Charis Primary Programme

Quality Report

Tower Hamlets Mission
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

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

This is the first time we have rated this substance misuse service.

We rated Charis Primary Programme as outstanding because:

• The provider had made significant improvements to the service since our last inspection in November 2016.

• Staff and clients worked in collaboration to ensure the premises were safe, clean, well equipped, well furnished, exceptionally well maintained and fit to operate as a residential rehabilitation service. The provider delivered a safe, high quality, residential recovery programme for up to seven male clients with alcohol dependence and drug addiction issues. The programme is based on abstinence and follows the 12 steps approach through attending group work, individual key work and counselling for up to 26 weeks.

• The culture of clients' needs coming first and foremost permeated throughout the service and was intrinsic to the way staff worked. This was evidenced in the person-centred care provided by the service and the way in which staff spoke about client care and treatment. Staff worked sensitively, consistently and in a well-informed way with clients to support them with all aspects of their recovery. Staff saw it as their work to foster and nurture an environment of trust, honesty, respect, support and generosity to help clients rebuild their lives.

• The manager was described by staff as 'inspirational' and 'outstanding'. The manager and deputy manager were visible and accessible to clients and staff. They undertook unpleasant tasks in addition to their managerial duties, such as cleaning drains and emptying bins.

• Staff went to extraordinary lengths to ensure they promoted client's self-esteem. This included purchasing high quality food to demonstrate to clients that they were worth 'the best'. The service made sure clients did not go without essentials whilst they waited for their benefits to arrive. They did the same for those who had left the service who later needed a helping hand.

• Staff worked sensitively, consistently and in a well-informed way with clients to support them with all aspects of their recovery. Staff saw it as their work to foster and nurture an environment of trust, honesty, respect, support and generosity to help clients rebuild their lives.

• Feedback from clients was consistently positive throughout our discussions with them. In the annual survey of clients' views, they rated the service at almost 100% positive in all categories.

• The service was open and committed to inclusively accept gay, bisexual and transgender clients (LGBT+) and black minority ethnic clients. All staff at the service had completed specific LGBT+ awareness training and there was a specific policy on dealing with prejudice. For example, this policy included information in relation to sexism and racial, sexual and gender identity prejudice and it emphasised the importance of respect and inclusivity.

• Most of the staff had worked for the service for many years and on average staff had 20+ years' experience at the service and continued to show a high level of job satisfaction and passion within their role.

• The service had developed their own integrated approach in relation to the spiritual dimension of care, in line with their religious ethos. The manager told us other organisations had visited the service to learn from its approach.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding ☆	

Summary of findings

Contents

Outstanding ☆

Charis Primary Programme

Summary of this inspection

Background to Charis Primary Programme

Charis Primary Programme delivered a residential recovery programme whilst including Christian ethical principles, for up to seven male clients with alcohol dependence and drug addiction issues. The programme is based on abstinence and follows the 12 steps approach through attending group work, individual key work and counselling for up to 26 weeks. The service did not provide detoxification. The service was free at the point of use for clients who were claiming state benefits and were homeless.

The service was registered to provide accommodation for up to seven male clients who require treatment for substance misuse. At the time of the inspection, two clients were receiving support on the Primary Programme. Other clients were in residence, but they were only receiving housing support. This is not a 'regulated activity' which has to be registered and inspected by CQC.

The service has been registered with the Care Quality Commission since 10 January 2011. A registered manager was in post.

There have been four inspections carried out by the CQC at Charis Primary Programme. The most recent was carried out on 30 November 2016.

At the last inspection in November 2016, we identified two breaches of the following regulations:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

• Regulation 13 – safeguarding service users from abuse and improper treatment

• Regulation 17 – good governance

We told the provider it must make improvement in the following areas:

• The provider must ensure that staff make accurate, complete and contemporaneous records of all one to one session's held with clients.

• The provider must ensure the safeguarding policy is reviewed and it is consistent with the safeguarding practice in the service. We found that the safeguarding adult's policy was not consistent with practice and it did not provide clear instruction on how staff should act in response to disclosure of historic abuse.

• The provider should review the training to ensure all staff have a good understanding of the Mental Capacity Act and their responsibilities.

At this inspection we found that all the required improvements had been made.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor, with a professional background in nursing people with drug and alcohol addictions.

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

Summary of this inspection

How we carried out this inspection

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

During the inspection visit, the inspection team:•looked at the quality of the physical environment and observed how staff were caring for people who used the service

• spoke with two clients who were using the service

• spoke with the director (registered manager) and the deputy manager

• spoke to four staff members

• looked at three care and treatment records, including medicines records for clients

• looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

• The two clients we spoke with were very positive about the service. They said that staff were amazing, very professional, polite and they felt blessed and were very grateful.

• We saw examples of cards and letters received from family, friends and previous clients, which were also exceptionally positive, with comments such as, ''we lost our son and you have given him back to us''.

