

# Druglink

# Oxygen

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

Oxygen is a nine-bedded residential drug and/or alcohol, medically monitored detoxification and rehabilitation facility based in Hemel Hempstead, Hertfordshire. Oxygen provides ongoing abstinence-based treatment, which includes group therapy, individual counselling and support in life skills.

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- There was a toilet that was used for urine testing in a side room attached to the clinic room. There was medical equipment stored in boxes in the room and there was not a cubicle around the toilet. This meant there was a potential infection prevention and control issue.
- Staff did not receive regular management supervision in line with the service policy. We reviewed the supervision records of 7 staff for the past year. We found that 5 staff had not received 6 supervisions a year, as per the service policy.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

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# Summary of findings

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# Summary of this inspection

## Background to Oxygen

Oxygen registered in June 2015 and is a nine-bedded residential drug and/or alcohol, medically monitored detoxification and rehabilitation facility based in Hemel Hempstead, Hertfordshire. Oxygen provides ongoing abstinence-based treatment, which includes group therapy, individual counselling and support in life skills. Clients who have completed treatment are also welcomed back to the service for ongoing aftercare support. Oxygen is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury. The service had a registered manager. Druglink is the registered provider whose objective is to make a positive impact on the lives of those affected by substance misuse, their families & communities.

At the time of this inspection, the service had 8 clients with an additional client being admitted that day. The service provides care and treatment for male and female clients. Oxygen takes referrals from private individuals and drug and alcohol community teams. The service was most recently inspected in August 2018. Following this inspection, we told the service:

- The provider must ensure that the blood pressure machine is calibrated.
- The provider must ensure that all staff wear their lanyard alarms as outlined in the provider's lone working policy.
- The provider must ensure that risk assessments clearly indicate if the risk of being in mixed-sex accommodation has been considered.
- The provider should consider storing naloxone somewhere accessible in an emergency.

This service was inspected following a review of information and intelligence on the service which suggested improvements had been made. During this inspection, we saw evidence that the service had taken action to rectify the issues identified during the previous inspection.

### What people who use the service say

We spoke with 5 clients. They told us the environment was very clean and tidy and well maintained. The only issue was that the plumbing needed improvement as the building was old and the plumbing had not been modernised, which the registered manager was aware of, and had plans to upgrade the system the following year.

Clients told us the staff were kind, caring and compassionate and understood their needs.

Clients felt the therapy and activity programme was excellent and met their needs, especially the boxercise, gym access, and yoga. Clients felt safe and comfortable and well supported within the service.

## 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?

# Summary of this inspection

- Is it well-led?

During the inspection visit, the inspection team:

- reviewed the quality of the environment, and observed how staff were caring for clients;
- spoke with 5 clients who were using the service;
- spoke with the registered manager and the deputy manager;
- spoke to the medication lead;
- spoke with 2 recovery workers;
- reviewed 4 care and treatment records including medication records;
- reviewed policies and procedures and other documents relating to the running of the service.

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

## Outstanding practice

We found the following outstanding practice:

- The service had an outstanding activity programme. The service had obtained grants to improve the activities it offered to include; a boxercise class, yoga, mindfulness and access to a local gym. The service also sponsored a local football team and had season tickets so clients could attend matches. Clients could also volunteer at the football club to gain work experience prior to being discharged. Clients had also been involved in delivering training to the football club staff and players on substance misuse.
- The service won The Outstanding Achievement Award at the Hertfordshire care awards for their outstanding achievements during the COVID-19 pandemic. This award recognised the services continued support and dedication to their clients throughout the pandemic.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **SHOULD** take to improve:

- The service should ensure that staff, including volunteers, receive regular management supervision in line with the service policy (Regulation 12)
- The service should ensure the infection prevention and control risk posed by the toilet in the clinic room is rectified (Regulation 12)
- The service should ensure staff are up to date with all mandatory training, including training in the Mental Capacity Act.






# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Substance misuse services

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

### Are Substance misuse services safe?

Good 

Our rating of safe improved. We rated it as good.

#### Safe and clean environment

All premises where clients received care were safe, well equipped, well furnished, well maintained and fit for purpose. We undertook a tour of the service and looked at all areas where clients received care. Part of each client's treatment plan was to undertake tasks within the house such as cleaning duties. Cleaning records were up to date and demonstrated regular cleaning.

Staff adhered to infection control principles, including hand washing. There were hand washing facilities available as well as anti-bacterial hand gel to disinfect hands after washing. However, there was a toilet that was used for urine testing in a side room attached to the clinic room. There was medical equipment stored in boxes in the room and there was not a cubicle around the toilet. This meant that there was a potential infection prevention and control risk.

The service had a fully equipped clinic room with accessible emergency equipment. The service had a defibrillator on the wall outside the building. Staff checked this each night to ensure it was working and hadn't been tampered with. Staff also completed a monthly audit to ensure checks were taking place.

Equipment was clean and well maintained. We checked the calibration records for all the health care equipment and found they were regularly calibrated to ensure their accuracy. This was an improvement from our previous inspection.

Environmental risk assessments were undertaken regularly, including ligature risk assessments. We reviewed the ligature risk assessment and found that it identified all risks and included mitigation for the risks. The facilities manager completed an annual inspection. There was a health and safety record for ongoing issues and staff completed monthly health and safety audits. Staff also completed monthly fire safety inspections and fire door audits. We reviewed 6 months of all the audits and found they were completed appropriately, and any actions identified were followed up and completed.



# Substance misuse services

Staff had access to alarms when lone working and could summon assistance when necessary. Each staff member carried an alarm which, when activated would go through to an outside agency who would alert the police. This was an improvement from our previous inspection.

## Safe staffing

**The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.**

The service had a whole-time equivalent staff establishment of 11 recovery workers. There was 1 vacancy that was being recruited into at the time of our inspection. The service did not have any registered staff.

There were enough staff so that client could have one to one time. Staff told us in recent months they had been short of staff due to a vacancy and staff holidays, but they had regular bank staff who covered which meant there was always staff available should clients need to talk.

The registered manager could adjust staffing levels to take into account the client mix or risk. Staff told us that if they had a client who presented as a particular risk, they could increase the number of staff per shift.

The service had adequate medical cover. The service had access to a consultant psychiatrist who was available for consultation online and would visit the service if required. Staff had access to an on-call doctor out of hours.

Staff received and were up to date with mandatory training. We reviewed the staff training matrix. Staff compliance rate was 89%. However, data protection, slips trips and falls, and epilepsy training was all below 75%. Epilepsy training was 55%, data protection was 60% and slips, trips and falls was 42%. There were 4 of the 12 staff who were new starters and had not completed all their mandatory training as part of their 6-month probationary period. The training matrix contained an action plan which showed that training had been booked for November 2022 to improve compliance. The service used an outside agency who provided most of the mandatory training so they were reliant on when they could provide trainers to complete mandatory training.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.**

### Assessment of client risk

Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. We reviewed 4 care records and found that staff received information from the referrer and funding agency. The staff would then request information from the general practitioner (GP) and then contact the client prior to admission, to ascertain if there had been any changes since the initial referral and assessment. Staff updated the risk assessment every 2 weeks or if there was a change of risk.

# Substance misuse services

The service had effective policies and procedures for observing and searching clients. Staff told us they would use intermittent observations upon admission, or if there was a concern that a client may be presenting as a risk of harm to themselves or others. Staff told us they did not physically search clients. They would search their belongings on admission and may ask them to empty their pockets or use a pat down search if there were concerns, they were bringing in contraband items. We saw evidence in the care records that staff completed observations in line with the services policy.

