

# CAIS at Salus

## Quality Report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

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

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

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

# Summary of findings

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

## Overall summary

We rated CAIS at Salus as good overall because:

- The findings of this inspection mean the service is being removed from special measures.
- The service had implemented an action plan following our last inspection that addressed all of our previous concerns. There was clear evidence that the service had improved.
- The service provided safe detoxification from illicit substances and alcohol. The environment was safe, clean and supported recovery. The service had enough staff. Staff assessed and managed risks associated with detoxification well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Clients had access to different detoxification programmes and supporting interventions.
- The teams included or had access to the full range of specialists required to meet the needs of clients and

deliver detoxification programmes. Managers ensured that these staff received relevant training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.

- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning around their detoxification.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The rationale for the length of a clients' detoxification programme was not always recorded in care records.
- Although staff could provide a rationale for storing emergency medications securely there was no documented risk assessment to support this.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	Start here...

# Summary of findings

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Good 

# CAIS at Salus

## Services we looked at

Residential substance misuse services;

# Summary of this inspection

## Background to CAIS at Salus

CAIS at Salus provides detoxification for drug and alcohol addiction to men and women over the age of 18. The service admits both NHS and privately funded clients from across the country. There are 14 beds at the service. At the time of our inspection there were four clients in treatment.

The service is registered to provide the following regulated activities:

- accommodation of persons who require treatment for substance misuse
- treatment of disease, disorder or injury

The service has a registered manager and a nominated individual.

CAIS at Salus has been registered with the CQC since February 2018. It has been inspected once, in January

2019. Following that inspection, the service was rated inadequate and placed in special measures. The service was rated inadequate in the safe, effective and well-led domains; requires improvement in the caring domain and good in the responsive domain.

We issued one warning notice under regulation 18 (staffing). We told the service that they must ensure staff received regular supervision and an annual appraisal. We also issued four requirement notices under regulation 9 (person-centred care); regulation 10 (dignity and respect); regulation 12 (safe care and treatment) and regulation 17 (good governance).

Following the findings of this inspection and due to improvements made we are removing this service from special measures.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, a CQC inspection manager and a CQC medicines inspector.

## Why we carried out this inspection

We inspected this service as part of our follow up ongoing comprehensive mental health inspection programme. The inspection was unannounced. This meant staff did not know we were coming, to enable us to observe routine activity.

## How we carried out this inspection

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

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

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients

# Summary of this inspection

- spoke with four clients who were using the service
- spoke with the nominated individual and the registered manager of the service
- spoke with five other staff members; including recovery workers, nursing staff and medics
- looked at four care and treatment records of clients
- looked at four medication charts
- carried out a specific check of medication management
- observed the delivery of one group session
- reviewed six staff records
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with four clients as part of our inspection. All four clients were positive about the care and treatment they were receiving. Clients were optimistic about the treatment they were receiving and told us they felt

engaged with their care. Clients described staff as being caring, supportive and knowledgeable. They felt staff viewed them as individuals and were interested in their well-being.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as GOOD because:

- The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the clients and who had received training in substance misuses and detoxification to keep them safe from avoidable harm.
- Staff screened clients before admission for detoxification and only admitted them if it was safe to do so.
- Staff assessed and managed risks related to clients, detoxification and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

However:

- The rationale for the length of a clients' detoxification programme was not always recorded in care records.
- Although staff could provide a rationale for storing emergency medications securely there was no documented risk assessment to support this.

