

Detox Support Project

Quality Report

5 Egremont Place

Brighton

East Sussex

BN2 0GA

Tel: 01273 604245

Website: <https://www.bht.org.uk/services/addiction-services/>

Date of inspection visit: 5 March 2019

Date of publication: 15/05/2019

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?

Outstanding



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

The service was last inspected in 2016, at which time we did not rate independent substance misuse services.

Following this inspection:

We rated Detox Support Project as Outstanding because:

- The service was well staffed with a range of well trained, supported and experienced staff. Staff put into practice the service's vision and values. Staff had contact with managers at all levels of the organisation, including the most senior, who were said to be supportive and visible.
- All staff members we spoke with were enthusiastic and highly motivated to provide support that is kind, promotes people's dignity and recognises the totality of people's needs. This made clients feel that they mattered.
- The service was clean and comfortable, with effective systems ensuring any issues were rectified quickly. Staff worked hard to create a warm, safe environment.
- Clients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally.
- There was a proactive approach to understanding the needs and preferences of different groups of people, and to ensuring the service met these needs, promoting accessibility and equality. The individual needs of each client were considered very carefully by staff, ensuring their individual preferences and needs were always reflected in how care was delivered.
- Clients were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do.
- Staff managed risk well using effective systems and protocols, including clients at risk of exiting the service without completing treatment. All clients had holistic, personalised support plans, and were encouraged to take an active role in their own treatment and risk management.
- Staff managed opiate detoxification safely. Staff assessed clients for suitability for detoxification in collaboration with their local substance misuse detoxification prescribing service prior to admission and clients received a full prescribing assessment on the day of admission. Detoxification prescribing regimes implemented by the local substance misuse detoxification service supported the DSP. These were in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and relevant National Institute of Health and Care Excellence (NICE) guidelines. Staff effectively monitored withdrawal symptoms and were knowledgeable about what actions to take if a client's health deteriorated during detoxification.
- Clients spoke very highly about their experiences of the service, their relationships with staff and the impact the service had on their lives. Relationships between clients and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Incidents, complaints and safeguarding concerns were monitored to identify where improvements could be made. Clients were involved in reviews of how complaints were managed to ensure their view was taken into account.
- The culture within the service was that of openness, transparency and learning. Staff and clients were confident to raise issues.

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Outstanding practice	19
Areas for improvement	19

Outstanding



Detox Support Project

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Detox Support Project

Detox Support Project (DSP) is part of addiction services run by Brighton Housing Trust (BHT), and provides an eight to 12-week residential drug detoxification programme for up to six adult men and women. The service is medically monitored, and uses the 12-step approach to support people during their detoxification and recovery, providing intensive daily support via therapy groups and from peers. On successful completion of the programme, clients can move on to the pathway's residential Recovery Project. There is a registered manager in place at the service.

The service did not employ nursing staff or medical professionals. Specific physical health care needs were

met by a local GP or dentist, with whom the service had good links. Staff would access emergency health services via 999 or accident and emergency services. Referrals were made via Pavilions, a local drug and alcohol support service, which was commissioned by the local authority.

At the time of our inspection, five male clients were receiving support at Detox Support Project, with one further admission planned.

The service is registered to provide: Accommodation for persons who require treatment for substance misuse.

Our inspection team

Our inspection team comprised of two inspectors and a specialist advisor who was a specialist substance misuse nurse.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

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:

- carried out a tour of the building, including the clinic facilities, kitchen, communal areas and a client's bedroom
- interviewed the registered manager and three members of staff
- spoke with one current client
- spoke with two volunteers who had been through the service and were now in recovery

Summary of this inspection

- spoke with two peer mentors, who had been through the service and were now in the residential Recovery Project
- looked at six client care and treatment files, including medicines records
- observed a morning planning meeting
- looked at policies, procedures and other documents relating to the running of the service
- looked at records relating to the running of the service including incident and complaints logs

What people who use the service say

Everyone we spoke with who was receiving, or had previously received, care and treatment at Detox Support Project were very positive about their experience. Clients were particularly happy with how involved they were in their care and treatment, having options discussed with them throughout the process. Clients told us staff were very supportive and tried very hard to provide holistic

care, and that this helped them to be more confident in their life in recovery. One client told us their recovery was not just down to them but also down to staff at Detox Support Project, and that they were grateful for the options the service had given them. One client described the service as the 'best kept secret'.

