Livingstone House

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?	Outstanding
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.

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

Summary of findings

Overall summary

We rated Livingstone House Good overall because:

- The service provided safe care. The environment was safe and clean. The service had enough staff and they assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely 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 client group and in line with national guidance and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that staff received training, supervision and appraisal. The staff worked well together as a multidisciplinary team and with those outside the service who would have a role in providing aftercare.
- Staff truly respected and valued people using the service as individuals and empowered them to understand and manage their care. They treated clients with dignity, compassion and kindness. They understood the individual needs of clients and supported them to understand and manage their condition.
- Staff actively involved clients and families and carers in care decisions. Staff involved families and carers and provided them with exceptional levels of support. Staff actively worked with clients and their families to rebuild broken relationships caused by addiction.
- The service provided a range of treatment options including detoxification, day care, aftercare, resettlement, peer support and volunteering. Staff planned and managed discharge well and liaised well with community services.
- The service was well led. Staff were undertaking a programme of improvement and updating governance processes to ensure the service ran smoothly.

Summary of findings

Contents

Good

Livingstone House

Services we looked at
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Summary of this inspection

Background to Livingstone House

Livingstone House is a residential drug and alcohol detoxification and rehabilitation programme for men aged over 18. Residents participate in a 12-step recovery programme tailored to their needs. Support is offered to meet each individual's mental, spiritual and emotional needs.

The service has 10 beds and offers detoxification, primary and secondary care and aftercare. People access the service through professional referral or self- referral. Dependent on circumstances, clients can be privately funded, or may be eligible for funding by the local authority.

The registered location of Livingstone House includes the joined household called Serenity House. This is because both houses are joined to create one accessible building.

The service had a registered manager in place at the time of our inspection. Livingstone House is registered with the CQC to carry out the following regulated activities:

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

We inspected this location on 26 July 2016 . The service was found to be in breach of Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 good governance.

We found the provider did not have an alarm call system in place to summon help in the event of an emergency. The provider did not complete actions identified in environmental audits. The provider did not mitigate and manage risks identified in ligature audits. The provider did not store substances hazardous to health safely. The provider did not securely store night handover sheets containing client information.

We carried out a focused inspection of Livingstone House on 28 February 2017 and found that the provider had met the requirements to remove the breaches of regulation.

Our inspection team

The team was comprised of a lead CQC inspector with a background in substance misuse services, another CQC inspector, and a medicines inspector.

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 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, we reviewed information we had about this service, including information sent to us by the provider at our request.

Summary of this inspection

During the inspection, we:

- toured the premises and looked at the quality of the environment
- spoke with three the people currently using the service
- spoke with six people who previously used the service
- observed a therapy group and shift handover
- reviewed five care and ten medical records
- spoke with the registered manager
- spoke with a nurse, a doctor, three support staff, one volunteer and a chef
- reviewed four written feedback comments cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients and their families, both current and past, were extremely positive about the staff and service they received at Livingstone House. They told us the service was excellent and supported them to achieve recovery from addiction. Both clients and their families gave examples of how the service had rebuilt fractured family relationships and supported them reconnect with each other in a safe space. They told us the environment, the treatment programme and the food was good. Three people told us that it was the best residential care they had ever received.

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?

Good

- All areas were safe and clean. The environment was well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the clients and received basic training to keep clients safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment to enable clients' recovery.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. There was a culture of learning lessons embedded in practice.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service.When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

Good

- Staff assessed the physical and mental health of all clients on admission. They developed individual care plans, which they reviewed regularly. 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 and best practice. This included psychosocial interventions, group therapies and support for self-care and the development of everyday living skills. Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Summary of this inspection

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and quality improvement initiatives.
- Staff had a range of skills needed to provide high quality care. Staff had 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. They supported each other to make sure clients had no gaps in their care. The service had effective working relationships with other staff from services that would provide aftercare following the client's discharge.
- Staff understood their roles and responsibilities underthe Mental Health Act Code of Practice. Staff ensured clients knew their rights while in treatment and routinely revisited these. Staff supported clients to make decisions on their care for themselves.

Are services caring?

Outstanding ☆

- Staff truly respected and valued people using the service as individuals and empowered them to understand and manage their care. They treated clients with dignity, compassion and kindness. They understood the individual needs of clients and supported them to understand and manage their condition.
- Many staff were themselves in recovery and this gave them additional insight and empathy with clients.Clients were enthused and motivated by the examples they saw of staff and volunteers who were on the same recovery journey.
- Feedback from clients and families was overwhelmingly positive about staff and the service provided. All clients and carers, past and present, had nothing but praise for the service and staff and the dedication they had shown in helping turn their lives around.
- Group therapy sessions demonstrated how the values of kindness, compassion, respect and support were thoroughly embedded into the service and all those involved in it.
- Staff actively involved clients and families and carers in care decisions. Staff involved families and carers and provided them with exceptional levels of support. Staff actively worked with clients and their families to rebuild broken relationships caused by addiction.
- 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.

Summary of this inspection

Are services responsive?

