

Detox Support Project

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service was fully staffed. Clients and staff reported feeling safe within the service. Staff and volunteers were familiar with the service and needs of the clients as they had all been through the service themselves. Each of the clients had a keyworker from the staff team and had dedicated time with this keyworker each week.
- Staff considered client safety throughout their stay at the project and completed a comprehensive risk assessment of each client before they moved in to the project. The risk assessment included physical health, accommodation status, previous detoxes (if any), current support from other agencies and covered any mental health risks. Staff completed risk assessments and management plans clearly with brief bullet points for each risk.
- The project used appropriate outcome measures, for example, the homelessness outcome star tool. Clients were involved in support planning and they told us

Summary of findings

they could see their own support plan whenever they wanted to. Support plans were holistic and incorporated self-care, independent living skills, mental wellbeing, offending behaviour and potential relapse triggers.

- The service had a full programme of groups and individual 1:1 time for the clients to participate in, for example, a daily planning group, twice weekly recovery skills group, weekly goals group, weekly art group, weekly 1:1 shiatsu and a one hour weekly keyworker session. Staff empowered clients to take responsibility for the daily planning meeting on a weekly rota.
- The manager had a robust system in place for ensuring all staff supervisions and appraisals were up to date. Staff had regular monthly supervision with the project manager and staff appraisals had been booked for the forthcoming year. All staff and volunteers received a comprehensive induction and attended core mandatory training. Volunteers received a full induction, attended on-going support groups and had access to core training as required, depending on their role.
- Staff had a positive approach to working with the clients and were client focussed at all times. Staff

observed clients' confidentiality and maintained their dignity throughout their stay. The service promoted a flexible approach to the clients' detox and this was individually planned for in a safe way. The clients' valued the individual approach and flexibility offered by the service.

- The project had sufficient rooms to allow for groups and individual 1:1 sessions. Clients could speak with staff in confidence in safe spaces if required. Clients could use the communal lounge and there was an outside area with tables and seating. Each client had their own room which they could personalise as they wished.
- Staff and volunteers felt well supported by the project manager. The project manager reported a good level of support from more senior managers in the organisation.

However, we also found the following issues that the service provider needs to improve:

- Medicines were stored on labelled shelves, not compartmentalised sections, which meant there was potential for error. The service reported one error due to medicines being stored incorrectly.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Detox Support Project	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	18
Areas for improvement	18

Detox Support Project

Services we looked at

Substance misuse services

Summary of this inspection

Background to Detox Support Project

The Detox Support Project is a residential service providing support for up to six clients at a time. The project provides an 8-12 week drug detox for clients to achieve complete abstinence. A weekly programme of individual and group therapy supports clients to safely manage difficult emotions, behaviour and physical withdrawal as they detox. The project teaches core recovery skills to prevent relapse, communicate safely with peers and maintain motivation to progress to the next stage of recovery. Clients make a financial contribution to their stay at the project.

Support for clients at the project was provided by project workers and volunteers.

The service did not employ nursing staff or medical professionals. Specific physical health care needs were met by visiting nurses, attending the local GP or dentist. Staff would access emergency health services via 999 or accident and emergency services.

There is a registered manager in place at the service.

The service is registered with CQC to provide accommodation for persons who require treatment for substance misuse.

Our inspection team

The team that inspected the service comprised of one CQC inspector James Holloway (lead inspector), one other CQC inspector, and one specialist advisor who was a nurse with experience of working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 other organisations for information.

During the inspection visit, the inspection team:

- Visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the registered manager and both support workers