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



- Comprehensive systems ensured the building was safe, clean and comfortable. Staff, managers within Brighton Housing Trust and external auditors undertook appropriate reviews and checks. There were processes in place for ensuring issues were rectified.
- There were sufficient numbers of suitable staff at the service, including full time members of staff, cover staff and volunteers. Most staff had lived experience of substance misuse. All staff had training appropriate to their roles, and were well supported. New staff were not allowed to work unsupervised until they were considered competent. Agency staff were never used.
- Risk assessments were comprehensive, detailed and regularly updated. Staff worked effectively with other professionals to ensure clients were kept safe. We saw evidence that clients were involved in their treatment, and encouraged to participate in managing their own risks.
- Robust systems were in place to protect people from abuse and harm. Incidents and safeguarding concerns were well managed following clear protocols. The service worked hard to learn from safeguardings and incidents, and ensure the service improved from them.
- Staff managed medicines safely, and followed clear protocols in line with national guidance. Effective systems ensured staff were competent to administer medicines to clients safely.
- Staff managed opiate detoxification safely. Staff assessed clients for suitability for detoxification in collaboration with their local substance misuse detoxification prescribing service prior to admission and clients received a full prescribing assessment on the day of admission. Detoxification prescribing regimes implemented by the local substance misuse detoxification service supported the DSP. These were in line with “Drug misuse and dependence: UK guidelines on clinical management (2017)” and relevant National Institute of Health and Care Excellence (NICE) guidelines. Staff effectively monitored withdrawal symptoms and were knowledgeable about what actions to take if a client’s health deteriorated during detoxification.

Summary of this inspection

Are services effective?

Good



- Each client had a comprehensive and highly personalised support plan, which was regularly updated. Files evidenced that consent was gained and the Pavilions care coordinator was identified.
- Clients participated in a range of therapeutic groups and activities. Staff used recognised tools to measure outcomes.
- Staff continually assessed the risk of unplanned exits, and worked closely with any client thought to be at risk. Naloxone, a treatment to rapidly reverse the effects of opioid overdose, was offered to everyone using the service, and to clients leaving the service without finishing treatment.
- Staff received a full induction and ongoing training appropriate to their role. Supervision and appraisals gave staff members the chance to discuss their development. Everyone we spoke to told us they felt empowered in their role, and confident in their ability to do their job.
- Most staff had lived experience of substance misuse, which clients valued as they felt it meant staff understood their situation better.
- Clients were supported to maintain relationships and access the community. Cover staff and volunteers accompanied clients each time they left the service.
- The service had good relationships with partner organisations and effective protocols for joint working.

Are services caring?

Outstanding



- Staff treated clients with dignity, kindness and respect. They were highly motivated to continually look for ways to promote clients' dignity, diverse needs and personal choices, ensuring the totality of clients' needs were looked after.
- Support and treatment was highly personalised. Clients were consistently encouraged to be active partners in their treatment and recovery. Staff worked hard to empower clients to set and achieve goals through recovery and beyond.
- Clients were truly respected and valued as individuals, and their personal preferences and needs were always reflected in how care is delivered.
- Relationships between clients and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

Summary of this inspection

- Staff supported clients to plan their days in morning meetings, and help them think about how to manage any risks. Cover staff and volunteers accompanied clients in accessing the community, and supported them to maintain important relationships.
- Staff worked hard to create a welcoming, informal environment. Clients were encouraged to look out for each other, which made them feel safe. Staff and clients knew how to raise concerns and were confident to do so if they needed to.
- Staff worked hard to ensure clients were involved in their care and treatment, offering a wide range of opportunities for them to have their say, such as meetings, feedback forms and surveys. Feedback was consistently good, and clients felt staff would always go the extra mile and truly cared about them and their recovery.