Good



### Are services effective?

We rated effective as GOOD because:

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. Clients had access to different detoxification programmes and supporting activities promoting recovery from substance misuse. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Good





# Summary of this inspection

- The teams included or had access to the full range of specialists required to meet the needs of clients under their care and deliver detoxification programmes. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. The service had effective working relationships with local substance misuse treatment networks and services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

## Are services caring?

We rated caring as GOOD because:

- Staff treated clients with compassion and kindness. They respected client's privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Good



## Are services responsive?

We rated responsive as GOOD because:

- The service was easy to access. The service had admissions criteria in place which staff adhered too. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



# Summary of this inspection

## Are services well-led?

We rated well-led as GOOD because:

- Managers had supported staff following our last inspection. Staff feedback on managers was positive. Staff reported they had been supported through a difficult time. Managers had developed an action plan following our last inspection which had been fully implemented.
- Managers had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. Staff morale was positive. They reported that the provider promoted equality and diversity in its day-to-day work and provided opportunities for career progression. They felt able to raise concerns without fear of retribution.
- The service and provider had an effective governance structure. Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training on the Mental Capacity Act and had access to a supporting policy, advice and guidance. Staff understood their responsibilities under the Mental Capacity Act and how to manage reduced capacity due to intoxication. Staff were aware of how to secure additional

support around the assessment and management of mental capacity if this was required. Staff ensured clients consented to care and treatment on admission. Clients were supported to make decisions where appropriate.

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

CAIS at Salus was located within a single storey building. The layout of the premises allowed staff to observe all parts of the unit. The premises were safe, clean and well maintained. Furniture and décor were in good repair. Clinical and non-clinical equipment were subject to appropriate checks and maintenance. Staff completed regular risk assessments of the care environment and responded to concerns identified. Environmental, health and safety and fire safety audits had been completed. The service completed daily, weekly and monthly environmental and equipment checks. Equipment and emergency medication was within date and suitable for use.

There was a ligature risk assessment in place. Staff we spoke with demonstrated an awareness of ligature points within the building. Staff had access to a ligature knife and had received training on how to use it.

Staff adhered to infection control principles including hand washing and the disposal of clinical waste.

The ward was compliant with guidance on eliminating mixed-sex accommodation. Bedrooms were single occupancy and admissions were managed to ensure that male and female clients were situated at different ends of the main corridor. Each bedroom had an ensuite toilet and wash basin. One bedroom had an ensuite shower and one had an accessible wet room. The remaining 12 bedrooms

accessed showering facilities off the main corridor. These comprised of three individual shower rooms each of which contained space for the client to get undressed and dressed in privacy. At this inspection we found that concerns over the management of these shower facilities had been addressed. For example, clients were being informed prior to admission that not all bedrooms had ensuite showering facilities.

Clients had access to nurse call alarms within their bedrooms.

### Safe staffing

The service had sufficient staff to meet clients' physical and mental health needs. Staff operated a two-shift pattern. The day shift ran from 7:15am to 7:30pm and was staffed by one registered nurse and two recovery workers. The night shift ran from 7:15pm to 7:30am and was staffed by one registered nurse and one recovery worker. In addition, there was a service manager and a deputy manager employed Monday to Friday 9am to 5pm.

The staffing establishment was six registered nurses (including the manager and deputy manager) and five recovery workers. At the time of the inspection there was one registered nurse vacancy which had just been recruited to. The vacancy had been created by an internal promotion. The service had access to regular bank staff and the service manager was able to adjust staffing levels to take account of client numbers, complexity and mix. Bank staff had received an induction to the service and were familiar with the service and the client base.

Staffing levels were sufficient to provide clients with regular one-to-one time. Planned activities and sessions had not been cancelled due to staff shortages.

# Residential substance misuse services

The service employed a doctor who attended twice a week and was on-call if required to manage an admission or concern. The service also had a non-medical prescriber who attended 22 and a half hours a week. Additional medical cover was supplied by medics based at the provider organisation's service in north Wales.

Staff completed a programme of mandatory training. This included health and safety, fire safety, conflict management, nutrition awareness, epilepsy awareness and basic life support. Staff were fully compliant with their mandatory training.

## Assessing and managing risk to clients and staff

At our last inspection we identified concerns in relation to the comprehensiveness of pre-admission and admission risk assessments and how these were transferred to risk management plans. The service had developed an action plan to help address this. At this inspection we did not find these concerns.

We reviewed four sets of care and treatment records. Pre-admission risk assessments were comprehensive and captured sufficient information to allow an informed decision regarding the clients' suitability for the service. Risk assessments completed as part of the clients' admission process were robust and covered all relevant areas. They were updated in response to incidents or changes of circumstance and at a minimum after seven days.