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

At this inspection we rated safe as good because:

• The premises were safe, clean well equipped, well furnished, well maintained and fit to operate as a residential rehabilitation service, by providing a safe, high quality, residential environment to complete the recovery programme. A fire risk assessment was in place and staff completed regular checks.

• The service had clear eligibility criteria for admission and this was followed. The service did not accept anyone who was; currently going through detoxification, had mental health problems, eating disorders and those who had committed sexual offences or who had a history of violent offending or arson. The service only admitted clients whose care and treatment needs could be safely met.

• The provider had improved the arrangements for safeguarding clients since our last inspection. Staff understood how to protect clients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.

• All clients had a risk assessment and staff actively encouraged clients to manage their own risks.

• There were safe levels of staffing throughout the week. There were no staff vacancies. Staff within the team provided cover for each other in the event of sickness and leave.

• All staff had completed the required mandatory training and this provided staff with all the essential skills to do their job.

• There were appropriate arrangements for infection control and the management of medicines. There was clear guidance on infection control given to staff and clients.

• All clients received a copy of a generic document called 'Exit Strategy Procedures' which was comprehensive.

Are services effective?

Good

At this inspection we rated effective as good because:

• Staff completed a comprehensive assessment of all clients on admission, including physical health, mental health, social needs, and substance misuse history. They developed individual care plans which were reviewed regularly. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Summary of this inspection

• Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. This included access to psychological therapies and supporting clients to develop daily living skills.

• Rules and responsibilities were clearly set out in the guide for clients that clients signed on admission. •The service registered clients with a local GP when they were admitted, and this GP monitored the physical health of clients in the service. •Staff ensured that clients had a comprehensive review after being at the service for three months.

• The service included or had access to the full range of specialists required to meet the needs of clients. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, reflective practice sessions 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 staff from services which enabled collaborative pieces of work, and effective aftercare following clients discharge. Staff engaged regularly with clients care managers/coordinators.

Are services caring?

Outstanding 

At this inspection we rated caring as outstanding because:

• Staff spoke with passion and respect about clients. They demonstrated empathy and compassion and described the person-centred care they provided in a way which emphasised each client's humanity. Relationships between staff and clients were strong but boundaries were maintained, and the quality of these relationships was recognised as very important by clients, staff and managers.

• Staff went to extraordinary lengths to ensure they promoted client's self-esteem. This included purchasing high quality food to demonstrate to clients that they were worth 'the best'. The service made sure clients did not go without essentials whilst they waited for their benefits to arrive. They did the same for those who had left the service who later needed a helping hand.

• Staff worked sensitively, consistently and in a well-informed way with clients to support them with all aspects of their recovery. Staff saw it as their work to foster and nurture an environment of trust, honesty, respect, support and generosity to help clients rebuild their lives.

Summary of this inspection

• Staff assisted clients with practical matters in several ways, where they were able to do so. Examples included, if clients' benefits were delayed on their admission, the service loaned money to clients until they came through. Another client arrived for treatment with one change of clothes. The service funded more clothes for him, which he then purchased accompanied by staff. There had been occasions when former clients of the service visited to ask for help. In some cases, this was more than 10 years after they had completed treatment at the service. Staff continued to help them.

• Staff supported clients to re-establish important relationships. This included providing counselling for clients with their ex-partners. Family members and others could visit clients at the service

• Clients who used the service were active partners in their care and there was a strong person-centred culture. Clients were given a voice and helped influence the delivery of care.

• Staff went to extraordinary lengths to consider how clients' backgrounds may have affected their self-esteem. For example, purchasing high quality food to demonstrate to clients that they were worth 'the best'.

• Clients spoke very highly about the care they received whilst at the service and gave very positive feedback to the service which was collected annually.

• We saw many 'thank you' cards from former clients and their families.

• Staff demonstrated an exceptionally positive attitude towards clients through the inspection. Staff had a good understanding of the clients' experience of alcohol dependence and drug addiction.

• Clients were fully involved in all aspects of care planning. Clients' personal journals provided the primary daily record of activities, interactions, reflections and their feelings and progress. Clients shared their journals with staff.

• Clients said they were able to contribute to decisions about the programme through weekly house meetings and discussions with their project worker.

• Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

• The provider ensured that needs of clients were met, even when there was no funding in place. Staff worked with grant making organisations to generate funds through fundraising to pay for client's care. Examples include, the purchase of a minibus and defibrillator.

Summary of this inspection

Are services responsive?

Good

At this inspection we rated responsive as good because:

• The design, layout, and furnishings of the service supported client's treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

• The food was of an excellent quality and clients could make hot drinks and snacks at any time.

• Staff took a proactive approach to understanding the needs of different groups of clients and delivered care in a way that met clients' needs and promoted equality. This included clients who were in vulnerable circumstances or who have complex needs. Staff helped clients with communication, advocacy and cultural and spiritual support.