Are services responsive?

- Care and treatment pathways were clear, and effective partnership working meant transition between service was seamless.
- Clients were always treated with dignity by all those involved in their care, treatment and support.
- The building was clean, comfortable and met the needs of clients. Each client had their own bedroom which could be locked for privacy. There were sufficient communal and private spaces.
- Staff gave new clients a range of information, about what they could expect and what was expected from them. This information was also available in communal areas. Key workers and peer buddies were assigned to each new client to help orient and support them.
- Individual daily activities were arranged in a communal morning meeting, where each client was encouraged to think of ways to manage any associated risks. Cover staff and volunteers accompanied each client whenever they left the service.
- Staff assigned peer buddies appropriate to the individual client's needs. Clients who identified as lesbian, gay, bisexual, transgender or queer (LGBTQ+) were always assigned someone from the LGBTQ+ community and females were always assigned a female buddy.
- There was a proactive approach to understanding the needs and preferences of different groups of people, and to ensuring the service met those needs, promoting accessibility and equality. Staff worked hard to ensure clients' individual needs,

Outstanding



Summary of this inspection

choices and lifestyles were fully respected, including communication needs, language, religion, sexuality and gender. Clients were encouraged to look out for each other. Avoiding discrimination was discussed in community meetings.

- Staff welcomed complaints as opportunities to resolve issues, and to learn and improve the service provided.
- Complaints were an agenda item at community meetings, ensuring that clients were involved in regular reviews of how the service was improved as a result of any complaints.

Are services well-led?

- Many managers within the service and the wider organisation had been in their posts for a long time and were highly thought of by staff. Senior Brighton Housing Trust managers were supportive and visible.
- Staff told us they were very happy in their roles, and felt respected and listened to by managers and each other. Everyone we spoke to said they would be confident to raise concerns if they needed to.
- All staff had regular support, supervision and appraisals, appropriate to their roles.
- An open, transparent culture existed within the service. Continually improving the care and treatment provided was a priority.
- The service had management systems in place to capture and collate various types of information including feedback and complaints, incidents, safeguardings and client outcomes. This was then analysed to see where improvements could be made.
- There was a range of support systems in place within the wider Brighton Housing Trust, including managers meetings, safeguarding meetings and an annual conference.
- The service attended regular meetings with other agencies, including Pavilions and the local authority commissioners, to monitor the service and outcomes.
- The service was innovative and strived to continuously improve, with several new initiatives being introduced. An example of this would be the introduction of Psychologically Informed Environments (PIE) as a service delivery method, PIE is a recognised approach to providing services in an environment which meets the psychological needs of their clients. This would help ensure that holistic, personalised care is provided.

Outstanding





Substance misuse services

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

Are substance misuse services safe?

Good



Safe and clean environment

- The service was in a town house on three levels in a residential area. The property had a lounge where clients were encouraged to spend time together. There were also bedrooms and bathrooms on each floor, and a couple of small offices. There was a kitchen at the back of the house, with laundry facilities, and a small outside courtyard with seating.
- The property was very clean and comfortable at the time of the inspection.
- Clients were responsible for keeping the house clean, and agreed a rota for the chores. Each week one client would take the role of house leader. The house leader ensured the rota was completed and the weekly shop was organised.
- The manager completed a comprehensive weekly health and safety check of the house, and reported any issues to the admin manager who arranged for them to be rectified.
- Information was on the noticeboards advising clients of who to contact in an emergency overnight, such as if there was a problem with the boiler or a fire, and where the meters were located. BHT staff completed a more in-depth environmental risk assessment every three months.
- Staff checked fire alarms, carbon monoxide detectors and the water temperature each week. An external company completed a full water safety and legionella check every three months.
- A fire drill was completed every eight weeks.

Safe staffing

- The service had three full time members of staff, a manager, a senior project worker and a project worker. They were supported by cover staff and volunteers. Most staff members had lived experience of substance misuse, and had been through the service themselves.
- All three full time members of staff were onsite during weekdays. One member of cover staff was onsite in the evenings and for set times at weekends. The service was not staffed overnight, however the manager was on call when she was not onsite. All staff we spoke with understood the out of hours on call arrangements and used them whenever they needed to.
- DSP had a very low turnover of staff and very low levels of sickness absence. Cover staff could be called in if needed. The service never used agency staff.