Risk management plans reflected the identified risks and included actions to minimise, mitigate or remove those risks. Staff we spoke with demonstrated a good knowledge of individual client risks and their associated risk management plans.

Staff completed withdrawal scales with clients. These monitor the withdrawal symptoms of a client undergoing detoxification and indicate the need for additional as required medication or potential physical health complications.

## Safeguarding

Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff were compliant with training around safeguarding children and adults at risk of abuse. There was a provider safeguarding policy to further support staff and a provider level safeguarding lead to offer guidance. Staff we spoke with

knew how to recognise and report abuse. There were positive relationships with local safeguarding bodies. Information regarding safeguarding was on display for clients and staff to refer too.

## Staff access to essential information

All information needed to deliver client care was available to relevant staff, including bank staff when they needed it and was in an accessible form. Staff maintained paper care and treatment records. These were secured in locked cabinets. Governance records and documents such as policies and procedures were available to staff on the providers SharePoint system.

## Medicines management

At our last inspection we identified concerns in relation to medicines management procedures, discharge medicine and competency assessments. At this inspection we did not find these concerns. Medication administration records were in place and completed appropriately. Medicines reconciliation took place at admission. Staff competency assessments had been completed. There were policies and procedures in place to support staff. Additional guidance was available from a pharmacy service contracted by the provider. They visited the site monthly to complete medication audits.

Medicines were kept securely in locked cabinets within a locked room. Controlled drugs were stored in accordance with national legislation. A controlled drug is a medication subject to additional controls because of the risk of misuse. Relevant stock checks and audits had been completed.

The service had emergency drugs on site. These were stored in a locked cupboard within the nurses' office. Staff were able to provide a rationale as to why emergency drugs were stored this way and not on the main unit but a documented risk assessment had not been completed. The policy supporting the dispensing of emergency drugs stated that the medication should be dispensed by two registered staff. However, this was not always possible on night shifts.

Staff regularly reviewed the effects of medication on clients' physical health and in line with guidance

## Track record on safety

The service had not reported any serious incidents since our last inspection.

# Residential substance misuse services

## Reporting incidents and learning from when things go wrong

Staff used a paper form to report adverse incidents. Reports were reviewed by the registered manager and nominated individual. Staff we spoke with knew what incidents to report and how to report them. We reviewed six incident reports during the inspection. Reports were completed appropriately and included learning where appropriate. Learning from adverse incidents was shared with staff through team meetings, supervision and email.

High level incidents were subject to an investigation process. Following our last inspection, the service submitted an incident investigation regarding an attempted ligature. The investigation had identified learning points including changes to the assessment process and documentation and additional training for staff.

Staff followed duty of candour in response to incidents. Duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

At our last inspection we identified concerns in relation to the comprehensiveness of client assessments. The service had developed an action plan to help address this. At this inspection we did not find these concerns. We reviewed four sets of care and treatment records. All four records had a comprehensive assessment of clients' needs. This included information gathered as part of the pre-admission process. Assessments covered all relevant domains and had been regularly reviewed and updated.

Staff worked with clients to develop care plans that reflected the assessment findings and incorporated client

objectives and viewpoints. All four records we reviewed had an up to date care plan which were personalised, holistic and recovery-orientated. Care plans had been subject to regular review.

Clients received physical health assessments in a timely manner after admission. There was ongoing monitoring of physical health needs throughout the clients' treatment. Staff completed required physical health checks and kept appropriate records of physical health observations.

The service had plans in place for a clients' unexpected exit from treatment. Staff understood the procedures to follow. Where clients were exiting treatment unexpectedly staff provided information on local support and crisis services as well as harm reduction advice. Staff could also provide naloxone packs to clients. Naloxone is a medication that can reverse the effects of an overdose.