Good

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway.
- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. There were quiet areas for privacy and reflection.
- The food was of a good quality and prepared by employed catering staff. Clients could make hot drinks and snacks at any time.
- The service met the needs of all clients who used the service – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learning lessons from the results was embedded in practice. Lessons were shared with the whole team.

Are services well-led?

Good

- Leaders 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.
- The manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff modelled compassionate and person-centred care and demonstrated services vision and values in their work.
- Staff felt respected, supported and valued. They reported that the service provided opportunities for development. They felt able to raise concerns without fear of reprisal.
- Our findings from the rest of the inspection demonstrated that governance processes operated effectively and were managed well.
- There was a strong culture and focus on continuous learning and improvement at all levels of the service that was embedded within the practice.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed at regular stages throughout treatment. Staff we spoke with recognised clients might be under the influence of substances on admission and took this into account when deciding what information to give and when is most appropriate to repeat information. The nursing staff within the service conducted capacity assessments if required. Staff received training and understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly and where appropriate.

Good

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good

Safe and clean environment

Safety of the facility layout

- The service was delivered in two joined semi-detached converted houses. This allowed sufficient living space, accessible rooms to see people one-to-one or in groups and carry out treatment.
- Staff did regular risk assessments of the care environment. Staff completed weekly quality checks of the environment and kept records showing where risks had been addressed. We reviewed environmental assessments covering three months before inspection and found them completed with actions addressed or detailing dates to complete work.
- The layout of the building meant that there were multiple blind spots and ligature points (places clients intent on self-harm might tie something to strangle themselves). These were monitored through environmental and ligature audits of the building, staff observations and robust risk assessments. Environment and ligature risk audits were up to date and actions had been completed or were in the process of completion with target dates in the near future.
- The service only admitted male clients, and therefore complied with guidelines on ensuring clients were not in mixed gender accomodation.
- Staff had easy access to alarms and could summon support and help quickly in an emergency. Clients had radio transmitters to summon assistance and staff could communicate with each other when they were in different parts of the building. There was a system in place to ensure staff maintained the equipment and staff on shift carried one at all times.
- The service managed fire safety well. The service had been assessed in December 2018 by an independent fire assessor and had acted based on recommendations made. There were fire extinguishers were in place in communal areas of the building and a fire alarm system in place and records to show this was tested weekly. The service had an up to date fire safety certificate.

Maintenance, cleanliness and infection control

- Clients had access to a clean, comfortable and well-maintained environment. Communal areas were visibly clean and tidy, furniture and furnishings in good condition. The manager had identified areas that required attention within an environmental audit in December 2018, including replacement of worn furniture, and had purchased new seating for the communal living areas.
- Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. There were appropriate systems in place for the disposal of clinical waste. Cleaning equipment and substances hazardous to health were stored in locked shed in the communal garden and staff monitored their use effectively. The nurse carried out an infection control audit monthly and had implemented actions following this to ensure all areas of the environment met minimum clean standards.
- Cleaning records were up to date and demonstrated that the service areas were cleaned regularly. Cleaning was carried out by staff and clients as part of their therapeutic duties. There was a daily cleaning rota in place and we observed this being undertaken during

our inspection. Chefs were responsible for maintaining food hygiene and cleanliness standards in the kitchen area and records showed this was completed. The service achieved a food hygiene standards rating of five out of five from the local authority on March 2018.

Clinic room and equipment

- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and kept it clean. Staff kept drugs in case of emergency including naloxone, glucose tablets and adrenaline for allergic emergencies. There was a defibrillator, nebuliser, emergency bag and oxygen available that staff checked regularly. The defibrillator kept in an alarmed box outside the clinic room, with a luminescent sign above it for identification during a power failure. The clinic and equipment was located in a central area of the building and staff could access easily and quickly in an emergency. Staff monitored fridge and room temperatures and recorded these daily, taking action if temperatures went out of safe ranges. Staff maintained infection control standards through handwashing and cleaning the clinic room. Handwashing facilities were available.

Safe staffing

- There were enough staff on each shift to safely manage the service. The service employed two sessional nurses, a sessional doctor, support staff and volunteers. The nurses and doctor posts had been introduced as part of a review of staffing needs since the previous inspection. The manager could adjust staffing levels if clients required more support. The service did not use agency staff and shifts were covered by existing staff. Staff used emergency services in the event of a medical emergency. Support staff covered shifts on site 24 hours a day. There were always at least two members of staff on shift during 9:30am-7:30pm as well as volunteer staff as required. There was a member of waking night staff between 9:30pm and 7:30am to conduct hourly night observations and provide support.
- There were enough staff to allow clients to have regular one-to-one time with their named support worker. There was enough staff cover to ensure the therapy programme was never affected by staff sickness or short staffing. Staff average sickness levels were low at 2% in the 12 months before inspection.
- All staff were trained to provide first aid and use emergency equipment in the event of an emergency. For example, staff had easy access to and were trained to use life-saving drugs such as naloxone and adrenaline, or use the defibrillator and oxygen in the event of an emergency. They would phone for an ambulance if off site support required.
- There were two nurses and a doctor available as the service required. One nurse was employed to work two days a week. They could attend the service in the event of a new admission or adapt their hours dependant on the needs of the service.