Assessing and managing risk to patients and staff

- Pavilions provided a risk assessment, including medical checks, and treatment plan for each client. In addition, DSP staff completed a comprehensive risk assessment for each client before they moved in to the service. This included physical health, accommodation status, previous detoxes and substance misuse history, criminal history, cultural and religious needs, current support from other agencies and mental health.
- We reviewed all five care records of current clients, and for someone who had recently left without completing treatment. All were very thorough and detailed, and evidenced regular review. Staff recorded risk plans on the electronic system and in paper files.
- Records evidenced a high level of personalisation in risk management. Staff worked with clients to empower them to manage their own risks and create individual



Substance misuse services

strategies to manage identified risks. Clients reflected on their day each evening, and on whether the risk management strategies they had put in place were effective.

- Records showed staff took appropriate actions following incidents, and reported them appropriately in line with policy.
- Staff used meetings and keyworker time to try to identify people who may be at risk of unplanned exit, and worked with them to reduce the risk. Groups were used to reduce the risk of unplanned exits. Topics such as how to manage cravings, identifying triggers and situations that could lead to unplanned exits were covered, and staff sought to teach clients the skills to manage these risks safely.
- The file for the person who had recently exited the service without completing treatment showed that the appropriate agencies were informed, and naloxone, which is a medicine used to reverse the effects of an accidental opioid overdose, had been offered.
- Smoking, including e-cigarettes, was only allowed in the outside courtyard or in clients' rooms, with the door closed and a window open. We saw that clients had signed behavioural contracts agreeing not to smoke outside their rooms, however they were known to smoke on occasion in the house at night when the service was not staffed. Signs in the house clearly outlined the smoking rules.

Safeguarding

- BHT had a clear safeguarding policy and DSP had a bespoke procedure which staff are aware of. Staff knew how to report any concerns.
- The manager attended safeguarding group every two or three months held by BHT.
- BHT had a safeguarding lead who was very supportive. Pavilions also had a safeguarding hub that staff could access.
- All staff had safeguarding training regularly. Safeguarding was often an agenda item at team meetings, when staff would discuss ways to spot any potential issues, including observing body language and group dynamics to identify any red flags for issues such as bullying.
- Safeguarding information was on noticeboards in the service.

- Clients and staff discussed how people could protect themselves and each other from abuse or exploitation in community and client involvement meetings.

Medicines management

- Pavilions staff undertook all prescribing and medical reviews for clients.
- The service had clear policies and procedures related to management of medicines. Staff followed good practice in medicines management followed in line with national guidance.
- Staff received thorough training in how to administer medicines safely, including as much shadowing of senior staff as necessary. New staff members were not allowed to administer alone until senior staff were satisfied that they were competent to do so.
- Staff maintained clear and proper records relating to medicines.
- Controlled drugs inspections were completed by the Controlled Drugs Officer for Sussex Police annually. The most recent was in February 2019 and no issues were identified.
- There had been no untoward incidents involving any medicines at the service.
- Staff managed opiate detoxification safely. Staff assessed clients for suitability for detoxification in collaboration with their local substance misuse detoxification prescribing service prior to admission and clients received a full prescribing assessment on the day of admission. Detoxification prescribing regimes implemented by the local substance misuse detoxification service supported the DSP. These were in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and relevant National Institute of Health and Care Excellence (NICE) guidelines. Staff effectively monitored withdrawal symptoms and were knowledgeable about what actions to take if a client's health deteriorated during detoxification.
- Staff offered all clients naloxone, which is a medicine used to reverse the effects of an accidental opioid



Substance misuse services

overdose. Clients leaving the service without completing their detoxification were offered naloxone to take with them, due to the increased risk in misusing drugs immediately following treatment.

Track record on safety

- There had been no serious incidents in the last 12 months.
- The manager told us there had never been an incident of a client overdosing while in the service.