• The service was open and committed to inclusively accept gay, bisexual and transgender clients (LGBT+) and black minority ethnic clients. All staff at the service had completed specific LGBT+ awareness training and there was a specific policy on dealing with prejudice. For example, this policy included information in relation to sexism and racial, sexual and gender identity prejudice and it emphasised the importance of respect and inclusivity.

• The service had installed a stair lift to assist clients with restricted mobility and had accessible rooms both upstairs and downstairs.

• There were clear criteria for admission to the service which were systematically applied.

• Staff began planning for discharge towards the end of the group work programme to minimise disrupting the therapeutic process and to avoid an unhelpful projection into the future. Staff supported clients to reintegrate back into the community to rebuild their lives through supporting clients with accommodation and referrals for employment support and the service paid for interviews and visits where clients were unable to fund this themselves. The service encouraged and provided after-care counselling post discharge.

• Activities took place throughout the week. Most activities were developed as part the 26-week therapeutic programme and were in line with national guidance.

• The service encouraged clients to participate in spiritual activities in line with the ethos of the service.

Are services well-led?

Outstanding

At this inspection we rated well-led as outstanding because:

Summary of this inspection

• The staff team were extremely experienced and dedicated to their work. There were very high levels of staff morale and a strong sense of teamwork and spoke highly of the culture. The staff team were passionate about their role and were proud of being part of the service and this was reflected in the longevity of staff retention.

• Staff told us they were very happy to work there and felt supported by the manager. The manager and registered manager were described by staff as 'inspirational' and 'outstanding'. The manager and deputy manager were visible and accessible to clients and staff and undertook unpleasant tasks in addition to their managerial duties, such as cleaning drains and emptying bins.

• There was strong staff collaboration and support across all functions and a common focus on client care. Staff ensured clients were made to feel valued and promoted a sense of worth, this culture permeated throughout the service and had a positive impact on staff and clients. This was evidenced in the person-centred care provided by the service and the way in which staff spoke about client care and treatment.

• All staff we spoke to were familiar with and committed to the core values of the service which was evident during our visit.

• The manager and deputy manager provided positive leadership and had the skills and experience to lead the service. They had fine-tuned the governance system to maximise the amount of time staff could spend with clients. They were open to change on how governance systems could be improved. In addition to informal discussions, the senior leadership strived to include staff feedback. Staff were sent questionnaires every six months to comment on the service and to make recommendations.

• The service had participated in an alcohol and drug recovery research programme called 'conscience therapy'. Conscience therapy endeavours to facilitate a process of recovery from addiction.

• The service had developed their own integrated approach in relation to the spiritual dimension of care, in line with their religious ethos. The manager told us other organisations had visited the service to learn from its approach.

• The service kept up to date with national policies and guidance relevant to substance misuse services. We saw that they had amended their own policies and procedures in response.

• The service kept clear information about its performance. Figures for 2018 showed that 66% of clients completed the programme.

Summary of this inspection

• The provider's system of regular health and safety checks was closely adhered to and any issues identified were addressed promptly.	

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a Mental Capacity Act (MCA) policy. Staff were knowledgeable regarding the MCA and how it applied to their work.

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Substance misuse services

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

Are substance misuse services safe?

Good ●

Safe and clean environment

• Charis Primary Programme accommodated up to seven male clients and had seven bedrooms. The service was situated in a modern, bright and spacious building with room for all activities.

• The grounds were immaculate and extremely well cared for by both staff and clients. Clients were actively encouraged to help and participate in maintaining the grounds.

• Staff completed walk through' s of the environment to ensure that it was safe. For example, checking fire escapes were clear.

• Night duty staff were issued with a portable alarm and the service had a lone worker policy in place.

• The property was bright and airy with a good standard of décor and maintenance. The environment was very clean. Staff and clients took part in cleaning as part of the overall model of recovery. There was a rota allocating cleaning duties. There was a comprehensive cleaning checklist for the kitchen.

• Refrigerator temperatures and the temperature of hot food were recorded twice per day. There was a separate hand washing sink and colour coded chopping boards.

• Staff undertook quarterly and monthly checks of electrical equipment, lighting, water temperatures, all first aid boxes, and items subject to the Control of Substances Hazardous to Health Regulations 2002.

• Staff undertook a weekly fire safety check of fire extinguishers and fire blankets. There was a monthly fire alarm drill. Staff also undertook six monthly checks of heat and smoke detectors, carbon dioxide detectors and the boiler.

• Hand washing signs were visible by staff washbasins. A body fluid spillage kit was available for staff to use should the need arise. Any clinical waste was removed by an appropriate contractor, including the sharps bin, which was used to collect any needles or sharp items.

Safe staffing

• The service had sufficient skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages. The service employed 13 staff. There was a manager, deputy manager, a part-time company secretary, two administrators and ten project workers of which four were counsellors and key workers.

• The day shift began at 9:00am and ended at 5:00pm. The member of staff responsible for cooking the evening meal worked from 10:00am to 6:00pm. There were at least five staff on duty during the day from Monday to Friday. Between 5:00pm and 9:00am, there was one member of staff on site. They slept on the premises during this nightshift and were available for clients to seek support if needed. At weekends, there was one member of staff on duty during the day and another on duty at night.