Summary of this inspection

- spoke with six volunteers at the service
- attended and observed a daily planning group and recovery skills group
- looked at five care and treatment records, including medicines records, for clients
- observed medicines storage
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with all five clients who were living at the project at the time of the inspection. All were positive about their experience at the project and spoke highly of the staff and volunteers there. Clients told us they felt safe at the project and they valued the support of staff. Clients felt that because the staff had been clients themselves previously they understood them more and that helped

the clients be more open and honest. Clients spoke of not being judged by staff and they appreciated they could detox at a pace that felt right for them and was flexible to their individual needs. Clients told us they felt comfortable at the project and confident that they would be successful in remaining abstinent due to the skills they had learnt at the project.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had no staff vacancies at the time of the inspection. The project had three full time members of staff, one manager and two project workers. Staff were supported by approximately 16 volunteers. All staff and volunteers apart from the manager were ex-clients and had all been through the service themselves.
- All staff received a full induction into the project and received mandatory training. Volunteers received the same core training and induction as the paid members of staff. Volunteers received a full induction, attended on-going support groups and had access to core training as required, depending on their role. Core training included safeguarding, equality and diversity, human resources (HR) and corporate induction and an introduction to the Brighton Housing Trust (BHT).
- Staff completed a comprehensive risk assessment of each client before they moved in to the project. The risk assessment included physical health, accommodation status, previous detoxes (if any), current support from other agencies and covered any mental health risks. Staff presented risk assessments and management plans clearly with brief bullet points for each risk.
- Clients each had a buddy within the project who they could turn to for peer support if needed. Staff and clients were open and honest in how they were feeling and how the actions of others impacted on them.
- The project manager reported there had been no incidents of clients overdosing in the 10 years the service had been running.

However, we also found the following issues that the service provider needs to improve:

- Medicines were stored on labelled shelves, not compartmentalised sections, which meant there was potential for error. The service reported one error due to medicines being stored incorrectly.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Each client had a treatment plan, known as a support plan. The project used the homelessness outcome star tool, as staff felt this was the most appropriate tool for the service user group. Staff and clients told us they could see their own support plan whenever they wanted to. Support plans were holistic and incorporated self-care, independent living skills, mental wellbeing, offending behaviour and potential relapse triggers.
- The service had a full programme of groups and individual 1:1 time for the clients to take part in. The programme included a daily planning group, twice weekly recovery skills group, weekly goals group, weekly art group, weekly 1:1 shiatsu and a one hour weekly keyworker session for each client. Clients facilitated the daily planning meeting on a weekly rota. This gave the clients more involvement in their support and also enabled each client to chair the meeting to promote equality.
- Staff received core training and could apply for external training if appropriate. One staff member we spoke with had completed motivational interviewing training and had attended counselling courses. Staff at the project had access to a nurse specialist with knowledge of blood borne diseases.
- Staff had regular monthly supervision with the project manager. Support workers supervised the volunteers. Staff appraisals were up to date.
- Clients were prescribed a reducing dose of methadone. For those on methadone, there was the option of transferring to subutex when the methadone prescription was below 30mls. Support and treatment offered was based on the 12 step programme integrated with cognitive behavioural therapy.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff interacting with clients in a positive manner, engaging in respectful and supportive conversations. Clients reported that they were able to detox in a safe place at a pace that was suitable for them as an individual and not to a set plan. The clients' valued the individual approach and flexibility offered by the service.
- We observed two groups, one of which was staff facilitated, the other client facilitated. The staff facilitated group was inclusive,

Summary of this inspection

supportive and promoted a feeling of hope and recovery amongst the clients. Each client was given time to speak and there was mutual respect amongst the clients and staff member.