At our last inspection we recorded that the rationale for placing a client on either a seven or 10-day detoxification programme was not clear. At this inspection we found that the rationale was not always recorded in the client notes. However, both the medic and staff were able to provide a clear verbal rationale for each client. In one set of notes we saw a discussion with a client regarding a potential five-day detoxification programme which did capture the rationale for the final decision.

## Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. Clients had access to different detoxification regimes that were tailored to meet individual need. Clients also had access to a weekly timetable of group work and therapeutic activities. The programme incorporated elements of cognitive behavioural therapy, acceptance and commitment therapy and mindfulness. It covered areas including relapse prevention, unhelpful thinking, anxiety management and motivation. The programme was flexible dependent upon the client mix.

Staff supported clients with their physical health needs. Clients could be referred to specialist services within the area. Clients were encouraged to live healthier lives. This

# Residential substance misuse services

included staff support and advice and the provision of information leaflets covering a range of physical health and lifestyle issues. Support around smoking cessation was available.

Staff used technology to support clients in their care and treatment. This included equipment to monitor physical health and drug and alcohol screening kits. The service was due to implement an intelligent fingerprinting kit. This provides a non-invasive way of testing clients for drug and alcohol use. The system was in use in some of the provider organisations other services and was being rolled out to CAIS at Salus.

Staff engaged in local clinical audits. These included audits of mattresses, medication and client files.

## Monitoring and comparing treatment outcomes

The service completed client treatment outcome profiles. They submitted data to the National Drug Treatment Monitoring Service which collates national data on outcomes from different substance misuse providers.

## Skilled staff to deliver care

The team had access to a range of specialists required to meet the needs of clients. These included registered nurses, recovery workers, group facilitators, medics and non-medical prescribers. At our last inspection we noted that there was no evidence that staff had received specialist training in substance misuse. At this inspection we found that staff were trained to manage detoxification safely and to provide supporting interventions such as group work and psychosocial sessions. Staff had also completed substance misuse awareness level three training as well as modules on the use and provision of Naloxone. Naloxone is an emergency medication that can reverse the effects of overdose.

Staff had access to additional specialist training. This included training around dual diagnosis, suicide and self-harm as well as courses covering psychotherapies and group facilitation. Recovery workers were supported to achieve level three national occupational qualifications in health and social care. Staff training needs were identified through supervision and appraisal sessions and in action plans following incident investigations and assurance processes such as audits.

At our last inspection we identified that staff were not receiving regular supervision. At this inspection we found

that staff were receiving supervision in line with the providers policy. Supervision was split into clinical and managerial supervision and took place in one to one and group formats. There was a supervision policy and supervision tree to support the practice. We reviewed four staff records and found notes of recent supervision sessions in each.

Staff received a provider and service level induction. At our last inspection we identified that staff had not received six-month probationary reviews or annual appraisal. At this inspection we found that six-month probationary reviews and annual appraisals had taken place. We reviewed four staff files at this inspection. We found that relevant reviews and appraisals were in place. Staff had identified actions related to work performance and personal development.

Managers received support from a HR service to manage poor performance and disciplinary procedures. There were policies and procedures to support these processes.

## Multi-disciplinary and inter-agency team work

Staff from different disciplines worked well together to benefit clients. They supported each other in the delivery of care. There was a multi-disciplinary handover meeting held between shifts. Staff used handovers to share information, risks and updates related to clients, the environment and shift activities. The service also had regular team meetings where they discussed ongoing issues.

The service admitted clients from different parts of the UK. Staff maintained contact with care co-ordinators from the client's local substance misuse service where this was applicable. Care co-ordinators were invited to attend relevant meetings.

Staff had positive and effective relationships with external services including local substance misuse teams, recovery and service user groups, social services and healthcare providers.

## Good practice in applying the MCA

Staff received training on the Mental Capacity Act. At the time of our inspection compliance with the training was 100%. Staff also had access to a policy on the Mental Capacity Act for further support and guidance.



# Residential substance misuse services

Staff understood their responsibilities under the Mental Capacity Act and how to manage reduced capacity due to intoxication. Staff were aware of how to secure additional support around the assessment and management of mental capacity if this was required.