• The service did not use agency staff. The service had a written rota for scheduling cover in place for all staff and the service ensured sickness, leave and vacant posts were covered to ensure client safety. The service had emergency contact numbers on the rota, if staff needed support during an emergency. The emergency contact was a designated member of the senior management team.

• Staff and clients said there were always enough staff on duty to support clients.

• GPs provided medical cover at the local surgery. In an emergency, staff supported clients to attend the accident and emergency department at the local hospital.

Mandatory training

• Mandatory training included emergency first aid, food hygiene, infection control, safeguarding adults, safeguarding children, manual handling and health and safety. All staff had completed the mandatory training.

Assessing and managing risk to clients and staff

• Prior to admission, the manager interviewed potential clients to assess their eligibility and suitability for the programme. This interview included a risk assessment completed using a standard form. The service did not accept applications from anyone with a diagnosed mental health problem or eating disorder, people who had committed sexual offences, or people with a history of violent offending or arson.

• Risk assessments were present and were mostly tick box assessments which covered essential risk information in relation to the client.

• All clients received a copy of a generic document called 'Exit Strategy Procedures'. This document included advice on the dangers of using drugs and alcohol after abstinence and details of other organisations that could provide support. Clients also received an admission pack and within this pack there was information in relation to health warnings around relapse. Whenever possible, in the event of a resident leaving the project after the Primary Programme, an individually tailored individual exit strategy was provided.

• The 'Service User Guide and Statement of Purpose' included a list of rules and responsibilities which clients were made aware of and signed up to prior to admission. Bringing drugs, alcohol or in-prescribed drugs onto the premises or being violent towards staff or other clients resulted in immediate dismissal from the service. Clients confirmed their consent to these rules and responsibilities through signing the licence agreement. Many of the rules were part of the treatment programme. For example, no drugs, alcohol or gambling were allowed on the premises. Clients were required to participate in the weekly programme of activities and carry out household tasks. There were restrictions on clients having access to mobile telephones or computers whilst engaging in the primary programme. This was because staff considered them a distraction during therapeutic activities.

• Clients were aware upon admission that staff would supervise new clients when they were unpacking their belongings to ensure they were not bringing illicit items onto the premises. Staff carried out breathalyser tests and drug tests of urine and saliva prior to admission and if relapse was suspected. Clients were required to show they had been abstinent from drugs and alcohol as part of the criteria for admission. If a member of staff suspected a client to be in possession of, or relapsing on, drugs or alcohol they could enter the client's bedroom without permission to check on them.

• Staff discussed clients' progress each day at handover meetings. Staff also reviewed daily journals in which clients recorded reflections on their feelings and progress. As a result, staff were likely to be aware of any potential distress, anger or conflict between clients at an early stage and could take preventative action. If conflict did arise, staff would speak to both clients and support them in resolving the matter. Staff issued warnings to clients if they were not complying with the rules and responsibilities of the programme. Warnings could lead to staff discharging clients from the programme. The service did not have any recent examples of this type of discharge or incident occurring.

Safeguarding

• Staff had completed training in safeguarding adults and children.

• At the last inspection in November 2016 we found that the service was not consistent with the organisation's policy or the local authority's procedure on safeguarding and the policy lacked detail. During this inspection, we found that the service had updated its adult safeguarding policy and staff were able to demonstrate that they understood both the service and local authority policies in relation to safeguarding. The manager was the safeguarding lead and staff reported any concerns immediately. The policy distinguished between current and historic abuse, so staff had guidance for both circumstances. The service had a safeguarding log book; there had been no safeguarding concerns or incidents in the past 12 months.

Outstanding ☆

Substance misuse services

• Clients' children were able to visit. If the child was visiting with a guardian or caregiver, they stayed with the child. If the child was visiting alone, the consent of a guardian was required. Staff routinely contacted children's services to ask if the child was known to the local authority in case there was a protection plan in place. Visits could take place in the client's bedrooms, lounges or meeting rooms. Staff did not supervise visits. However, a member of staff on duty would be aware of the visit. Visitors recorded their name and time of visit in the visitors' book.

Staff access to essential information

• Staff mostly used paper records, however some of the clients' information was stored electronically. All relevant staff had prompt and appropriate access to client records and staff were aware how and where to record client information.

• Staff held all information about clients securely in the office.

Medicines management

• Staff followed good practice in the storage and administration of medicines. Medicines were stored securely and for medicines requiring refrigeration records indicated within their recommended temperature range. Staff kept records of medicines administration. Staff also checked the quantity of each medicine each night. Medicines were available as homely remedies, these are medicines that can be purchased and administered to patients without a prescription for short term treatment of minor conditions. Clients' medication administration was supervised by staff members whilst at the service. A local pharmacy dispensed medicines and staff returned clients' medicines to them when they left the service.