Medical staff

- There was adequate medical cover in place 24 hours a day. The service had an on-call duty rota, which included a doctor and nurses availability and contact details if urgent advice was required. Emergency services would be accessed in the event of an emergency. Staff reported they had always been able to contact them if required, not just in an emergency.

Mandatory training

- The service provided and ensured that all staff completed mandatory training. All staff completed mandatory training in safeguarding vulnerable adults, information governance, equality and diversity, risk assessments, care planning, health and safety, fire safety, basic first aid, person centred approaches, Mental Capacity Act, infection control and the control of substances hazardous to health. Catering staff were trained in food hygiene level two and malnutrition. All staff were up to date with mandatory training at the time of inspection and there were processes in place to monitor adherence and completion of training courses.

Assessing and managing risk to clients and staff

Management of client risk

- Staff completed a risk assessment of every client on admission and updated it regularly, including upon completion of detoxification and after any incident. The service robustly assessed the suitability and safety of each client for detoxification, ensuring factors such as risk of seizures were assessed. They would refer clients to hospital detox facilities if the risks were seen as too great for the service to manage.We reviewed five care records. Staff identified and responded to changing risks

to, or posed by, clients. Risk assessments included robust management plans and showed staff response to safeguarding, physical health and mental health related risks.

- Staff ensured clients were made aware of the risks of continued substance misuse. Staff routinely gave harm minimisation advice and ensured safety planning was part of care plans. Risk assessments included contingency plans in place for client's making an unexpected exit from treatment. Staff documented any identified risk clearly.
- Staff responded promptly to any sudden deterioration in people's health. Risk management plans detailed individualised services that could be contacted in the event of deterioration, for example, contact details of the client's next of kin, GP, community mental health team or community substance misuse team, depending in the individual circumstances. Care records showed where staff had identified changes in a client's presentation and actions taken to support them. Where necessary, staff had involved external agencies. Staff we spoke with showed good knowledge of individual clients and their risk issues. As an additional support, the service identified a specific peer within the rehabilitation to support clients if needed.
- Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature points) and for searching clients or their bedrooms. Staff used observations based on risk and stage of treatment, for example, during detoxification observation levels were higher. All clients had increased observation levels during the first 48 hours of treatment as part of the assessment process. Staff kept good records of observations. The service had a search policy in place and sought consent from clients before conducting searches. All clients we spoke with were happy with the search policy and felt it helped keep them safe.
- Staff applied blanket restrictions only when justified. There was a list of restrictions, termed 'house rules', in place while clients were in treatment to promote safety and recovery and these were provided to the client before agreeing to admission. Clients we spoke with understood why restrictions were in place and agreed with them. Clients could leave the premises at will, but were encouraged to approach staff and adhere to the restrictions in place for their own safety and the safety of others. Since the previous inspection in February 2017, the manager, with staff input, had reviewed the list of restrictions and removed more than half of them from the list to ensure they were providing the least restrictive environment possible.

Safeguarding

- 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 knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies to safeguard people at risk. Staff could give examples of how to protect clients from abuse and recorded this in care records. The service had notified CQC as required when safeguarding referrals had been made. There had been no safeguarding alerts or concerns in the 12 months since March 31st 2018.

Staff access to essential information

- Staff kept detailed records of clients' care and treatment. Since our previous inspection in February 2017, the service had implemented an improved records system that allowed staff to navigate and complete records more easily and find information quickly. Records were clear, up-to-date and easily available to all staff providing care. All information was stored securely, both electronically and in paper files.

Medicines management

- Staff followed good practice in medicines management when storing, dispensing, and recording and did this in line with national guidance. A member of the CQC medicines team reviewed the management of medicines, including the Medicine Administration Record (MAR) charts for ten people. Medicine was stored safely in locked trolleys in a locked medicines room. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Records showed people were given their oral medicines as prescribed. Staff assessed the risks to ensure when people self-administered their medicines, they were confident in taking their medicines appropriately. The service had a homely remedies policy to ensure that people could access 'over the counter' medicines that did not require prescriptions readily and safely.

Good

Substance misuse/detoxification

- The service had effective procedures and training related to medication and medicines management for staff. All staff were training in medicines management and required to complete competency-based assessments prior to dispensing medicines. Since our previous inspection in February 2017, the service had made significant changes and improvements to their medicines management, storage and dispensing. As a result, local policies required review to bring them in line with up to date guidance and practice. The manager was aware of this and had commenced a review of all policies, including medicines management and homely remedies policies, with the doctor. This had commenced in January 2019 and was ongoing at the time of inspection. While policies were under review, the manager, doctor and nursing staff ensured clients received up to date practice and all staff were aware of and followed best practice. We saw evidence that audits were used by nursing staff and local pharmacy to improve practice and that any actions from previous audits were followed up.
- Staff regularly reviewed the effects of medications on each client's physical health and recorded results clearly in care records. This was in line with guidance from The National Institute for Health and Care Excellence.

Track record on safety

- The service reported one serious incident in the 12 months before inspection. The incident was not related to care and treatment provided. Staff acted quickly and followed internal procedures to respond to the incident ensuring clients were kept safe.