## 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 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 were trained in safeguarding and knew how to make a safeguarding referral when appropriate. We reviewed the training matrix and found that adult safeguarding training was 100% and child safeguarding training was 75%. We spoke with 4 staff who demonstrated a good understanding of the safeguarding policies and what actions they should take if they were concerned that someone was at risk of abuse or harm.

## Staff access to essential information

**Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records, whether paper-based or electronic. All staff had access to the electronic record system, including bank staff. Volunteers did not have access to confidential records.

## Medicines management

**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 mental and physical health.**

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 used an electronic prescribing system that was connected to the local pharmacy. This meant that medication reconciliation was safe, secure and managed in a timely way.

Medication was stored safely in locked cupboards in the clinic room. One staff member was responsible for managing medication and ensuring stocks were adequate. Staff ensured excess stock and excess controlled drugs were returned to the pharmacy the same day. Medications were audited every week. We reviewed the audits for the previous 3 months. These were all completed appropriately, and actions completed when issues were identified. Staff received training in medication administration as part of their mandatory training and were required to update their training yearly.

# Substance misuse services

Staff completed a Clinical Institute Withdrawal Assessment (CIWA) for alcohol for every patient before dispensing medication as required, to treat withdrawal symptoms. This ensured medication was given appropriately and at the correct dose.

## Track record on safety

**The service had a good track record on safety.**

The service did not have any serious incidents in the previous year and there had been no adverse events that effected the running of the service.

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. 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.**

The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. 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. We spoke with 4 staff who demonstrated good knowledge and understanding of the provider's incident reporting process. Incidents were investigated appropriately, and lessons learned identified. Senior staff fed back lessons learned from incidents during handovers and team meetings. We reviewed team meeting minutes for the previous 3 months. We saw evidence of lessons learned being discussed. Monthly incident and accident analysis reports were completed to identify trends so that mitigation could be put in place to prevent further incidents. Senior staff completed a near miss and error action plan which provided an action plan to reduce potential risks following medication errors and near misses.

Staff were open and transparent and explained to clients when things went wrong. We saw evidence in the care records where staff had informed clients following a medication error.

Staff and clients were offered a debrief following incidents. Staff told us they could receive support from the psychology team if they required extra support.

## Are Substance misuse services effective?

Our rating of effective stayed the same. We rated it as good.

## Assessment of needs and planning of care

**Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.**

# Substance misuse services

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. When clients were admitted staff spent most of the first day completing various assessments such as; updating information obtained prior to admission, substance misuse history, previous detoxification treatment, risks and personal history.

Staff completed a physical examination upon admission and there was evidence of ongoing monitoring for physical health problems. Upon admission clients were registered with a local GP surgery for physical health support. We reviewed the records of 4 clients and saw evidence of physical health monitoring.

Staff completed up to date, personalised and holistic and recovery orientated care plans. We reviewed 4 care records and found detailed care plans that contained goals and milestones to be achieved. Care plans were person centred and demonstrated client involvement throughout. Clients signed the care plans to state they agreed with them. Care plans were reviewed regularly, and staff completed regular care plan audits.

All information to deliver care was stored securely and available to staff when they needed it. The service used an electronic recording system which was accessible to all staff including bank staff.

## Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Staff followed The National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. We reviewed the medication policy which referenced the guidance used to inform practice.

The service offered psychological therapy recommended by NICE. The service provided a therapeutic programme that utilised cognitive behaviour therapy and a person-centred approach. The service developed their own 12-week programme based on self-management and recovery training. This is a programme that provides training tools for people who want to change their problematic behaviour such as addiction to drugs and alcohol. The service also used Marlatt and Gorski's relapse prevention model. Marlatt and Gorski's relapse and prevention model is based on social-cognitive psychology and incorporates both a conceptual model of relapse and a set of cognitive and behavioural strategies to prevent or limit relapse episodes.

Clients had good access to physical health care; including specialists when required. Each client was registered with the local GP practice where they could get support with physical health issues. The GP would then refer clients to a specialist when required.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff participated actively in clinical audits. Staff were responsible for completing care plan audits, health and safety audits, non-clinical audits and fire safety checks.