Track record on safety

• There had been no serious incidents within this service in the 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

• The service did not have any recent examples of incidents and learning from them. However, all staff knew which incidents to report and how to report them. For example, any adverse events, errors or near misses. Learning from incidents would be shared during staff meetings, which took place every morning.

• Staff recorded accidents in an accident book. There were several entries in this book relating to occasional minor accidents.

• Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong. The service had an up to date duty of candour policy. The service did not have any recent examples of using duty of candour.

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

Good

Assessment of needs and planning of care

• The manager assessed whether potential clients met the eligibility criteria for the service and carried out a further assessment when the new client arrived at the service. This included a psychological assessment of the client's mental state, well- being and possible suicide risk. A social circumstances assessment included details of the client's family history.

• Each new client was registered with the local GP. A physical health assessment was carried out by the GP. Staff held a copy of the completed health questionnaire within the client's record.

• We reviewed the care records for three clients at the service, two of which were current clients and one previous. Care records were complete, person centred, up to date and well organised. Each care record had an individual recovery plan; two out of three recovery plans were not signed by the client, but we saw from their journals that they were familiar with them.

Best practice in treatment and care

• Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and guidance from the National Institute for Health and Care Excellence. The service provided treatment for clients which included, psychological therapies, rehabilitation activities and occupational activities, training

and work opportunities intended to help clients acquire living skills. For example, clients accessed individual counselling, group therapy, spiritual activities such as prayer and meditation.

• The service supported clients to develop life skills relevant to their individual needs. For example, improving health and hygiene, nutrition advice and emotional regulation.

• The manager was familiar with up to date guidance relating to the management of substance misuse. The service had previously conducted a review of guidance, highlighting the parts of the documents that were relevant to the service. As a result, they had added an appendix to the GP's standard questionnaire for new patients. The appendix included screening for blood borne viruses, a sexual health check, a history of fits or blackouts, screening for ulcers (oesophageal and gastric) and screening for deep vein thrombosis. This ensured key physical health risks were identified when clients came to the service.

• If a client needed to see a specialist for a physical health issue, they were able to attend the general hospital nearby.

• The main form of treatment to support clients' abstinence was the 12-step model of rehabilitation. Staff said they routinely used motivational interviewing and provided one-to-one counselling sessions regularly for clients.

• Staff monitored each client's progress through one-to-one sessions and clients' journals. Comprehensive reviews took place every 13 and 26 weeks.

• At the last inspection we found that staff did not make contemporaneous records of individual counselling sessions. At this inspection, we found that staff were recording counselling sessions and used a standard proforma for their records.

• The service had developed a food policy and provided meals to accommodate the specific health needs of clients.

Skilled staff to deliver care

• Staff had extensive experience of working with clients with substance misuse problems over many years. In most cases this amounted to decades of experience. Staff spoke knowledgeably and intelligently about the challenges clients faced. Staff had an excellent understanding of the 12-step model. They also had a comprehensive understanding of underlying traumatic experiences which had led clients to use substances.

• The manager and deputy had completed the registered manager's award.

• The manager held records of the date and reference number of the Disclosure and Barring Service (DBS) check for each member of staff. These were routinely requested for new staff and updated as required. A DBS check shows details of spent and unspent convictions, cautions, reprimands and final warnings held on police records.

• The service provided all staff with a comprehensive induction to be completed within 12 weeks of joining the service, this was based on the standards in the care certificate. This programme required the new employee to complete a checklist for each of the competencies defined by the care certificate, such as understanding the role, working in a person-centred way and handling information.

• We reviewed three staff supervision records. The service had separate supervision templates for different staff members, such as a template specifically for project workers, keyworkers and the deputy manager. All three showed the employee had participated in supervision each month. Records of these sessions were thorough, covering a review of direct working with clients, organisational administration and discussions about maintaining a positive work-life balance. All staff received an annual appraisal. We reviewed three appraisals and these records included a review of the employee's performance and a record of training and development.

• Employees could discuss continuing professional development with their manager in appraisals. Staff we spoke with said they were supported to access professional development courses. For example, project workers had been supported to complete a diploma in counselling.

•Managers addressed poor performance in supervision. The organisation had a dismissal and disciplinary policy and procedure in which managers gave verbal and written warnings that could lead to dismissal.

Multi-disciplinary and inter-agency team work

• Handover meetings involving all staff took place each morning. At the meeting, staff discussed the events of the day and individual risk where it was present. Staff used a standardised meeting agenda template during the meeting. It covered relevant topics, such as medication checks, have residents been informed of their appointments, residents' birthdays and planned visits.

• Staff supported clients with financial matters and this included advocating for clients to resolve disputes and deal with debts.

• The service shared information with other agencies. We saw evidence of multi-agency input in clients' notes. For example, contact with children's services. This was particularly important as staff members at the service were well informed regarding each client's interpersonal relationships and were in a good position to support clients and their families.