Reporting incidents and learning from when things go wrong

- The service had a clear incident reporting policy, which staff were aware of. All staff we spoke to were confident of what type of incident should be reported and gave us examples.
- Records showed that all incidents were appropriately reported and investigated. Outcomes and learning were recorded, and shared with staff and clients via staff and community meetings. Where it was identified that change was needed to reduce the risk of future incidents or improve the service, this was implemented.
- Care coordinators at Pavilions were informed of any significant incidents involving their clients.

Duty of candour

- The organisation had a duty of candour policy. We saw evidence in complaints, incidents and meeting records of the service being transparent and accountable to clients. This meant that they were open about what happened and offered an apology when things had gone wrong.

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

Good



Assessment of needs and planning of care

- Staff completed a comprehensive assessment prior to someone entering the service. This included physical health, accommodation status, previous detoxes and substance misuse history, criminal history, cultural and religious needs, current support from other agencies and mental health.

- We reviewed the support plans of all five clients currently receiving treatment at DSP. All showed that the assessments were very thorough and detailed, and evidenced a high level of client involvement. Support plans were regularly reviewed.
- The client's care coordinator and key worker were clearly identified.
- All records we reviewed evidenced that clients had consented to their care and treatment.

Best practice in treatment and care

- The service had a full daily therapy programme. This included a planning meeting, therapy group, individual keyworker sessions, and also included a variety of recovery focussed groups. Other activities, such as an art group, shiatsu and mindfulness sessions, focused on relapse prevention and relaxation. Clients were expected to attend the groups as part of their treatment and recovery.
- The medical team at Pavilions prescribed detoxification medicines for clients. Staff at DSP worked closely with Pavilions staff to ensure each client's treatment plan was as effective as possible. Each client's personal opiate reduction regime was clearly detailed in their support plan. DSP took an individual approach to detoxification, and clients could change the pace if they needed to with clinical input. This was discussed with staff, who then kept Pavilions staff informed.
- Staff worked closely with any client who was thought to be at risk of leaving the service, or who had told staff they were considering leaving. All unplanned exits were reviewed to see if there was anything they could have done differently, which may have prevented the exit.
- Support and treatment was based on the 12-step programme with integrated cognitive behavioural therapy.
- The service used the star tool to measure client treatment outcomes. This is a recognised evidence-based tool for measuring and supporting change when working with people, based on values of empowerment, collaboration and integration.
- Staff followed NICE best practice guidelines relating to the management of medicines.

Skilled staff to deliver care



Substance misuse services

- Most staff members at DSP had lived experience of substance misuse. Clients told us that meant they really felt that staff understood what they were going through.
- Staff received a full induction into the service and mandatory training, which was refreshed as needed. Volunteers received a comprehensive induction and specialist training dependent upon their role. Mandatory training included safeguarding, equality and diversity, confidentiality and managing challenging behaviour. There was also a corporate induction and introduction to BHT. Staff could access additional specialist training through the BHT training program or the local authority.
- Managers identified the development needs of staff and provided them with opportunities to develop their skills and knowledge. Staff told us they were given opportunities to develop, and that they felt empowered and more confident in their ability to support people as a result.
- The manager had recently completed training in Psychologically Informed Environment approach (PIE) at a managerial level. PIE is a recognised approach to providing services in an environment which meets the psychological needs of their clients. There were plans to train the other full-time staff members to ensure PIE was as effective as possible for clients using the service.
- Staff used incidents, feedback and complaints as an opportunity to reflect and improve their practice. The manager addressed any issues with staff performance promptly and effectively, within a culture of support and learning.
- All staff received regular supervision and an annual appraisal. Weekly team meetings were held.

Multi-disciplinary and inter-agency team work

- The service had good links with a variety of multi-disciplinary professionals including GPs, dentists, social workers, the local pharmacy and family support services.
- Care coordinators were provided by Pavilions, and were clearly identified on support plans. Service staff had regular meetings with Pavilions to review clients' progress.
- The service had effective protocols in place for working with other professionals involved in clients' care. Records showed appropriate liaison with Pavilions staff, GPs and emergency services.