Reporting incidents and learning from when things go wrong

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The manager investigated incidents and put plans in place to ensure they did not reoccur. The service used a form called accident injury report (AIR) to record details of incidents and actions taken. These were discussed as a team in weekly meetings and learning from these determined. There was a lessons learnt board in the manager's office and the staff office which displayed monthly lessons learned bulletins.
- Staff understood the duty of candour. They were open and transparent, and gave people using the service and families a full explanation something went wrong. When things went wrong, staff apologised and gave clients honest information and suitable support. Staff gave examples of where mistakes were made and they had apologised and resolved with clients.
- Staff had made improvements in safety following incidents. For example, staff had changed processes around medication administration, made physical changes to the environment and changed protocols regarding external activities based on learning from incidents. All staff knew what incidents to report and how to report.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff assessed the physical and mental health of all clients both pre-admission and on admission. Since our previous inspection in February 2017, the service had implemented changes to the admission process. The service employed a sessional doctor who reviewed pre-admission assessments before offering an assessment in person on admission. This was to ensure the service could safely manage the client before agreeing to admission. We inspected five records and all records contained a comprehensive assessment on admission. Assessments included current and historical physical and mental health and social needs and showed input from medical and support staff.
- Staff completed physical health observations on admission and routinely throughout treatment. Observations included blood pressure, height, weight and assessed requirement for blood tests and ECG monitoring. Staff completed a nutritional needs assessment on all clients and a dietary needs care plan was formulated following this if necessary. Clients could access their general practitioner to carry out physical health checks and observations if needed. The service employed two nurses and a doctor who were available during the day to support with physical observations as required.
- Staff developed individual care plans and updated them when needed. All records contained an up to date care

plan covering a range of individual needs. Care plans demonstrated involvement of the client. Staff used the outcomes star to develop care plans and monitor outcomes. The outcomes star was an online tool that covered a holistic range of needs including physical, mental and social. This allowed the client to self-assess areas of their life where they felt they needed improvement, by use of scaling questions. The client then added context to their score in their own words. These were used to inform more detailed treatment plans that ran in conjunction with the 12-step recovery model. The 12-step recovery model a program covering a set of guiding principles outlining a course of action for recovery from addiction and associated behaviours. All clients signed and were offered a copy of their care plans.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. Staff delivered 12-step recovery model as part of a therapeutic timetable of activities. The therapeutic timetable was in place seven days a week and incorporated personal time for clients. The timetable included therapy groups, one-to-one time with a support worker, recreational and physical activities, time to meet with family, meal times, reflection time and house duties to support with daily living skills. The therapeutic timetable was designed to support with rehabilitation, peer support and motivation for the client group.
- The service ensured the therapy and detoxification methods were in line with relevant and current evidence based best practice and guidance. For example, the service offered psychosocial interventions, appropriate medications for the prevention of alcohol related brain injury and relapse prevention work as recommended by The National Institute for Health and Care Excellence quality statements for substance misuse services.
- Staff supported clients to attend for specialist care and treatment. Staff supported clients to register with local services such as dental surgeries and local GPs to ensure they received the care they needed. This included accessing blood borne virus testing and treatment. We saw correspondence and detail in care records where clients had attended for specialist treatment while in the rehabilitation.
- Staff monitored clients completing detoxification using recognised assessment tools. Staff used The Clinical Institute Withdrawal Assessment for Alcohol (CIWA or CIWA-Ar) and the Clinical Opiate Withdrawal Scale (COWS) during detoxification. Staff had recorded alcohol audit and Severity of Alcohol Dependence Questionnaire (SADQ) scores where a client had disclosed alcohol use and these informed care plans and risk assessments. These helped ensure the maximum effectiveness of detox programmes for clients.
- Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Since our previous inspection in February 2017, the service had implemented changes to the therapy programme to incorporate physical health support and education. The service implemented a visit to a local gym twice a week and facilitated walks in the countryside. The nurse offered a 'well man' clinic where clients could have dedicated time to discuss any physiological concerns that arose if needed. The nurse had a weekly slot in the activity timetable for a health-related issues group that was led by the wishes of the clients. The group covered physiological information. For example, the effect of alcohol on the brain, education about the nervous system, cirrhosis of the liver, and more targeted work around healthy diets for people with diabetes. The service had a smoke-free policy inside the building and offered a smoking area outside. Staff offered smoking cessation support for those who wanted it and worked with local pharmacies to provide alternatives such as nicotine patches. One client told us how well the service had supported them to give up smoking, as well as their prime addiction.
- Staff used technology to support clients effectively. For example, staff used internet tools and videos as an alternative learning method in therapy groups. The service used electronic systems to produce and design effective therapeutic tools for use in the therapy programme and access online resources.
- The service participated in clinical audits. Staff carried out routine audits on care records to ensure all relevant information was contained and completed to a high standard. The nurse carried out a monthly infection control audit and medication audit. Staff had implemented any identified actions following audits

and used the information to inform their lessons learnt processes. The service had a local pharmacist conduct quarterly audits of the clinic room. We saw actions from the most recent audit in January 2019 were complete.