- We reviewed five care records. Each record showed evidence of client involvement in support planning. The project manager held a weekly community meeting for clients to give feedback on the service. Clients were encouraged to complete exit questionnaires when they moved on from the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff planned each admission and discharge well in advance. This meant that the service was rarely under occupied. Discharge arrangements were made in conjunction with staff at the Recovery Project, another service run by Brighton Housing Trust.
- The project had sufficient rooms to allow for groups and individual 1:1 sessions. Clients could speak with staff in confidence in safe spaces if required. Clients could use the communal lounge and there was an outside area with tables and seating. Each client had their own room which they could personalise as they wished.
- Staff gave each new client a welcome pack which contained information on the service and staff and client expectations. Staff provided clients with an induction pack when they moved in which contained information on how to make a complaint. In the period 2015/16 there were no stage two complaints made by clients or families. Stage two complaints were those that needed to be passed to the organisations chief executive for resolution. Staff had a monthly team meeting at which they would discuss any complaints that clients had made.
- The project was clean and well maintained. The kitchen was well equipped and all electrical equipment had in date portable appliance testing stickers. The service had fire alarms and fire doors which the manager tested fortnightly.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Staff and volunteers felt well supported by the project manager. The project manager reported a good level of support from senior managers in the organisation. The manager also had a degree of autonomy and had authority within the project.
- All staff and volunteers received a comprehensive induction and attended core mandatory training. Volunteers received a full induction, attended on-going support groups and had access to core training as required, depending on their role. Staff supervision was up to date and appraisals had been booked for the forthcoming year. All staff had a current disclosure and barring service check.
- The organisation undertook clinical audits and medicines management audits, which the project had recently passed. Staff discussed incidents regularly and the manager recorded all unsuccessful exits for discussion in order to learn lessons for the future.
- Staff spoke highly of the leadership and management at the project. Staff reported a high degree of motivation and job satisfaction in their roles. Staff were open and transparent if they had made a mistake and explained any errors to the clients individually.
- Staff had opportunities to attend external training to develop skills and knowledge.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were aware of the principles of the Mental Capacity Act. No one at the time of inspection was subject to a

Deprivation of Liberty Safeguards authorisation. Staff had good links with the local authority and were aware of the process for making best interests decisions and DoLS applications if needed.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The support project is based in a converted town house and has rooms over three floors. There were two clients' rooms on each floor. There was a kitchen on the ground floor and a lounge area. The clients had access to an outside courtyard area with seating. Staff had small offices on the first and top floor.
- The clients had a cleaning rota to ensure the project was kept clean and tasks were evenly distributed. The project was clean at the time of the inspection.
- There were food hygiene information posters in the kitchen and separate coloured chopping boards to prevent food contamination.
- There was a clinic room for the storing of clients' medicines. Medicines were stored for each individual client in a locked cabinet in line with the medicines policy. Clients' medicine was stored on a labelled shelf, although there was potential for error as the labels were not secure. Staff looked after all clients' medicine. The service had a medicines fridge for safe medicines storage if required.
- Staff gave clients their medicine in accordance with the prescription written by the consultant at Pavillions. The consultant prescribed the medicine and reduction regime which staff at the project followed. The client's GP would prescribe medication such as medication for physical or mental health issues.
- We saw information on appropriate handwashing techniques and handwash was in dispensers in the kitchen, toilet and bathrooms.

Safe staffing

- The project had three full time members of staff, one manager and two project workers. Staff were supported by approximately 16 volunteers. All staff and volunteers apart from the manager were ex-clients and had all been through the service themselves.
- The service had no staff vacancies at the time of the inspection.
- Staff were on site from 8.30am – 11pm Monday to Friday and from 3pm – 10.30pm on Saturday and Sunday. The manager was available for on call emergencies overnight. This role was covered by the manager of another service if the manager was on annual leave.
- Staff and volunteers were familiar with the service and needs of the clients as they had all been through the service themselves.
- Each of the clients had a keyworker from the staff team and had dedicated time with this keyworker each week.
- All staff received a full induction into the project and received mandatory training. Volunteers received a comprehensive induction, attended on-going support groups and had access to core training as required, depending on their role. Core training included safeguarding, equality and diversity, HR and corporate induction and an introduction to the Brighton Housing Trust (BHT).
- Staff had received Mental Health Act awareness training. There were no clients subject to the Mental Health Act at the time of inspection.
- Staff explained they would know what to do if they felt a client needed further mental health support or a Mental Health Act assessment.
- Pavillions, the local community substance misuse service, provided medical cover and consultant psychiatrist cover. Staff at the project had good links and access to staff at Pavillions.
- All staff and volunteers had a current disclosure and barring service check.