Staff assumed capacity and supported clients to make their own decisions. Clients consented to care and treatment at the point of admission.

## Are residential substance misuse services caring?

Good 

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

Staff were compassionate, respectful and caring. Staff developed positive relationships with clients. We observed staff and client interactions and saw that staff had personal knowledge of each client. Staff spoke to clients with patience and understanding. We spoke with four clients. All four clients were positive about staff, their attitude and the care they received. Staff supported clients to understand and engage with their treatment through one to one sessions and the facilitation of a range of therapeutic groups. They directed clients to other services when appropriate.

The service had confidentiality policies in place that were understood and adhered too by staff. Staff maintained the confidentiality of clients and their information. The service had a record that confidentiality policies had been explained and understood by clients. This included consent to share information where relevant.

Staff we spoke with told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of consequence.

### Involvement in care

All clients were given a welcome pack on admission to the service. This included information on the service, an activities and group timetable, behavioural expectations and information around confidentiality and how to complain. New admissions were also given a tour and orientation to the building and service. This included meeting staff and existing clients.

Staff involved clients in decisions about their care and treatment. Clients were supported to make decisions around their treatment preferences, recovery capital and goals. Staff provided appropriate information to clients in verbal and document form to enable them to make informed decisions. We spoke with four clients. All four clients told us they felt involved in their care.

Clients were able to give feedback on the service. Clients completed feedback questionnaires on their care and treatment. The service collated the results of these on a quarterly basis and displayed the results of these on a noticeboard in the unit. Clients answered questions covering the environment and facilities, staff and treatment and care. The most recent evaluation showed positive feedback across all areas. There was a you said we did board on display which illustrated how the service had responded to client suggestions for improvement. These included the purchasing of meditation mats, brighter bedding and the provision of information regarding how clients' personal details were kept safe. Information on local advocacy services was displayed within the unit.

The service had commissioned a local countywide service user forum to conduct an independent consultation with clients. The forum had met with clients in the months prior to our inspection and was due to produce its first quarterly report to the provider. We discussed this project with the nominated individual and registered manager who told us the findings would be used to inform service development and business planning.

Staff involved family members where this was consented to and requested by clients. Families and carers could provide feedback on the service their loved one had received. There was information on family support groups on display within the unit.

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

Good 

### Access and discharge

The service accepted both statutory and private referrals. The service had documented admissions criteria. There



# Residential substance misuse services

were clear referral pathways. Where clients were referred from statutory services, staff worked with those services to plan their admission. Staff completed pre-admission assessments on clients to ensure their suitability to the service. The service did not have a waiting list at the time of our inspection.

Staff proactively planned discharge. This began from the point of referral. Staff worked with clients to identify services and resources within their home community that could help support their discharge and recovery. Care records included discharge plans that had been developed with clients and reflected their objectives and goals.

The service worked to remove barriers to engagement for vulnerable and hard to reach groups. These included sex workers, homeless people and clients with complex needs. Staff had attended a local homeless centre and worked with local recovery and community groups to encourage engagement. The provider was the provider of choice for a local city's Council of Mosques. The provider worked with the Council and local Imams to raise awareness and provide support to members of the Muslim community.

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

The service had rooms and facilities to support treatment and promote recovery. Clients had access to a dining room and group area, a gym, extensive outside space and an onsite polytunnel used to grow flowers, fruit and vegetables. Each client had their own bedroom which included secure storage. Clients were able to personalise their bedrooms during their stay and had access to their mobile phones.

Clients had access to a choice of foods which was prepared onsite. The service was able to meet dietary requirements such as vegetarian and vegan as well as provide kosher and halal meat. Dietary needs were identified as part of the referral and admission process. Clients had access to hot drinks and snacks during the day.

Clients had access to a range of activities which were available seven days a week. These included the polytunnel and gym as well as arts and crafts, movie nights, bird watching and ad hoc themed events. The service had held a sports day for staff and clients. Hanging baskets and vegetable boxes grown on the allotment and polytunnel had been donated to charities and care homes as part of a programme of restorative justice.