# Substance misuse services

## Skilled staff to deliver care

**The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. However, staff did not receive regular management supervision in line with the service policy. We reviewed the supervision records of 6 staff for the previous year. We found that 4 staff had not received 6 supervisions a year, as per the services policy. One staff had 3 supervisions and 2 staff had 4 supervision and 1 had 5 supervisions in the previous year. However, the service provided monthly group clinical supervision with a clinical therapist from an external provider. We spoke with 4 staff who told us they felt supported by managers and that if they had issues, they needed to talk about then support would be available outside of supervisions. The service did not provide supervision to volunteers.

Staff were experienced and qualified. All staff were expected to be trained to National Vocational Qualification Level 3 in Health and Social Care. The service would support staff to achieve this if they did not have the qualification prior to starting employment. We saw evidence that staff had obtained their National Vocational Qualification level 3 or were working towards it. We saw evidence of staff having achieved level 4 qualification.

The service provided appropriate induction to staff upon commencement of employment. New staff were expected to complete the Care Certificate as part of their induction and probationary period, this included volunteers as well as permanent staff. We saw evidence that staff had completed this. New staff were in the process of completing the Care Certificate.

Staff received an annual appraisal of their performance. We reviewed the files of 8 staff and found that they had all received an annual appraisal. Staff told us that opportunities for learning and development would be identified during appraisals and that training could be sought to support staff to develop their knowledge and skills.

Staff attended regular team meetings. Team meetings were held monthly, and the minutes were shared with all staff, so staff who were unable to attend could keep abreast of what was happening within the service.

Staff received specialist training appropriate to their role. Staff had the opportunity to undertake a qualification in counselling. Staff could also undertake National Vocational Qualification Level 4 if they aspired to develop into a leadership role such as senior recovery worker or assistant manager. The service employed an outside agency to undertake a training and needs audit to identify any additional learning needs the staff may have required.

## Multidisciplinary and interagency teamwork

**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 team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

## Substance misuse services

Staff received very detailed and effective handovers. We reviewed the handover records for the service which covered all aspects of the clients care and treatment for the previous day. A handover sheet was completed for each client individually. This included medications, as required medication and the rationale for this, physical health monitoring, risk assessment and action plan, and staff notes from the day on client's presentation and progress. This meant that staff were up to date on all aspect of a client's care and treatment.

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 team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. The service had an excellent working relationship with the local authority as well as good relationships with GPs' and pharmacies.

### Good practice in applying the Mental Capacity Act

**Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.**

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired. However, training compliance in the Mental Capacity Act was 66%. This equated to 4 staff who were not up to date out of 12 staff eligible. The service had 4 new starters who had not completed all their mandatory training as part of their 6-month probationary period. The training matrix had an action plan that showed training had been booked for later that month for all staff. This was provided by an outside agency, so the service was reliant on the availability of the agency to provide a trainer which was why compliance was low.

Staff did not admit clients who lacked capacity to consent to treatment. However, if a client presented with a temporary capacity impairment due to being intoxicated, staff would assess the risk and, if safe to do so, admit the client and wait to complete any significant paperwork until the client was able to consent to treatment.

Staff know where to get advice concerning the Mental Capacity Act. Staff told us they would speak to the service manager if required.

## Are Substance misuse services caring?

Our rating of caring stayed the same. We rated it as good.

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

**Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.**

Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. We spoke with 5 clients who all told us the staff provided appropriate practical and emotional support.

# Substance misuse services

Clients told us staff were kind polite and respectful. They said staff treated them with dignity and respect and they understood their needs. Clients told us they felt because a lot of the staff were in recovery, they had a greater understanding of what they were going through and were very empathetic towards them.