Skilled staff to deliver care

- The service employed a range of staff to meet the needs of the client group, including nurses, a doctor, support staff, volunteers and catering staff. All staff and volunteers completed comprehensive induction on commencing employment with shadowing opportunities to learn from more experienced staff. New staff completed a checklist of items they needed to know for their employment as well as a list of mandatory training they were required to complete. Staff we spoke with told us how well they were supported during induction.
- Staff were appropriately skilled, experienced and qualified for their roles. All staff completed NVQ level 3 in health and social care and were supported to complete this through the service. The service also supported volunteers to achieve the qualification and some were doing this at the time of inspection. All support staff within the service had experience in working with the client group or within substance misuse services. Staff came from a range of working backgrounds, including care settings and non-care settings. This allowed the service to offer both therapeutic psychosocial interventions and practical interventions such as teaching skills in gardening, cooking and skilled labour. Both clients and their families we spoke with fed back positively about the skills and experience of staff and the manner of delivery of the programme.
- Staff received support from the manager to identify any learning needs and were provided with opportunities to develop their skills and knowledge. All staff had completed an appraisal in November 2018 and had identified areas they wanted to develop. Staff we spoke with were undertaking health and social care qualifications and counselling qualifications with the support of the service. Staff had booked onto external additional courses in fire safety and coping with aggression and safeguarding level 3.
- All staff received regular supervision. This was recorded and stored in staff files. We reviewed four staff records and found this was in place. Staff we spoke with told us they received good supervision and support from the manger and identified supervisor. Staff engaged in peer support through team meetings. Nursing and medical staff received external clinical supervision. The manager was in the process of working with nursing staff to implement managerial supervision for them within the service.
- The manager dealt with poor staff performance is addressed promptly and effectively. The manager gave examples of where staff had required support to improve in their roles in the past and how this had been managed. There were no staff subject to performance management at the time of inspection.

Multidisciplinary and interagency team work

- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The staff team met three times daily for shift handovers and recorded these in a handover book. We observed an afternoon handover between shifts and saw this was comprehensive and staff demonstrated good risk management and detail. Staff attended weekly team meetings and nursing and medical staff were updated by phone and immediately as they attended on shift if not present at the meeting. The service had implemented a quarterly clinical governance meeting with the introduction of the doctor and nurses to the service and had completed the first one in February 2019, with the next scheduled in May 2019. Staff recorded information comprehensively in care records so staff could monitor the clients progress.
- The service had effective working relationships with staff from external services. Staff had good links with community providers and rehabilitation settings in the local area and wider region. This included services that would provide aftercare following the client's discharge. The service worked collaboratively with another rehabilitation centre for the benefit of couples and family members who wished to access services at the same time but were not able to access the same centre.
- The service had clear processes in place for sharing information with providers that supported positive transition and handover between services. We saw good communication with local authority, criminal justice agencies and healthcare providers documented in care records. The service routinely referred clients to other charities and agencies who offered support with housing advice and guidance, coaching, employment, training and financial management.

Good

Substance misuse/detoxification

Good practice in applying the Mental Capacity Act

- Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed at regular stages throughout treatment. Staff we spoke with recognised clients might be under the influence of substances on admission and took this into account when deciding what information to give and when is most appropriate to repeat information. The nursing staff within the service conducted capacity assessments if required. Staff received training and understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly and where appropriate.

Are substance misuse/detoxification services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

- Staff truly respected and valued people using the service as individuals and empowered them to understand and manage their care both practically and emotionally. Staff treated clients with dignity, compassion and kindness. They understood the individual needs of clients and supported them through therapy and one to one discussions to understand and manage their condition. many staff openly acknowledged they were themselves in recovery. This gave them particular insights into the needs of those people they were supporting. Clients of the service were particularly appreciative of this. Seeing that others has been through the same levels of addiction that they had gave them additional motivation and inspiration to succeed in progressing with recovery. Overwhelmingly, staff and volunteers in recovery told us their motivation in working at Livingstone was a determination to help others and 'give something back'. Similarly, clients told us once they had completed their treatment, they would wish to work to help others. This positive, caring approach was evident in the therapy group we observed, where clients supported one another, as critical friends, always emphasising the positive s to one another.
- All clients and their families we spoke with using the service, both current and past, gave outstanding feedback about their care and treatment. They told us the service had saved their live and helped them to understand their addiction and manage it. People told us they had broken free of the cycle of addition and the criminal justice system because of the support they received from staff, the design and delivery of the programme and the treatment they received. They gave examples of staff going the extra mile in support of them. We saw an example of a client supported through a bereavement and supported to attend the resting place of their loved one while early in treatment as this was important to them.
- We spoke with three stakeholders who referred into the service or worked closely with the service. Feedback was continually positive about the way staff treat people and the responsiveness and adaptability of staff to meet client needs.
- Staff showed excellent understanding of individual needs and clients and supported them in the cultural and religious needs. The service had adapted the therapeutic programme delivery to ensure individual needs were met and consulted clients on what worked for them.
- Staff we spoke with could raise concerns about abusive or discriminatory behaviour. Staff told us they were confident to challenge behaviour and had support of the management to do so. Clients were empowered through a culture of mutual support to appropriately challenge each other's behaviours if they impacted on the group. We saw clients positively supporting each other to progress in group sessions.
- Staff maintained confidentiality of information about clients. Staff ensure care records were stored securely and held confidential discussions with clients on a one to one basis in separate rooms. Clients were issued an information sharing agreement at the beginning of treatment where they could identify who information could be shared with by the service. These were stored in care records and reviewed regularly and changed at the client's request.