- The service had regular meetings with local authority commissioners.

Good practice in applying the Mental Capacity Act

- The service had a Mental Capacity policy which staff were aware of.
- Staff recorded clients' capacity in their support plans.
- Staff received training in the Mental Capacity Act as part of their mandatory training.

Are substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

- We saw staff interacting respectfully, kindly and appropriately with clients. Staff we spoke with were enthusiastic and highly motivated to provide support that is kind, promotes people's dignity and recognises the totality of people's needs. Staff told us they tried not to be excessively professional in their approach to supporting people, to create an informal, relaxed atmosphere.
- All current and previous clients we spoke with said staff were kind, approachable and tried very hard to support them as individuals. Staff worked hard to make clients feel like they mattered and that they were truly cared for. Staff also encouraged clients to support and look out for each other, creating a very welcoming, safe environment.
- Most staff had lived experience and had been through the service themselves, which meant they could provide empathetic support. Clients told us they valued that and it helped that staff 'knew how it felt to be an addict.'
- Staff supported clients to understand and manage their treatment, and take an active role in their own recovery.
- Staff signposted clients to other services when appropriate, and supported them to access those services. Volunteers could be called in at any time to accompany clients to appointments, activities and family visits.
- The service had clear confidentiality policies in place ensuring staff maintained the confidentiality of information about patients.



Substance misuse services

- The service had a record that confidentiality policies had been explained and were understood by people who use the service.
- Staff said they could raise concerns without fear of the consequences, although they had never needed to do so.

Involvement in care

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. All current and previous clients we spoke with told us they were fully involved in their care, treatment and all aspects of their recovery. People's individual preferences and needs were always reflected in how care is delivered.
- Staff worked hard to empower clients to make their own decisions and manage their own risks. Staff supported clients to think about any risks associated with an activity, and consider strategies to manage them. This enabled clients to build the skills to manage their own recovery after leaving the service.
- Clients completed significant event sheets (SESs) each evening. Clients were prompted to think about what events had been most significant in their day and write them down to document risk and strengths. This may have included something that happened in the house, something staff did well that helped them or something they did that was not so helpful, or concerns about another client. SESs helped staff monitor and respond to early concerns or risks, which were then discussed in the daily therapy group. Concerns were logged on an SES action sheet, with a named staff member responsible for follow-up that day, and outcomes logged.
- Weekly community meetings were held and a variety of topics were discussed, including 'the week ahead', covering any significant events such as a new client moving in, client safety, maintenance and complaints. Clients could raise any issues during these meetings, and everyone could feed back on anything which is ongoing, such as repairs to the property or equipment.
- Fortnightly client involvement groups were held where a specific topic was discussed in depth, such as safeguarding, managing risk and managing anxiety. Follow-up from these meetings was a standing agenda item in the weekly community meetings.
- Each client had a welcome ceremony on their second day at the service. All staff and clients attended the ceremony, which was informal. A current client led the ceremony and welcomed the new client to the service. The new client was invited to say why they wanted to come to DSP, and all clients could share helpful tips. Other ceremonies held throughout clients' stay were a clean ceremony on completion of the detoxification programme, and a leaving ceremony celebrating successful completion of the programme.
- Staff gathered client and carer feedback in a variety of ways, including groups, key worker sessions, community meetings, two different annual surveys, exit interviews and SES forms. Feedback from clients was continually positive about the way staff treat people. Clients thought that staff went the extra mile and the care and support they received from DSP exceeded their expectations.
- Relationships between clients and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff only closed office doors when they needed to have confidential discussions, so clients could speak to staff in offices at any other time. Clients told us they felt comfortable approaching staff for discussions.