## **Clients' engagement with the wider community**

Staff supported clients to maintain contact with their families, carers and people that mattered to them. Clients had private space to make phone calls and staff supported visiting where appropriate.

Staff supported clients to maintain contact with their local communities and relevant services. Clients had access to the internet to research support groups and activities within their area. Staff supported clients to access appointments outside of the service during their treatment.

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

The service was able to make adjustments for clients with limited mobility. The unit was a ground floor, single storey facility. There was an allocated bedroom with an accessible wet room. Staff helped clients with their communication needs. Information was available in different formats upon request. Staff were able to arrange access to translation services which included face to face, document and telephone translation. Staff gave an example of an east European client who did not speak English. A translator was used for appointments and treatment sessions. Staff worked with the client to develop communication cards to be used on a daily basis outside of this.

The service had a range of leaflets and information boards on display within the unit. These included information on treatment, recovery, local services, advocacy and mental and physical health advice.

Clients had a choice of food to meet their dietary requirements. Staff supported clients to access appropriate spiritual support. This included a programme with the Council of Mosques in a local city.

## **Listening to and learning from concerns and complaints**

The service had a policy and process to manage any complaints that were received. The policy was made available to clients in the client information pack. Information on how to complain was also displayed within the building. Clients we spoke with told us they were aware of how to complain. Staff we spoke with were aware of the complaints process and were able to describe how it worked. Learning from complaints was discussed in team meetings and supervision sessions.

# Residential substance misuse services

Staff confirmed that clients did raise low level concerns that could be dealt with quickly on the day. However, these were not logged or captured anywhere.

## Are residential substance misuse services well-led?

Good 

### Leadership

The registered manager and nominated individual had the skills, knowledge and experience to perform their role. They demonstrated a good understanding of the client group and the specific needs and challenges of an inpatient detoxification service.

Staff we spoke with talked positively about managers within the service. They told us that managers had been supportive following our last inspection and had helped them through a difficult time. They described an open, positive and collaborative approach to responding to our findings. Managers had developed an action plan in response to our inspection. Staff were aware of the action plan and their responsibilities under it.

Senior managers were visible within the service and approachable for clients and staff. Staff we spoke with told us that they knew senior managers within the provider organisation.

The nominated individual, registered manager and deputy manager had all received leadership training. Training was available to staff below team manager level if they expressed an interest and it fit their personal development plans.

### Vision and strategy

The provider had a clear vision and a supporting set of values in place. These were on display within the service. Managers helped embed the vision and values through appraisals, supervision and personal development plans. The vision and values influenced service improvement initiatives. Staff we spoke with understood the vision and values and reflected them within the delivery of care.

Staff had the opportunity to contribute to discussions about service development and business strategy. This occurred within team meetings, supervision, appraisal and

at ad-hoc staff events. Staff we spoke with told us that managers and the provider organisation were open to new ideas to improve the service and that they were encouraged to make suggestions.

### Culture

Staff felt respected and valued. Staff we spoke with described a supportive culture which encouraged positive team work and collaboration. They told us how managers had supported them following our last inspection and provided reassurance and a clear direction moving forward. Staff appraisals included conversations about career development and identified actions to help achieve progress.

Staff had access to support for their own physical and emotional health needs. The provider organisation ran a variety of staff support initiatives including staff away days, one day a year paid leave to volunteer for charitable work, staff recognition awards and access to Cadw CAIS. Cadw CAIS was the provider organisations internal employee well-being service which offered a range of support and self-help materials and sessions. The provider also sent birthday cards with gift vouchers to staff. Staff told us they felt part of a wider family within the organisation and praised the level of support available to them.

Staff we spoke with described an open and honest culture. They felt able to raise concerns without fear or reprisal or victimisation. Staff were aware of the providers whistle blowing policy and how to use it. Managers dealt with poor staff performance and disciplinary issues in an appropriate manner.