Involvement in care

Involvement of clients

- Staff ensured clients were orientated to the service on admission. Clients were given a 'treatment induction

pack' on admission containing information to orientate them to the service. They were assigned a treatment 'buddy', usually a client who was progressing through treatment and familiar with the service, to provide peer support on settling in after admission. All clients were assigned a keyworker, a named member of support staff, within 24 hours of admission. Keyworkers offered one to one support and ensured clients understood their rights, understood the conditions of residence, fire safety procedures and health and safety procedures. When the named keyworker was not on duty, clients could access other staff for support.

- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. The service used a care plan evaluation tool conducted with the client to monitor the effectiveness of the interventions provided. All clients were offered a copy of their care plans and care plans showed input from clients.
- Staff communicated with clients in a way that ensured clients understood their care and treatment and could participate fully in the therapeutic timetable regardless of ability. For example, clients who had difficulty reading or writing would be supported in different ways to follow the programme. Staff ensured that clients had easy access to independent advocates if needed.
- Staff encouraged clients to feedback on the service provided and acted following feedback. Staff sought client feedback through groups, house meetings, complaints, compliments or suggestions and in service user forums. We saw changes to the therapeutic programme because of feedback from clients. For example, clients had fed back there was lack of access to physical exercise so staff had entered time structured time for this as part of the therapeutic timetable. Staff maintained a monthly 'you said, we did' board in a communal area of the house for clients to see how staff had acted on feedback.
- We observed staff treating clients with respect throughout the inspection. We observed a group work session and saw positive interactions between staff and clients and a culture of mutual respect and appropriate challenge.
- The service regularly carried out charity fundraising. The staff team engaged in fund raising to generate funds to take clients out on excursions. In the 12 months before inspection they successfully raised enough money to take clients to theme parks, national parks, cinemas, bowling and meals out. The service collaborated with a local club who donated money for the service to take residents out for a Christmas outing of cinema, bowling and a meal. These excursions were important for clients who may not have had contact with family or friends and access to attending these types of excursions and celebrations because of their addition or personal circumstances.
- The service was linked in with a local football club's charity incentive scheme by selling match day tickets to the recovery community, family and friends at marked down fixed price and in return the football club will donated 50% of the sales to generate funds for service user activities. Funds raised to date had been designated for a therapeutic gardening space for clients which we observed was in preparation during our inspection.

Involvement of families and carers

- Staff involved families and carers and provided them with high levels of support. Staff actively worked with clients and their families to rebuild broken relationships caused by addiction. Family involvement and the importance of maintenance of relationships with family and loved ones was embedded in the practice of the service. Where permission was given on both sides, families were invited into the service to receive family support and interventions. Staff encouraged clients to maintain relationships and facilitated a safe environment for mediation where relationships had broken down. We saw detailed records of where staff had, with permission from the client, kept families and loved ones informed about the client's progress and treatment and where they had encouraged rebuilding or maintenance of relationships where they may have broken down. One client told us the service offered support to them and their family long after treatment had finished, and they knew they would be there if needed.
- We spoke with three carers of clients by phone. Carers we spoke with told us the support they had received from staff was excellent. They told us they had been invited to the service and felt the environment was safe and they had the opportunity to work through issues as a family with the support of staff on hand. Clients gave

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excellent feedback about staff's role in maintaining the relationship with their family. One family member and one client we spoke with told us that without the service, they would never have rebuilt their relationship.

- Family and loved ones were offered the opportunity to feedback their experience of the service. They told us staff kept in touch through phone and email where applicable and routinely sought their views on how they could support them in the best way.

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

Good

Access, waiting times and discharge

- The service was available to people nationwide and accepted referrals from criminal justice organisations, health professionals, community services and self-referrals. The service was a charitable organisation and places were either privately funded or subsidised by the organisation in conjunction with the person's housing benefit. The service had clear admission criteria and could admit people quickly following assessment by a doctor or nurse. We saw within care records all clients admitted in the three months before inspection had been referred, assessed and admitted within three days or less of referral.
- The service provided a range of treatment options including detoxification, day care, aftercare, resettlement, peer support and volunteering. Detoxification and rehabilitation was offered for a period up to 24 weeks dependant on the needs and requirements of the client. Staff adapted treatment to suit individual needs, for example, where the 12 step model did not suit clients, there was an alternative programme for them to access in line with the timetable.
- Staff planned and managed discharge well. The service offered a comprehensive aftercare pathway that included support with accommodation, education and future work prospects. Following successful completion of detoxification and rehabilitation there was the option to move into supported accommodation connected with the service and access aftercare through Livingstone House for up to 24 months following discharge. Support staff within the rehabilitation service were knowledgeable about benefits and housing issues and offered support to clients who chose not to stay within the aftercare programme. The service had an open door policy to residents who had completed the rehabilitation programme and remained drug and alcohol free to access aftercare treatment for no additional cost.
- Staff supported clients during referrals and transfers between services. Staff supported clients to access local GP services and attendance at dentist appointments or hospital appointments. Staff facilitated referral to community support services upon discharge and liaised well with external services. We received positive feedback from external partner services regarding staff's handover of care.
- Staff planned appropriately for a client's unplanned exits from treatment or self-discharge from the service. We saw individualised unplanned exit from treatment plans planning as part of the risk management documentation within client records. We saw an example of where a client had discharged against medical advice and staff had acted quickly to ensure the client was made safe within the community following exit.
- The service monitored client outcomes through completion of national recognised tools and internal monitoring. Staff completed treatment outcome profiles (TOP) forms to measure the success of treatment and the outcome star to check the clients progress in achieving their goals. Between September 2018 and March 2019 the service recorded a 92% successful detoxification completion rate for clients admitted for alcohol and opiate detox combined. The service was looking at ways it could capture information of longer term success.