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

Outstanding



Access and discharge

- All referrals were received from Pavilions, who provided a comprehensive risk assessment, medical reviews and treatment plan. Pavilions continued to provide a care coordinator for each client, and ongoing mental health and medical reviews where needed.
- DSP held regular drop in sessions so people who were interested in the service, or those who were due to be admitted for treatment, could go along to get information and get to know the service and staff.
- BHT addiction services also had a residential Recovery Project that most people who complete their



Substance misuse services

detoxification move onto to continue their recovery. The manager of DSP also manages the Recovery Project, ensuring transitions were seamless, services were flexible, and continuity of care was provided.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do.
- The service had enough rooms to allow for groups and individual key worker time. Clients could speak with staff in confidential spaces as needed.
- Clients were encouraged to spend time together in the communal lounge, and the outside courtyard had seating available.
- Each client had their own room with a lock on the door. Bedrooms could be personalised as people wished.
- The service was very clean at the time of our inspection and clients told us it was comfortable. Some clients said they would like more communal space, but accepted that the property made this difficult and they did not feel this negatively impacted on their recovery.
- Clients worked together to ensure the cleaning, shopping and cooking tasks were shared. Staff told us clients supported each other with tasks, for example if a client didn't feel confident to cook others would help them learn cooking skills and recipes.
- Staff facilitated a culture of support and encouraged clients to look out for each other, which clients told us helped them to feel safe.
- Each client received a welcome pack when they entered the service. This contained information about the service, and what they could expect. It also detailed what the service expected from them, the confidentiality policy and boundaries, how to make a complaint, and who their personal information may be shared with and why. Each client's keyworker would go through the welcome pack with them shortly after moving in. Welcome pack information was also available in a folder in the communal lounge.

- Clients planned their day during daily morning planning meetings. Any risks associated with planned activities were discussed, and staff encouraged clients to think about how they could manage the risks. Volunteers and cover staff were arranged to ensure each client has someone with them whenever they left the service.
- Clients' weekend activities were arranged using request forms which they completed on Thursdays. This allowed time for risks to be considered and cover staff and volunteers to be arranged.
- If a client wished to do something outside of their plan, the weekend cover staff contacted the manager who would discuss the request with the client and decide whether it was safe.
- Family and friends contact was carefully monitored by service staff during this stage of a client's recovery, however visits were encouraged and volunteers accompanied clients at all times when they left the service.

Meeting the needs of all people who use the service

- There was a proactive approach to understanding the needs and preferences of different groups of people, and to ensuring the service met these needs, promoting accessibility and equality. Staff clearly demonstrated how they considered the individual needs of each client very carefully to try to ensure they understood that person's specific needs and circumstances. Clients were very involved in those considerations and were encouraged to be actively involved in their treatment.
- Peers and volunteers assisted clients who required support to complete paperwork.
- Interpreters and signers could be used, but each potential client would be assessed to ensure their therapy and treatment would still be effective.
- Clients' right to practice their religion was respected and facilitated. Volunteers accompanied clients to whichever church they wished to attend.
- The weekly community meeting had a section on the agenda about discrimination, and the issue was proactively addressed when needed.
- All clients who identified as LGBTQ+ were accompanied by an LGBTQ+ buddy or volunteer to attend the weekly LGBTQ+ fellowship meetings if they chose to.

Patients' engagement with the wider community



Substance misuse services

- Females clients were always matched with a female buddy. A female buddy or volunteer accompanied women wishing to attend the women's fellowship meeting.
- Clients did their own shopping and cooking so dietary needs would be incorporated into the meal plan. Staff would provide practical support if needed, and a generous weekly food budget was provided.
- Wheelchair users would not be able to access the service due to the layout of the building. However the treatment pathway included other services that could provide the detoxification, and the Recovery Service was wheelchair accessible so wheelchair users could complete their recovery there.
- The service actively explored ways to improve the accessibility of the service. A women's event had been held recently, aimed at encouraging women to access the service, particularly those who face the risks associated with being street homeless.

Listening to and learning from concerns and complaints

- The service had a robust complaints process and a safe, open culture in which clients felt able to complain.
- Staff protected clients who raised concerns or complaints from discrimination and harassment.
- Complaints records clearly showed that individual complaints had been managed in accordance with the service's policy, and that staff responded positively to complaints. Records showed that investigations were thorough, and methods used to address complaints were tailored to clients' preferences and needs.
- We saw that there was a clear system for ensuring lessons were learnt and acted upon to improve the quality of the service.
- Complaints were an agenda item at community meetings. This ensured that clients were involved in understanding what learning there had been from recent complaints, and also that their voice was heard in regular reviews of how the service managed and responded to complaints.