### Governance

At our last inspection we found that the provider's approach to improving the quality of its services and standards of care was not effective and that managers did not collect, analyse or use information in a way that enabled them to assure themselves of the quality or safety of care provided. In part this was related to concerns identified in relation to care records.

At this inspection we did not have any concerns regarding the governance structure, processes or programme of quality assurance. The nominated individual and registered manager were able to demonstrate the systems and process that were in place. This included quarterly performance reports that were discussed within the team

# Residential substance misuse services

and at the providers governance forums. We reviewed the performance reports and minutes of the meetings in which they were discussed. We found that the performance monitoring was appropriate and robust. Performance data was also submitted to commissioners who purchased beds.

There was a framework of what should be discussed in meetings at team and provider level which ensured oversight, conversations about relevant information and shared learning when things did go wrong. Staff had implemented recommendations from reviews of incidents, concerns and service reviews. This included the completion of action plans following our last inspection and visits by commissioners.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of clients.

## Management of risk, issues and performance

At our last inspection we found that the provider did not have effective systems for identifying and managing risks. This was related in part to concerns we identified over care records. At this inspection we did not identify this concern. Client risk assessments and risk management plans were in place, comprehensive and regularly reviewed. We also identified that although there was a provider risk register there was no local risk register for CAIS at Salus. At this inspection we found that a local risk register had been developed. Staff had been involved in this process and were aware of the risks captured on it.

The service had business continuity plans in place for emergencies such as adverse weather. These laid out how the service would continue to deliver care and treatment under such circumstances.

The service monitored performance on an ongoing basis. Performance data was submitted to Public Health England and to local commissioning groups where applicable. Performance data was also reviewed and compared within the providers governance framework. Performance data was displayed within the unit for clients to read.

## Information management

Staff had access to the equipment and information they required to complete their role and provide client care. Staff used paper care records. These were stored securely and were available to staff when they needed them.

Governance records, policies and supporting documents were stored on the providers SharePoint system. Access to this was secure and password protected. The information technology infrastructure worked well and helped to improve the quality of care.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, was accurate and identified areas for improvement. There were signed confidentiality agreements and information sharing protocols which set out information sharing processes in clients' files.

Staff made relevant notifications to external bodies as required.

## Engagement

Staff, clients and carers had access to up to date information about the work of the service through the internet, provider SharePoint system, notice boards, newsletters, leaflets and social media platforms. The service had recently supported a county recovery event in conjunction with a countywide service user organisation. The service had previously hosted the event which was attended by over 150 clients, carers and family members. Feedback on the event had been positive.

The service was supporting the partner of a former client who was completing a charity run to fund a detoxification and rehabilitation placement. The provider had agreed to pay half of the cost of the placement if the charity run raised the other half.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Client, staff and stakeholder consultations were completed on a regular basis. The service had commissioned a local countywide service user forum to complete an evaluation with clients. Managers had access to feedback from clients, carers and staff and used it to make improvements.

Managers engaged with external organisations such as local commissioners, healthcare services and the CQC. There were effective partnerships with local safeguarding bodies, support services and the local recovery network.

## Learning, continuous improvement and innovation

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The service was committed to improving care and treatment from learning when things went well or went wrong. Staff were given the time and support to consider opportunities for improvements and innovation. The service made efforts to gain feedback from staff, clients,

families and partner agencies to improve the quality of treatment provided. The service had developed a detailed action plan in response to our last inspection and had implemented this fully.

# Outstanding practice and areas for improvement

## Outstanding practice

The service had commissioned the local countywide service user organisation to complete an independent evaluation of the service and client experience.

The provider was introducing intelligent fingerprint drug and alcohol screening. This provides a non-invasive way to test clients for drug and alcohol use.

The provider was the provider of choice for a local city's Council of Mosques. The provider worked with the Council and local Imams to raise awareness and provide support to members of the Muslim community.

## Areas for improvement

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

- The provider should ensure that the rationale for the length of a detox is recorded in clients care notes.
- The provider should ensure there is a documented risk assessment in relation to the storage of emergency medication.