Facilities that promote comfort, dignity and privacy

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. All clients had their own or shared bedroom and access to toilet and shower rooms. Where clients shared rooms, they were made aware of this on admission and clients we spoke with did not have any concerns about this arrangement. Staff had provided portable partitions for

shared rooms to enable privacy when required. All rooms were lockable and people had somewhere to keep possessions safe. Staff were able to store valuable items in a safe for the duration of client's stay.

- There were quiet areas for privacy and reflection, including two quiet lounges and a garden summer house with comfortable seating a heating. Clients had a space to make phone calls to family and friends in private. Clients had access to a kitchen area where they could make drinks and snacks.
- The food was of a good quality and prepared by employed catering staff. Clients could make hot drinks and access snacks. The service catered for varied cultural and religious food requirements. The service conducted weekly feedback questionnaires to monitor food quality, choice, flavour, portion size and used the results to monitor and improve the menu. The results showed feedback from clients was consistently high in all areas.

Clients engagement with the wider community

- The service displayed information about treatments, local support groups, mutual aid and advocacy services prominently in the communal areas of the service. Clients were well supported to attend meetings involving the wider recovery community, and use local sports and gym facilities and take part in walking groups. We saw lots of photographic evidence of such outdoor activities.

Meeting the needs of all people using the service

- The service met the needs of all clients who used the service – including those with a protected characteristic. Staff made provisions for clients who wished to observe religious practices while in treatment such as visiting specified places of worship or dietary requirements. Staff helped clients with communication, advocacy and cultural and spiritual support. The service had adapted areas for those requiring support with mobility. For example, there was access to mobility aids, a mobility scooter, a hospital bed that could be raised and lowered and disabled access toilet and shower facilities.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously. Staff investigated them and learning lessons from the results was embedded in practice. Lessons were shared with the whole team. The service reported three complaints in the 12 months before inspection, of which two were upheld. We discussed the complaints with the manager of the service. Both complaints had resulted in learning for the service and actions had been implemented without delay. The manager also gave examples of how the service had learnt from the complaint that was not upheld.
- The service received 14 compliments in the 12 months before inspection.
- The manager was responsible for reviewing and responding to all complaints. As a result of complaints the service the manager implemented changes, including additional staff support put in place for clients, and a maintenance issue and was resolved the same day with additional processes implemented as part of the environmental assessment and weekly checks.
- People using the service knew how to make a complaint to the service about their treatment if required. Staff issued all clients with a treatment induction packs on admission containing a description of the complaints procedure. A comments and complaints box was situated in a communal area of the building and had a notice of the procedure next to it. The box was emptied regularly and could be used for anonymous comments. Information about how clients could access independent advocacy services was displayed on notice boards in communal areas of the service. Information about how to contact CQC was displayed.

Are substance misuse/detoxification services well-led?

Good

Leadership

- The manager and senior staff within the service ensured the delivery of high-quality person-centred care and had the right skills and abilities to run a service providing sustainable care. There was compassionate, inclusive and effective leadership within the service. The manager motivated and inspired staff to strive to deliver the best service possible and where mistakes were made there

was an embedded culture of learning and improving driven from the top. The manager and senior staff were visible and approachable to staff, clients and their families.

- The service understood the individual nature of recovery and how this was measured against individual outcomes. For example, achievements such as learning living skills or accessing a dentist for the first time were recognised as important parts of the recovery journey for individual clients and was encouraged and supported by all staff and volunteers.
- The manager had been appointed six months before inspection and had worked within the service for nine years. The manager had an excellent understanding of the service and a vision for how the service could change and improve. They could clearly explain the strategy going forward and how staff and clients were fully involved in the process of change.

Vision and strategy

- The service had a vision and strategy for what it wanted to achieve and was undertaking a programme of quality improvement to turn it into action. Since our previous inspection in February 2017, the service had undergone a programme of change driven by the manager and supported by staff within the service. The manager had completed a full review of systems and processes within the service and had implemented extensive and visible improvement and change. Staff understood the challenges to achieving the strategy and the manager had clear plans and timescales in which to roll out further improvements and changes required within the service.
- Staff met as a team to discuss changes within the service and were listened to and influenced the direction of change. Staff and volunteers recognised the charitable status of the organisation and actively engaged in fund raising to support and benefit the service.

