in the last 12 months.

The service clearly displayed information about how to raise a concern in client areas.

The client handbook contained information about raising formal complaints and information was also displayed at the treatment centre outlining how to complain.

Staff understood the policy on complaints and knew how to handle them.

We saw instances where staff had reported issues when they arose as complaints and steps taken to address these.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

The service had started to record compliments and gifts received. Since March 2021, the service had received 31 emails, cards or gifts. This included thank you presents and messages from parents, partners and a handmade gift from a client's children.

Are Substance misuse services well-led?



Our rating of well-led was outstanding.

Leadership

Leaders have an inspiring shared purpose, strive to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies are in place to ensure delivery and to develop the desired culture.

Leaders had the skills, knowledge and experience to perform their roles. Senior staff within the service all had substantial experience and expertise in substance misuse services.



Substance misuse services

They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

The management team were visible and approachable for clients and staff. Both company directors also worked clinically within the service. The team manager was also a keyworker to clients and facilitated groups and sessions.

Vision and strategy

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

The service had a clear definition of recovery and how clients could achieve this. The staff team understood how this was delivered through their service.

There is strong collaboration and support across all functions and a common focus on improving quality of care and people's experiences.

Culture

Staff are proud of the organisation as a place to work and speak highly of the culture. Staff felt respected, supported and valued. Staff felt proud of the treatment they provided, staff morale was good and staff told us they loved their job and enjoyed their work. Staff felt valued by managers and managers were approachable and supportive of them.

Managers were aware that because of the size of the service there were not always opportunities for development and career progression. Work was being undertaken in the service to ensure there were opportunities for staff to develop their roles. Staff appraisals included conversations about career development and how it could be supported, staff were supported to complete professional training and staff told us managers discussed how their roles could be developed with them.

The service had made reasonable adjustments to ensure staff had the skills required for their roles which included funding specific external training for individual staff. We noted there had been specific plans put in place to support staff with information technology and clinical note taking and recording, with the aim of supporting staff to develop their skills and manage anxieties. These were positive, supportive and highly individualised.

Staff told us they felt confident about raising any concerns or issues to managers.

Managers had started to develop a reward scheme for staff, including Christmas bonus gift vouchers for example.

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.

Rigorous and constructive challenge was welcomed and seen as a vital way of holding the service to account and identifying opportunities for growth. The service had developed a non-executive board with external non-executive directors specialised in key governance areas to broaden the management thinking and offer challenge and direction.

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and were all up to date. There were systems in place to check performance and compliance with the assessment, planning and evaluation of clients care and treatment.



Substance misuse services

There were effective ways of monitoring the service and routes for raising concerns. All staff received appropriate training and regular supervision. Staff had a good understanding of safeguarding and the Mental Capacity Act, they used these to ensure clients received safe care.

There was a clear framework of what had to be discussed at team and management meetings that ensured essential information, such as learning from incidents and complaints, was shared and discussed. We reviewed the last three team and managers meetings and found these to be well structured, with decision making and actions taken apparent.

An external company provided human resources, payroll and intranet hosting for policies and procedures.

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 good structures for reporting, reviewing and escalating risk. This included the daily flash meetings which all staff attended and regular team and manager meetings where risks and service issues could be discussed and reviewed.

The service had business continuity plans and pandemic plans in place.

Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure worked well and helped to improve the quality of care. The service used a clinical records system which had been built to their own specifications. Other information, including policies and procedures, was held on a separate system. All staff had their own log in details and access to a work email address.

Staff collected analysed data about outcomes and performance.

Staff collected and analysed data about outcomes and performance, including national data submissions.

Managers completed local clinical audits, including health and safety audits, recovery plan audits and discharge planning. The audits provided assurance and staff acted on the results when needed.

Data and notifications were given to external bodies as required including notifications to the CQC.

Engagement

The service developed with the full participation of clients, staff and external partners as equal partners. Innovative approaches were used to gather feedback from clients, the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback. Challenges from clients, the public and stakeholders was welcomed.

The service used digital technology well, with an accessible website and engagement on social media. Clients and carers had opportunities to give feedback on the service via testimonials at the end of the treatment programme and submitting reviews once discharged.



Substance misuse services

Managers engaged with external organisations including local health services, statutory organisations, other treatment service providers and mutual aid and support organisations.

Learning, continuous improvement and innovation

This service had a culture of improvement and encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded.

Staff spoke of having autonomy and trust to enable them to work flexibly and individually with clients, but being well supported and supervised also. The team were continually identifying further areas they could improve or incorporate into their working. The service had a culture that was passionate about delivering meaningful interventions for clients to succeed.

The leadership drives continuous improvement. Safe innovation is celebrated. There is a clear proactive approach to seeking out and embedding improvements in the programme and the service.