Rosemary court

Quality Report

259 Dialstone lane
Stockport
SK2 7NA
Tel:0161 484 0000
Website:https://acornrecovery.org.uk/

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

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

Rosemary Court is a residential substance misuse service offering a psycho-social model of care but does not offer a detoxification service.

We rated Rosemary Court as good overall but outstanding in caring because:

- Clients were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
- The service provided safe care. The premises were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptionally caring service.
- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff was strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Services were tailored to meet the needs of individual clients and were delivered in a way to ensure flexibility, choice and continuity of care.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for clients whose needs it could not meet.
- The service offered additional support after discharge with an offer of supported housing and continued support at Fulstone House the treatment centre.
- There was strong leadership which used governance to drive and improve the delivery of high-quality person-centred care.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	

Summary of findings

Contents

Good

Rosemary Court

Services we looked at

Residential substance misuse services.

Summary of this inspection

Background to Rosemary court

Rosemary Court is a residential rehabilitation facility based in Stockport in Manchester. It is part of the Acorn Recovery Projects group. Acorn Recovery Projects run a small number of alcohol and drug addiction services across the North West of England.

It provides rehabilitation for up to eight clients whose lives have been affected by drug and alcohol misuse. Clients were admitted to Rosemary Court after completing a period of detoxification either as an inpatient or in the community.

The service offered a therapeutic 12-week programme for the clients to engage in as well as individual support from staff. There was a registered manager in place at the time of our inspection and the service was registered for accommodation for clients who require treatment for substance misuse.

Rosemary Court has been registered with the Care Quality Commission since May 2011. The last inspection was in October 2017 and Rosemary Court was assessed but not rated with no requirement notices.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• visited the service and looked at the quality of the environment and observed how staff were caring for clients;

• spoke with eight clients who were using the service;

•spoke with two former clients;

• spoke with the registered manager;

• spoke with three other staff members; including the treatment manager, housing co-ordinator and the recovery caretaker;

• attended and observed one client group therapy session;

• looked at four care and treatment records of clients:

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

Summary of this inspection

What people who use the service say

We spoke with eight clients during the inspection.

All clients felt that the environment was safe and clean.All clients spoke highly of the service and felt that the programme was helping them in their recovery. All clients felt involved in their treatment and able to raise concerns.

Many expressed a desire to continue their recovery by becoming peer mentors.

We spoke with two former clients who told us the service had changed their lives and they were in full employment.

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

We rated safe as good because:

- All areas were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff to ensure client safety and engagement. Staff were up to date with mandatory training.
- Each client had an up to date risk assessment and risks were managed appropriately, there were effective systems in place to manage clients' own medicine.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

Are services effective?

Good

We rated effective as good because:

- Clients had a comprehensive assessment completed when they entered the service which included both physical and mental health assessments. Recovery plans were personalised, recovery orientated and holistic.
- Staff provided a range of care and treatment interventions suitable for the patient group which was evidence based and consistent with national guidance on good practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives and maintain abstinence.
- Managers made sure the service had staff with a range of skills needed to provide a high quality of care. They supported staff with supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The service had effective working relationships especially with relevant services outside the organisation.

Summary of this inspection

- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.

Are services caring?

Outstanding 

We rated caring as outstanding because:

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptionally caring service**.**
- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People thought that the care and support offered by staff exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were motivated and inspired to provide care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff was strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

Are services responsive?

Good 

We rated responsive as good because:

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. The food was of a good quality and clients could make hot drinks and snacks at any time.
- The service had clear criteria for admission which included being abstinent from drug and alcohol. The service worked closely with referring teams to ensure clients were prepared for the programme.
- Clients had access to resources in the community and were encouraged to build a supportive network ready for discharge. The provider encouraged clients to access community services to support their recovery.
- Clients were supported to maintain relationships with their families.
- Staff took a proactive approach to understanding the needs of diverse groups of people and to delivering care in a way that met those needs and promoted equality. This included people who were vulnerable and/or had complex needs.

Summary of this inspection

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

Are services well-led?

Good

We rated well led as good because:

- The manager had the skills, knowledge and experience to perform their role. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed, improved and were all up to date. The management of risk, issues and staff performance was effective.
- Staff morale was good, and staff felt listened to and respected.
- The service had access to the information they needed to provide safe and effective care and used that information to good effect.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All clients' mental capacity to consent to treatment had been assessed as part of the assessment and admission process. Staff had received training on the Mental Capacity Act and deprivation of liberty safeguards as part of the induction and mandatory safeguarding training.