Good practice in applying the Mental Capacity Act

• At the last inspection we found that staff had not received training in the Mental Capacity Act. At this inspection all staff had completed Mental Capacity Act training.

• Clients were required to have sufficient mental capacity to engage within the therapeutic programme. Within the initial assessment, the manager assessed whether the applicant could understand what was involved in the programme, retain this information and communicate their views. Furthermore, the clients were asked to complete the application form by themselves which would later be reviewed by the manager and a further assessment around capacity would take place during the admission interview.

• Staff said there had not been any situations where they had needed to consider using the Mental Capacity Act 2005. Staff knew that unwise decisions were not necessarily a sign of a lack of capacity and were able to describe how to assess if a person could make a decision. They also knew that in the event of a person lacking capacity on account of being under the influence of drugs or alcohol the decision should be delayed, if possible, until they were sober and that any actions should be in the person's best interests.

Are substance misuse services caring?

Outstanding ☆

Kindness, dignity, respect and support

• Staff spoke with passion and respect about clients. They demonstrated empathy and compassion and described the person-centred care they provided in a way which emphasised each client's humanity. Staff spoke of some clients arriving at the service, distrustful and sceptical of others, due to their past experiences. Staff then saw it as their work to foster and nurture an environment of honesty, respect, support and generosity. Relationships between staff and clients were strong but boundaries were maintained, and the quality of these relationships was recognised as very important by clients, staff and managers. All the staff were highly motivated to provide the best care possible to clients.

• Staff assisted clients with practical matters in a number of ways, where they were able to do so. Examples included, if clients' benefits were delayed on their admission, the service loaned money to clients until they came through. Staff attended benefits assessments with clients if they consented to this. One client arrived with significant mobility problems. The client's NHS appointment to assess what aids he needed was months ahead. The manager immediately bought crutches and other aids to assist the client. Another client arrived for treatment with one change of clothes. The service funded more clothes for him, which he then purchased accompanied by staff. There had been occasions when former clients of the service visited to ask for help. In some cases, this was more than 10 years after they had completed treatment at the service. Staff continued to help them.

• The provider ensured that needs of clients were met, even when there was no funding in place. Staff worked with grant making organisations to generate funds through fundraising to pay for client's care. Examples include, the purchase of a minibus and defibrillator.

• Staff went to extraordinary lengths to consider how clients' backgrounds may have affected their self-esteem. For example, purchasing high quality food to demonstrate to clients that they were worth 'the best'.

• Staff embraced the history, beliefs, characteristics and aspirations of individual clients. The care provided for clients was tailored to what each client wanted and needed. Staff had changed the treatment programme for a client to support them to return to their profession part-time. Staff had supported clients to attend community groups specifically for black people or people who were gay. The culture of clients' needs coming first and foremost permeated throughout the service and was intrinsic to the way staff worked. This extended to former clients of the service. Staff provided individual support sessions for former clients who visited the service seeking such support. This included former clients who, after many years, had returned to substance misuse.

Substance misuse services

• Staff were committed to the service being a safe place for care. Any discriminatory behaviour from one client to another was addressed immediately. If it did not stop, the perpetrator would be asked to leave the service. On the occasions when clients came into conflict with each other, staff used these as an opportunity for clients to develop better ways of being assertive and honest.

• Staff were always mindful and protective of clients' confidentiality. During the inspection, a client entered the administrative office to discuss financial matters. Staff asked the inspector to leave to maintain the client's confidentiality.

The involvement of people in the care that they receive

• Clients were fully involved in decisions about care planning and risk assessment. Clients wrote their own daily journal that provided the primary daily record of their therapeutic activities.

• The manager showed us cards and letter of thanks from former clients and their families. Examples included:

Card from service user October 2018 - '' very big thank you amazing team''. This client got married and invited the service team to their wedding.

Letter from family – ''we lost our son and you have given him back to us''.

Drawing from child saying - ''thank you for looking after my daddy''.

• Clients were able to contribute to decisions about the programme and service through regular meetings or discussions with their keyworker. A house meeting took place every Friday morning where clients were able to give feedback and make requests to staff. For example, clients requested more plug sockets in rooms and requested different breakfast items to be added to the menu. The service met these requests.

Involvement of families and carers

• Many of the clients did not have family or friends in the community. However, where clients had family and friend's, staff supported clients to re-establish important relationships. This included providing counselling for clients with their ex-partners. Family members and others could visit clients at the service.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

• The service invited applications from men who were seeking abstinence-based recovery from addiction to drugs and alcohol. Applicants needed to be homeless, or at risk of becoming homeless, and in receipt of state benefits. All referrals were made directly by clients, who presented themselves to the service either in person or via telephone.

• During the first two weeks at the programme, clients could not leave the premises unless another client or member of staff accompanied them. Once they had completed the first two weeks, they were entitled to go out unaccompanied. Clients confirmed their consent to these arrangements when they signed the licence agreement.