## Involvement in care

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.**

## Involvement of clients

The admission process informed and orientated clients to the service. Upon admission clients undertook an assessment of their needs which included a risk assessment and physical health observations. They were shown around the service and provided with a welcome pack which contained important information about treatments and what to expect during admission. They were then introduced to the other clients and staff and allocated a buddy (a client who was at a later stage of their treatment and recovery) who would support the client and help them settle in.

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support. Clients were allocated a key worker. During the key worker's first meeting with the client they would discuss their needs, treatment and risks with the client and formulate an agreed care plan. We reviewed 4 care records. We found the admission assessments were thorough and meaningful. They included a self-analysis of reason for behaviours by the client and details of triggers. Staff wrote care plans that were person centred and included the clients' voice. Care plans included goals that were set by the client and assignments for clients to complete to meet their goals. Care plans promoted client's independence by encouraging them to take responsibility for their own recovery. We spoke with 5 clients who told us they had a house meeting every week in which they could discuss issues and concerns. Staff also provided clients with monthly feedback questionnaires so they could provide information on the care they had received. The service employed an outside agency to undertake an audit of client satisfaction. We reviewed the audit which showed that client satisfaction was 90% and had improved over the previous year.

## Involvement of families and carers

Staff informed and involved families and carers appropriately. Staff encouraged families and carers to be involved with clients care when appropriate and when consent had been given for them to share information. Staff provided families and carers with contact information for the service and information on inhouse visiting. The service ran a family programme in which families can attend 3 therapy sessions.

Families and carers were able to provide feedback on the service their loved ones received. Staff provided families and carers with a feedback questionnaire once their loved ones were discharged. The service also employed the outside agency to audit family and carer satisfaction. Families and carers were all satisfied with the service their loved ones had received. We reviewed the audit and found that 57% of responses were positive and 43% were neutral, there were no negative responses. Family satisfaction had improved over the previous year.

## Are Substance misuse services responsive?

# Substance misuse services

Our rating of responsive stayed the same. We rated it as good.

## Access and waiting times

**The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.**

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet. The service had a waiting time from referral to admission of 10 to 16 weeks. Staff would maintain contact with clients whilst they were waiting for admission to ensure their needs and risks had not changed. If there was a change of need or risk and the client required admission sooner the staff would either prioritise the client for admission or refer to an alternative service that could meet their needs.

The service had a robust admission criteria. Staff were able to refuse admission if they felt they would be unable to meet the client's needs. We saw evidence of a referral discussion of a client who staff felt was inappropriate as they felt the client should be in a service where there was clinical input from a registered professional. Staff then signposted to a service that was more able to meet the client's needs.

Clients were discharged at an appropriate time. Staff tried to facilitate discharge in the mornings so that clients could access and liaise with support services in their local area. Staff provided discharge information to the clients GP and to the local support services involved.

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.**

The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The service had a room that could be used for group therapy and there was a building outside of the main building that could be used for one to one therapy sessions. There were quiet areas in the service where clients could meet visitors. The building outside could be used for visitors.

Clients had access to their mobile phones and could make phone calls in private.

Clients prepared their own food. Clients would meet once a week and plan a menu for the week. Clients would then work together to prepare the meal for the household.

Clients could personalise their rooms. Clients were permitted to bring in personal items to make their room more homely.

Clients had somewhere secure to store their possessions. Each room had a small safe where clients could store their valuables.



# Substance misuse services

Clients had access to activities, including at weekends. The service provided a full range of activities for clients to meet their physical and mental health needs. The service had secured funding from Hertfordshire County Council to provide boxercise classes and yoga and mindfulness classes. The service had secured a gym membership so clients could access the gym to improve their fitness. The service sponsored a local football team and had season tickets so clients could go to the matches. Clients could also volunteer at the club to gain work experience to help them when they are discharged. Clients had also supported in the delivery of training at the football club in substance misuse to reduce the stigma of substance misuse. The service organised one off events, such as having a local motorcycle club, the Association of Recovering Motorcyclist come to the service and put on a barbeque and motorbike show. The service organised a charity walk in conjunction with the local football team to raise money for their charity.