Assessing and managing risk to clients and staff

Substance misuse services

- Staff completed a comprehensive risk assessment of each client before they moved in to the project. The risk assessment included physical health, accommodation status, previous detoxes (if any), current support from other agencies and covered any mental health risks.
- We reviewed all five care records of clients at the project. All five had a current up to date risk assessment and management plan for each identified risk.
- Staff presented risk assessments and management plans clearly with brief bullet points for each risk. Staff recorded risk plans on the electronic recording system and in clients' paper files.
- All staff, cover staff and volunteers received safeguarding awareness training as part of their induction. This included both adults and children safeguarding awareness. Staff we spoke with were aware of the process for making a safeguarding referral, although none had had to do so whilst working at the project.
- Clients did not leave the project alone. Clients only went out from the project in groups of three or more. Clients signed an agreement to this effect when they moved in. Clients found this peer support beneficial and enabled them to go in to the local community safely.
- Clients each had a buddy within the project who they could turn to for peer support if needed. Staff and clients were open and honest in how they were feeling and how others' actions impacted on them.
- Staff could respond promptly to emergency situations and deteriorations in clients' physical or mental health by accessing Pavillions or the clients' GP.

Track record on safety

- The project manager reported there had been no incidents of clients overdosing in the 10 years the service had been running.

Reporting incidents and learning from when things go wrong

- The project had an incident reporting policy. Whichever staff member witnessed the incident reported this to the manager to investigate. The manager had an incident log which they passed to the corporate management team. The corporate management team reviewed incidents and passed learning to the staff team via the project manager.
- Staff discussed incidents at the monthly team meeting and shared lessons.

- Staff practice regarding medicine storage changed as a result of an error whereby a resident was given the incorrect dose of psychiatric medicine.
- Staff received feedback on any incidents and staff explained to the clients if there were any reported incidents that affected them.
- The project had a policy which stated staff would receive a de-brief from managers after any serious incidents and would have the opportunity to discuss issues in confidence.

Duty of candour

- The project had a duty of candour policy which detailed when that staff needed to be transparent and open to clients.
- Staff advised clients if an error had been made. The manager discovered that one client was given an incorrect dose of medicine. When this was discovered the manager applied the duty of candour and informed the client of the error that had been made and the steps taken to rectify this.

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

Assessment of needs and planning of care

- We reviewed all five client care plans. Each client had a paper file and a computerised record on the system used by the BHT organisation.
- Each client had a treatment plan known as a support plan. The project used the homelessness outcome star tool, as staff felt this was the most appropriate tool for the service user group. Staff and clients told us they could see their own support plan whenever they wanted to.
- Staff had completed all ten of the sections of the star tool in each of the files reviewed. Four out of the five reviewed files showed that clients had given their view of the outcome rating. In the file where there was no client view we saw a note to say the client and staff member had jointly agreed the outcome score. This demonstrated client involvement.
- Support plans were holistic and incorporated self-care, independent living skills, mental wellbeing, offending behaviour and potential relapse triggers.

Substance misuse services

- The homelessness outcome star was recovery focussed giving the clients at the project a sense of hope for recovery and moving on.
- The project received referrals from Pavilions, the community substance misuse service. Staff at Pavilions had the referral paperwork to complete when making a referral to the project. The referral form included all relevant details including physical health, medicines prescribed, level of substance use and details of any previous detoxes.
- Staff received core training and could apply for external training if appropriate. One staff member we spoke with had completed motivational interviewing training and had attended counselling courses. As an organisation BHT had won awards for the training programme it ran. The training programme also included brief solution focussed therapy and dual diagnosis training.
- Staff had regular monthly supervision with the project manager; support workers supervised the volunteers.
- Staff appraisals were up to date. However, one of the support workers had only become a paid member of staff three weeks prior to the inspection, after being a volunteer at the service.
- Staff and clients at the project had access to a nurse specialist in blood borne viruses and hepatitis C who was based at Pavillions.
- The staff team had a monthly team meeting at which minutes were taken.