• Charis Primary Programme was a small service, with capacity for up to seven clients. There had been eleven admissions to the service in the twelve months prior to our inspection. Clients completed the programme over a six-month period, hence the turnover of clients was relatively low.

• There were two people on the waiting list for the primary programme service. Once accepted onto the waiting lists, people could wait up to six months to be admitted as this relied on existing clients moving on.

• During 2018, three out of nine clients had left the programme before completion. Whenever possible, staff met with a client who intended to leave before completing the programme. At this meeting, staff talked to the client about their reasons for leaving and gave advice around move on and next steps. However, this was not always possible as some clients left the service without informing staff. In response to this, all clients received a copy of a generic document called 'Exit Strategy Procedures on admission'. This document included advice on the dangers of using drugs and alcohol after abstinence and details of other organisations that could provide support. Clients also received an admission pack and within this pack there is information in relation to health warnings around relapse.

Substance misuse services

The facilities promote recovery, comfort, dignity and confidentiality

• Within the building, there was a calm, quiet and respectful atmosphere.

• The facilities included bedrooms, bathrooms, offices, group rooms, counselling rooms and activity rooms. There were separate interview rooms for counselling sessions. We saw clients' bedrooms, and these were comfortable and well furnished. There was a pleasant lounge where clients could watch television together. There was a small library of books and DVDs. These opportunities for socialising and recreation supported the clients' recovery.

• There were two payphones that clients could use in private. In an emergency or where clients lacked funds the manager told us that clients could use the phones in the office.

• There were quiet areas throughout the building where clients could meet with visitors.

•Clients had access to an exceptionally tidy and well-maintained garden, which had tables and chairs for clients' use.

• Staff cooked the clients' meals every day in a spacious, clean and well-maintained kitchen. Clients said meals were very good and we saw that there was always a variety of options on the menu. Clients had the option to purchase alternative food on weekends if they wanted and used their own money to do so.

• Clients were able to make hot drinks and snacks at any time.

• Clients could personalise their bedrooms and we saw examples of this during the inspection.

• Clients could lock their bedrooms, providing a secure place to store their belongings.

• There was a full range of activities throughout the week. Clients began the day with breakfast, followed by household tasks, prayer and meditation. There was a comprehensive programme which included completing daily journals, daily therapy and one-to-one counselling. In the evenings, clients were also required to attend two external 12-step meetings each week. On Wednesdays, clients had a free afternoon for individual therapeutic work, to attend day trips or for visits from family and friends. For example, at the time of the inspection clients were due to visit a theme park the next day. At the weekend, the timetable of activities was less structured.

Meeting the needs of all people who use the service

• The service was spacious and could accommodate people with limited mobility. The service had installed a stair lift, had wheelchair accessible doors throughout, plus an accessible wet room both upstairs and downstairs.

• Clients were required to speak English to participate in group therapy and this was made clear in the eligibility criteria prior to admission. Extra support was offered for those with specific learning disabilities, for example dyslexia.

• The service provided food that met the ethnic and religious needs of clients. Upon admission the manager asked clients about their specific dietary requirements, including allergies.

• The service actively encouraged clients to engage in spiritual support. The daily programme included dedicated time for prayer and meditation. The service provided bus fares for clients to attend their chosen place of worship.

• The service was open and committed to inclusively accept gay, bisexual and transgender clients (LGBT+) and black minority ethnic clients. All staff at the service had completed specific LGBT+ awareness training and there was a specific policy on dealing with prejudice. For example, this policy included information in relation to sexism and racial, sexual and gender identity prejudice and it emphasised the importance of respect and inclusivity.

Listening to and learning from concerns and complaints

• There had been no complaints about the service in the twelve months prior to the inspection.

• The service had a formal complaints procedure. Details of this procedure was provided to each client in the 'User Guide and Statement of Purpose' booklet. The procedure stated that clients had the right to be accompanied by another client at any meeting. The policy also provided an assurance that no victimisation would follow the making of a complaint and contained information regarding who to contact should the complaint not be resolved.

• Informal complaints were dealt with by the senior management team and the outcome was fed back to the client. The manager told us that clients as well as staff could raise any issues during the house meeting which took place every week. For example, the clients' toilets were left in a mess and this was discussed with all clients within the meeting and resolved internally.

Are substance misuse services well-led?

Outstanding ☆

Vision and values

• The organisation was committed to encouraging clients to make their own choices and decisions. This was done by providing independence, empowerment and an individual approach to meeting each client's needs. Clients were involved in the delivery and development of the service and it was evident that all staff were fully committed to these values during the inspection visit.

• The service had its own aims and objectives which were set out in the 'User Guide and Statement of Purpose' booklet. The aims were to enable clients to maintain abstinence as the foundation for a new life in recovery, develop a more positive mental and emotional way of life, develop a positive spirituality, address any outstanding practical matters that needs attention and develop recreational and social activities in recovery.