The service won the Outstanding Achievement Award at the Hertfordshire care awards for their outstanding achievements during the COVID-19 pandemic. This award recognised the services continued support and dedication to their clients throughout the pandemic and how they continued to provide care and support to their clients.

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

### **The service met the needs of all clients, including those with a protected characteristic or with communication support needs.**

The service met the needs of all clients, including those with a protected characteristic or with communication support needs. There were bedrooms on the ground floor that could be utilised for disabled clients.

Staff could source information in different languages if required. Staff told us they could utilise online translation services to produce information in different languages.

The service could meet the dietary requirements of religious or ethnic groups. Staff told us there were local retailers who sold halal meat and various shops selling produce for different cultures.

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

### **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service. The service had no formal complaints in the previous year. Clients knew how to make a complaint if they were unhappy with their treatment. We spoke with 5 clients who all told us they were provided with information on how to complain as part of their welcome pack.

Staff knew how to handle complaints. We spoke with 4 staff who told us how they would try to resolve complaints informally. However, if a client wished to make a formal complaint staff told us they would escalate the concerns to the manager for investigation.

Staff told us they would receive feedback on the outcome of complaints and that lessons learned would be shared in team meetings.

# Substance misuse services

## Are Substance misuse services well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

### Leadership

**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.**

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. Clients were aware of who the senior leaders were and told us they felt confident in speaking to them if they had any concerns.

The service was awarded a gold membership of the Hertfordshire Care Providers Association for leadership and quality assurance.

### Vision and strategy

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

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff were able to explain the 4 values of the organisation; we change futures, we do the right thing, we do our best and we support each other, and how they were reflected in their work.

Staff were aware of who the senior leaders were in the organisation. Staff told us they visited the service regularly.

### Culture

**Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.**

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff told us morale in the service was good. Staff felt there were good relationships within the multidisciplinary team and that everyone supported each other. Staff told us they had a high level of job satisfaction and they enjoyed their work.

There had been no issues of bullying and harassment within the service.

Staff knew how to use the whistleblowing process. Staff told us they would feel confident in using the whistleblowing process without fear of victimisation or recriminations. There had been no whistleblowing concerns raised

# Substance misuse services

Staff were open and transparent and explained to clients when something went wrong. We saw evidence in the care records and the error and near miss action plan of staff explaining to clients what had happened following a medication error.

Staff were able to provide feedback and input into service development. We saw evidence in team meeting minutes of staff feeding back and making suggestions on service development such as having a senior peer show new clients around upon admission.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.**

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well. Staff completed regular audits such as fire safety, health and safety, medication and non-clinical audits. The registered manager completed a monthly checklist to ensure staff had completed the audits and that action had been taken if issues were identified.

The registered manager had oversight of mandatory training, supervision and appraisals. We reviewed the training matrix and saw evidence of staff being booked onto training when they were due to update.

The registered manager ensured that shifts were covered with sufficient staff of the right grade and experience. The registered manager had employed bank staff to use if they were short of staff.

The manager had sufficient authority to perform their role. We interviewed the registered manager who told us he had had a lot of autonomy to run the service and that he had the authority required to run the service.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

The service had an up to date risk register. Senior staff reviewed this monthly. We reviewed the risk register for the previous 3 months and saw that it was updated regularly and had included the risks posed from the summer heatwave. Staff were able to escalate concerns to the manager who would then include them on the risk register if required.

## Information management

**Staff collected analysed data about outcomes and performance.**

Staff collected and analysed data about outcomes and performance. The service completed an annual report which looked at the performance of the service throughout the previous year. This included staff and client survey information, an overview of the service, and a review of the objectives and activities. The service brought in the Hertfordshire Care Partnership Association to analyse the service and to survey the clients and staff. This identified that the service performance had improved, and the staff and client satisfaction had improved over the past year.