Best practice in treatment and care

- The service had a full programme of groups and individual 1:1 time for the clients to take part in. The programme included a daily planning group, twice weekly recovery skills group, weekly goals group, weekly art group, 1:1 shiatsu offered weekly and a one hour weekly keyworker session for each client. Staff expected clients to attend all of the groups as part of their on-going recovery.
- Clients facilitated the daily planning meeting on a weekly rota. This gave the clients more involvement in their support and also enabled each client to chair the meeting to promote equality.
- The medical team at Pavilions prescribed the detox medicines. Clients were prescribed a reducing dose of methadone or subutex. For those on methadone, there was the option of transferring to subutex when the methadone prescription was below 30mls.
- The project had a zero tolerance approach to any client found to be using substances whilst living at the service. If a client was found to be using substances whilst at the project they would be in breach of their tenancy and asked to leave. This decision was at the manager's discretion. Staff reviewed all unplanned exits to see if there was anything they could have done differently which could have prevented the exit.
- Support and treatment offered was based on the 12 step programme integrated with cognitive behavioural therapy.

Skilled staff to deliver care

- All staff, and volunteers, apart from the manager, had previously been clients at the project and had gone through the detox process themselves. Staff had an understanding of what the clients were going through which they would not have had if they had not been ex-clients.

Multidisciplinary and interagency team work

- Staff at the project had good links with Pavillions, the local GP and pharmacy service. The project used one pharmacy service to deliver the clients' medicines. This arrangement worked well as the pharmacy understood the process of ordering and delivery fully.
- A dentist also visited the project every eight weeks.
- Staff reported good links with the local adult services and children's services departments and would know how to contact them if needed.

Good practice in applying the Mental Capacity Act

- Staff were aware of the principles of the Mental Capacity Act. Staff at the community substance misuse team would complete mental capacity assessments if required. Staff recorded client's capacity in their treatment files.
- Staff understood the best interests decision making process.
- None of the clients at the time of the inspection were subject to Deprivation of Liberty Safeguards authorisations.

Equality and human rights

- The project was based in a converted town house and had no disability access. There was no lift in the building and no disability adaptations. If someone with physical disabilities needed the service and support offered by

Substance misuse services

the project they could be accommodated at the Recovery Project home, which was also run by BHT. The project manager reported that there was a disability access room at the Recovery Project.

Management of transition arrangements, referral and discharge

- All referrals were received from Pavilions. Staff at Pavilions had the project referral form. The referral form included a comprehensive risk assessment and details on the person's housing status, employment, substance use and any previous detoxes. Also included were details of any physical or mental health issues.
- Brighton Housing Trust also ran a recovery service called the Recovery project in Brighton. The treatment pathway was from the Detox Support Project to the Recovery Project. As both services were run by the same organisation, the move between the two was well managed and effective. Clients were given a move date, which was agreed with both services and the client. This arrangement ensured that a bed was always available at the right time for the client to move from the detox project to the recovery project.
- Staff at Pavilions were also involved in the planning of any transfers or discharges.
- The manager at the detox project recorded all unsuccessful exits and reviewed why they were unsuccessful and what lessons could be learnt. An unsuccessful exit was recorded when a client left the project without completing the agreed programme, or prior to the agreed move on date.
- In the past year 58 clients left the project. Of these, 28 were planned exits and 30 unplanned.
- The manager reported that 120 ex-clients were now in paid employment within the Brighton & Hove area.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a positive manner, engaging in respectful and supportive conversations.
- Staff observed clients' confidentiality and maintained their dignity at all times.
- As all staff and volunteers were ex-clients they demonstrated an empathetic approach to the clients.

- Clients reported that they were able to detox in a safe place at a pace that was suitable for them as an individual and not to a set plan. The clients' valued the individual approach and flexibility offered by the service.
- We observed two groups, one of which was staff facilitated, the other client facilitated. The staff facilitated group was inclusive, supportive and promoted a feeling of hope and recovery amongst the clients. Each client was given time to speak and there was mutual respect amongst the clients and staff member.
- Clients' reported staff and volunteers being supportive and understanding.
- We observed a drop in session for those who were on the waiting list for the project. Volunteers who had previously been clients' at the project ran this session. The volunteers told us that being in the project had helped them transform their lives which was why they wanted to volunteer to give something back to the project that had supported them.