Good governance

• Governance systems and performance management arrangements were proactively reviewed, reflected best practice and were well organised. The leadership team and staff had fine-tuned the governance system since our last inspection. This meant that systems and processes were clearly defined and met legal and regulatory requirements. The way documents were laid out made it easy for staff to complete them. This limited the time staff spent on administrative tasks and maximised the time staff could spend with clients which made it easier for staff to carry out their role in an effective way.

• The manager provided daily management of the service and the deputy manager supported the manager. The managing committee of the Tower Hamlets Mission was responsible for the overall governance of the service. This committee had eight members with experience in alcohol and drug recovery work, as well as a range of professional disciplines. New members of the committee received a structured induction. The managing committee met three times each year. The minutes from November 2018 showed the meeting was well attended. The committee heard reports from the chairman and the manager. The secretary and finance sub-committee also provided reports. The Tower Hamlets Mission is a registered charity.

• During the inspection, we reviewed documents that showed the governance of the service was effective. For example, all staff had completed mandatory training. Staff also received good quality and regular supervision and appraisals.

• The service kept information on the number of clients admitted, the number of clients who completed the programme and the number of clients who discharged themselves. For example, in 2018, nine clients participated in the programme, six clients successfully completed it, one completed one week, another left at 13 weeks and one left at 20 weeks.

• The service maintained annual statistics around the age range, gender, ethnic origin, disability and faith of clients. The service published these figures in its annual report.

• All staff we spoke to said they felt supported in their role. Two administrators provided administration support to the manager.

• The service had a corporate risk management policy. This included arrangements for the identification and monitoring of risk and risk evaluation. The service compiled details of risks and mitigating actions relating to finances, operational risks and governance. For example, changes to government policy and how this would impact the service.

Leadership, morale and staff engagement

• The manager and deputy manager were extremely experienced leaders. They had the knowledge and skills to perform their roles and created a truly person-centred culture in the service. There was strong collaboration and support across all functions and a common focus on client care and ensuring they were made to feel valued and to promote a sense of worth. This was evidenced in the person-centred care provided by the service and the way in which staff spoke about client care and treatment.

Substance misuse services

• The manager and registered manager were described by staff as 'inspirational' and 'outstanding'. The manager and deputy manager were visible and accessible to clients and staff and undertook unpleasant tasks in addition to their managerial duties, such as cleaning drains and emptying bins.

• All the staff understood the aims and purpose of the service and were united in their view of what was required to achieve this.

• The six staff we interviewed were enthusiastic, motivated and positive regarding the service. They had high levels of satisfaction with their roles and exceptional levels of trust in the leadership team. Staff were empowered to make decisions and were supported by the service's managers. Specific support was offered by the manager to staff to discuss and deal with the emotional aspects of working in the service. Staff were proud to be working for the service and had no hesitation about raising concerns with the management team.

• None of the staff we spoke with raised concerns about bullying, harassment or whistleblowing.

• Staff said they could give feedback on the service and contribute to the development of the service at the daily team meetings and through discussions in supervision.

Commitment to quality improvement and innovation

• The manager and deputy manager were open to change on how governance systems could be improved. In addition to informal discussion, staff were sent a questionnaires every six months. This was brief and on the theme was how the service could improve further. This included any additional fine-tuning to the governance system.

• The service was dedicated to participating in innovative practice and had participated in an alcohol and drug recovery research programme called 'conscience therapy'. Conscience therapy endeavours to facilitate the process of recovery from addiction and this had been incorporated into the primary programme objectives during week 12.

• The service had developed their own integrated approach in relation to the spiritual dimension of care, in line with their religious ethos. The manager told us other organisations had visited the service to learn from its approach.

• The service kept up to date with national policies and guidance relevant to substance misuse services. We saw that they had amended their own policies and procedures in response.

Outstanding practice and areas for improvement

Outstanding practice

• The culture of clients' needs coming first and foremost permeated throughout the service and was intrinsic to the way staff worked. This was evidenced in the person-centred care provided by the service and the way in which staff spoke about client care and treatment. Staff worked sensitively, consistently and in a well-informed way with clients to support them with all aspects of their recovery. Staff saw it as their work to foster and nurture an environment of trust, honesty, respect, support and generosity to help clients rebuild their lives.

• Most of the staff had worked for the service for many years and on average staff had 20+ years' experience at the service and continued to show a high level of job satisfaction and passion within their role.

• Staff went to extraordinary lengths to ensure they promoted client's self-esteem. This included purchasing high quality food to demonstrate to clients that they were worth 'the best'. The service made sure clients did not go without essentials whilst they waited for their benefits to arrive. They did the same for those who had left the service who later needed a helping hand.

• The service had developed their own integrated approach in relation to the spiritual dimension of care, in line with their religious ethos. The manager told us other organisations had visited the service to learn from its approach.

• The manager was described by staff as 'inspirational' and 'outstanding'. The manager and deputy manager were visible and accessible to clients and staff. They undertook unpleasant tasks in addition to their managerial duties, such as cleaning drains and emptying bins.