Are substance misuse services well-led?

Outstanding



Leadership

- The manager had been in post for 13 years and demonstrated a genuine commitment to their role and the service.
- Many senior BHT staff have been with the organisation for a long time, and provided consistent, supportive leadership. Senior staff were very visible throughout the organisation and the Chief Executive visited the service regularly.
- An annual conference was held to bring BHT staff together, discuss any high level changes and reinforce the vision of the organisation.

Vision and strategy

- Staff knew and understood the organisation's vision and strategy, which was to combat homelessness, create opportunities and promote change by empowering people to rebuild their lives from addiction. This was reflected in the way the service was run, and the way staff performed their duties.

Culture

- Staff told us they were very happy in their roles, and felt very respected, valued and supported by the organisation and each other. Weekly team meetings always opened with an agenda item around staff well-being.
- The culture of the organisation and the service was open, and staff felt confident to raise concerns if they ever needed to.
- Staff felt positive and proud about working for the service and their team. Staff told us they were most proud of seeing someone go through the service successfully, which resulted in them living in their own home and working at BHT.
- Staff appraisals included conversations about career development and how it could be supported.

Governance

- The organisation used a range of key performance indicators to monitor the performance of the service. These were collated and analysed by a data and



Substance misuse services

information officer, who was dedicated to BHT addiction services. These included percentages of successful and unsuccessful treatment completions, drop-in attendance and service budgets. The organisation also captured the results of client surveys and used these to monitor the service.

- The manager could ask the data and information officer to gather and analyse information about a specific issue if she wanted to check whether there were specific trends, or if there was something she was particularly concerned about.
- BHT managers had bi-monthly meetings where services were discussed, and learning shared. The manager gave us an example of where she had made a change to the service to reduce a risk, based on learning another manager had shared after an incident.
- The manager had the authority to lead the service effectively and had access to administrative support. Senior management were known to the staff team and closely supported the manager. Senior BHT staff regularly visited the service.
- The addiction services maintained an up to date risk register, which any member of staff could add to.
- All incidents and complaints were reviewed for learning and identification of any themes. This information was used to improve the service.
- Staff understood the arrangements for working with other teams to meet the needs of the clients.
- The service had regular substance misuse review meetings with local authority commissioners.

- External auditors completed specific audits such as controlled medication checks and water safety/ legionella checks.

Learning, continuous improvement and innovation

- Staff clearly demonstrated a commitment to continuously improving the service and support they provided to clients. All staff were encouraged by the manager to think about how the service could improve. One staff member told us about a change made on their suggestion.
- BHT had a full training programme which staff could access and staff had their development needs continuously assessed by managers. Positive feedback was used to reinforce good practice and build staff confidence.
- Service staff created bespoke, innovative solutions to meet clients' individual needs. All successful interventions were recorded so that the service could continually monitor what worked and what didn't, and why.
- The service planned to introduce Psychologically Informed Environments as a service delivery method, and was in the process of training all staff to ensure it was as effective as possible.
- DSP had recently arranged with Pavilions that clients successfully completing the programme would be offered the opportunity to attend a ceremony at Pavilions. Some words written by staff celebrating the client's achievement would be read out, then they presented them with a small memento to mark their recovery.

Outstanding practice and areas for improvement

Outstanding practice

The service's use of significant event sheets was a good example of innovative practice and dynamic risk management. It helped make the service entirely risk and client led, as it enabled staff to change the therapeutic direction depending on any risks identified and uncovered any invisible issues. As significant event sheets are used daily, they enabled staff to select the therapeutic theme for groups and identify any individual interventions needed, to reduce any risk in real time.

Ceremonies marking significant points in each client's recovery helped build their confidence and pride in their achievements. Involving everyone in each ceremony created a supportive environment in which clients' recovery was celebrated.