The involvement of clients in the care they receive

- We reviewed five care records which each showed evidence of client involvement in support planning.
- The project manager held a weekly community meeting for clients to give feedback on the service.
- Each day every client completed a significant event sheet, which could include anything they had achieved during the day, or concern they had. Clients could also use these sheets to make suggestions to the staff team. Staff reviewed these with the clients daily which helped to keep issues current and was seen as a dynamic way of updating risk assessments and support plans.
- Clients were allowed a five or ten minute telephone call to their family once a week. This was agreed with all clients when they moved in to the project. Extra calls could be made by clients who had children and wished to speak with them.
- Clients were able to request a weekly visit with their families. This had to be agreed by the manager. Other clients also had the opportunity to give their views on whether the visit was suitable. Staff asked other clients' their views as they may be aware of a family situation that staff were not, for example, if there were any other substance users in the family which might impede recovery.

Substance misuse services

- Clients were encouraged to complete exit questionnaires when they moved on from the service.

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

Access and discharge

- Referrals to the project were received from Pavilions. The project had good links and relations with staff at Pavilions.
- Discharge arrangements were made in conjunction with staff at the Recovery Project, another service run by BHT.
- There was a waiting list to move in to the project. Staff from the project and Pavilions were in frequent contact to establish priority referrals. Staff at Pavilions managed the risk prior to admission.
- Staff planned each admission and discharge well in advance. This meant that the service was rarely under occupied.

The facilities promote recovery, comfort, dignity and confidentiality

- The project had sufficient rooms to allow for groups and individual 1:1 sessions. Clients could speak with staff in confidence in safe spaces when required.
- Clients could use the communal lounge and there was an outside area with tables and seating.
- Each client had their own room which they could personalise as they wished.
- The project was clean and well maintained. The kitchen was well equipped and all electrical equipment had in date portable appliance testing stickers.
- The service had fire alarms and fire doors which the manager tested fortnightly.
- Staff gave each new client a welcome pack which contained information on how to make a complaint, local services and advocacy. The pack also contained details of the service, what the clients could expect from the service and what the service would expect of them. Included in this were details of confidentiality and boundaries within the project. Keyworkers for each client went through this pack with the client within the first day of moving in.

Meeting the needs of all clients

- The project had steps to the front door and so could not meet the needs of clients who were wheelchair users or had significant mobility issues. However, clients with these needs could be offered a service at the Recovery Project if appropriate.
- Staff had access to interpreter services and translation services.

Listening to and learning from concerns and complaints

- Staff provided clients with an induction pack when they moved in which contained information on how to make a complaint. The project manager investigated stage one complaints, stage two complaints were referred to the chief executive. In the period 2015/16 there were no stage two complaints made by clients or families.
- In the period 2015/16 staff reported one complaint being upheld. Staff resolved this within two days of the complaint being made.
- Staff had a monthly team meeting at which they would discuss any complaints that clients had made.

Are substance misuse services well-led?

Vision and values

- Staff reflected the organisation's values of hope and recovery. Staff demonstrated this in the way they interacted with clients.
- Staff and volunteers felt well supported by the project manager.
- The project manager reported a good level of support from more senior managers in the organisation. The manager also had a degree of autonomy and had authority within the project.

Good governance

- All staff and volunteers received a comprehensive induction and attended core mandatory training. Volunteers received a full induction, attended on-going support groups and had access to core training as required, depending on their role.
- Staff supervision was up to date and appraisals had been booked for the forthcoming year.
- The organisation undertook clinical audits and medicines management audits, which the project had recently passed.

Substance misuse services

- Staff discussed incidents regularly and the manager recorded all unsuccessful exits for discussion in order to learn lessons for the future.
- The staff used suitable outcome measures to establish clients' progress.
- The project manager had authority to submit items to the organisation risk register.

Leadership, morale and staff engagement

- Staff spoke highly of the leadership and management at the project.
- Staff reported a high degree of motivation and job satisfaction in their roles.

- We saw evidence of opportunities for development through volunteers moving on to become paid members of staff.
- Volunteers were given the same induction and core training as paid members of staff.
- Staff were open and transparent if they had made a mistake and explained any errors to the clients individually.

Commitment to quality improvement and innovation

- Staff had opportunities to attend external training to develop skills and knowledge.
- BHT had won awards for their training programme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should review their medicines storage processes to ensure that clients are not given incorrect doses of medicine in error.