Culture

- The manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with understood the vision and values of the service and shared the values. Staff we spoke with and observed clearly demonstrated this in their manner and attitude. The manager and staff modelled compassionate and person-centred care.
- All staff we spoke with showed high levels of satisfaction and a strong commitment to the service. Staff we spoke with felt respected, supported and valued. Morale was high and staff had a positive outlook about the service and the work they did and the team they worked in.
- Staff appraisals included conversations about career development and how the service would support this. Staff had identified areas of training and development and the service had supported this.
- The service responded proactively to poor staff performance. When behaviour and performance of staff was inconsistent with the vision and values of the service, the manager had identified and dealt with this swiftly and effectively, regardless of seniority.
- The service practiced a culture of candour, openness, honesty and transparency. The manager actively promoted staff empowerment to drive improvement, and encouraged staff and clients equally to raise concerns. When something went wrong, people received a sincere and timely apology and are told about any actions being taken to prevent the same happening again. Staff who actively raised concerns were fully supported and concerns were investigated sensitively and confidentially, and lessons are shared and acted on.
- Staff had access to support for their own physical and emotional health needs. Where staff were in recovery themselves, the service supported them emotionally and referred to external support services and networks if required.

Governance

- The manager ensured there were appropriate and effective governance policies, procedures and protocols in place and that there was a process to feed back to the board of trustees. However, there was an acknowledgement from the manager and staff that the service was in a process of change and improvement. Staff knew where these areas were and had plans in place to address them. Since the previous inspection in February 2017, the manager had implemented a programme of improving the quality of documentation and processes relating to the running of the service and had involved staff when making any changes. There was

a clear framework of what needed to be discussed in team meetings and fed back to the board to ensure that essential information, such as learning from incidents, safeguarding and complaints, was shared and discussed. There were visible improvements to governance structures within the service, specifically relating to environmental checks, auditing, service policies and recording.

- There was a clear framework of what was discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Team meeting minutes showed evidence of discussion and learning from incidents and changes within the service. The manager had implemented recommendations from incidents, complaints and safeguarding alerts. They ensured the staff team were aware of all incidents and acted on recommendations in practice. The actions and learning from complaints were fed to board members without delay if serious, and as part of the manager's report at quarterly board meetings. Learning from complaints and investigations was discussed at team meetings, staff handover, individual supervision and through email communication.

Management of risk, issues and performance

- The manager monitored staff sickness, turnover and performance effectively. Staff understood risks to the service and managed these well. For example, risks within the environment or risks to service delivery. The service had plans for emergencies, for example, adverse weather or a seasonal illness outbreak. There were no staff subject to performance management at the time of inspection.

Information management

- The service used data to monitor outcomes and effectiveness of treatment and displayed these in an open and transparent manner in a communal area of the service. The service recorded and analysed statistical data to monitor trends and used data to see where improvements are required in the service. Data was collected from treatment outcome indicators conducted at intervals during treatment and client surveys. For example, these were used to adjust the therapeutic timetable to ensure it was up to date and met the needs of the client group.
- The service had access to technology for staff to carry out their roles effectively and up date client records in a timely manner. There were appropriate information-sharing processes and joint-working arrangements with other services in place. For example, clients signed consent forms to share information with other services and updated these as needed.

Engagement

- The service engaged well with the local community and community services. They had good relationships with local police and services providing support to their clients. We approached stakeholders prior to inspection and received overwhelmingly positive feedback from them in relation to working with them for the benefit of the client group. Feedback from staff and clients within the service was overwhelmingly positive.
- People using the service had access to up to date information about the service. They had opportunities to give feedback on the service and were encouraged to do so. Staff acted on suggestions for improvements to the programme where possible and communicated what they had done with people using the service.

Learning, continuous improvement and innovation

- The service had objectives focused on improvement and learning. There was a strong focus on continuous learning and improvement at all levels of the service. There was a culture of learning lessons embedded within the practice of the manager and staff team which was evident through interviews, actions and records we observed during our inspection. Staff, with the strong backing of the manager had undertaken a programme of improvement to the service based on learning since the previous inspection. For example, the service had improved safety measures and governance for the storage of medication, security of client information, storage of substances hazardous to health and had updated the environment.
- The service made effective use of internal and external reviews to learn and drive improvement. The manager had reviewed published reports of their own and a range of similar services in the region and highlighted areas of good and poor practice that the service could learn from. The manager discussed and shared the learning from this with the wider team and we saw areas of the service where this had been implemented or were in the process of being implemented. For example, the

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service had reviewed the use of the Medication Administration Records(MAR) used in clinic and were changing to a chart designed in line with ones used by the NHS in order to consolidate recording and reduce the risk of medication errors.

- The service worked with a local education provider to place student social workers. The service offered structured 30-day block placements for students as well as shorter shadowing opportunities for students newly signed up to the course. Staff were able to give an example of how this had offered a mutual learning experience and gave an example of social work students offering their knowledge and expertise to support some of the clients with links to local services.