The service had not previously accepted referrals for people with severe and enduring mental illness, learning disability or memory problems. Therefore, the likelihood of needing to use the Mental Capacity Act had been minimal.

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

The service had recently reviewed its practices and now allowed clients to have mobile phones.

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Good

Safe and clean environment

The service operated from two locations, one where the clients lived, Rosemary Court and another where they went daily for group work, Fulstone House. Male and female single bedrooms were on separate floors of the building to comply with guidance on same sex accommodation. Each floor had their own bathroom facilities.

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. A cleaner attended three days a week to clean the communal areas. Clients were responsible for cleaning their rooms daily and deep cleaning the building on a weekly basis. The caretaker checked the bedrooms regularly to ensure they were safe and clean.

Annual environmental risk assessments were completed which included ligature risk assessments. Other environmental safety audits had been completed which included building and service risk assessments, fire risk assessment, legionella checks and appliance testing.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. All staff had completed mandatory training. The provider had determined the safe staffing levels, the service had four substantive staff for eight residents. When staff were absent due to sickness for example, other Acorn Recovery staff who knew the service and clients covered.

The service manager, treatment manager and housing support worker covered shifts from 9am to 5pm each day. The recovery caretaker who lived at Rosemary Court was available from 5pm to 10pm and available on-call throughout the night until 9am.

The group work was supported by other Acorn Recovery staff at their community centre for the delivery of the therapeutic group sessions.

The service also recruited volunteers, these were used as additional support workers. There was a service induction programme and most volunteers had experience of substance misuse rehabilitation programmes.

Assessing and managing risk to patients and staff

A proactive approach to anticipating and managing risks to clients was embedded and recognised as the responsibility of all staff. Staff were able to discuss risk effectively with clients using the service. Staff screened clients before admission and only offered to admit them if it was safe to do so. They assessed and managed risks to clients and themselves well. For example, we saw the pre-admission assessment for a client due to be admitted. They had a severe nut allergy. The service had deep cleaned a small second kitchen and had purchased all new equipment to ensure the physical health of that client.

We reviewed four clients' records, and these were completed to the highest standard. Staff completed a full

risk assessment for each client before and after admission. Assessments were continuously reviewed, and all records contained risk management plans and were up to date. The service used the recovery star model for assessments.

Staff responded promptly to sudden deterioration in clients' physical and mental health. For example, one client had become distressed due to the news that her dog was to be put to sleep. In the notes, we saw staff offered intensive support and had made arrangements for the client to visit the dog. There were good links with the local drug and alcohol service, mental health services and GPs.

As part of the 12-week residential programme clients were given advice on harm reduction including reduced tolerance and reducing the risk of overdose. There was a clear process for staff to follow to reduce the risk of harm following an unexpected discharge.

The group work was supported by other Acorn Recovery staff at their treatment centre, Fulstone House for the delivery of the therapeutic group sessions. Clients were supportive of each other as a way of managing risk, they were encouraged and wanted to look out for each other, providing a safety net.

Safeguarding

There were comprehensive systems to keep clients safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Clients who used services were at the centre of safeguarding and protection from discrimination. Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff received training in safeguarding adults and children and the staff we spoke with were knowledgeable about recognising signs of abuse and knowing when and how to refer to social care services.

Compliance for both safeguarding adults and safeguarding children training was at 100%. There was evidence in care records of staff working closely with other agencies to promote safety and good evidence of information sharing where appropriate.

Staff understood how to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010 such as gender, disability, race and religion. They worked in a way that was non-judgemental and showed respect for the clients they supported.

The service had made no safeguarding reports in the previous year however, we saw evidence in records that staff were aware of ongoing safeguarding issues that existed prior to admission. Staff could give examples of clients who were supported due to previous domestic violence or historical sexual abuse. Clients told us they felt safe and able to disclose the most intimate part of their history.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records. Assessments, recovery plans and risk assessments were completed on paper and then uploaded onto a computer system. Paper records were destroyed immediately after being uploaded. Other records such as client daily notes were inputted directly onto the computer.

Staff reported no issues accessing client records. For example; we saw that after every therapy session each client had an up to date entry covering what they had done, how they interacted with the other clients and what emotional impact the session had had on that individual. This allowed other staff to know instantly if a client needed extra support outside the session.

Medicines management

The service used systems and processes to safely store medicines. There was a three-stage medicine pathway to managing client medicine. Clients were assessed prior to admission regarding which stage met their needs best.

The medicine pathway included:

• stage one: involved medicines being stored in a locked safe in the office. Clients were prompted to take their medicine by staff. Staff monitored that medicine was taken correctly and documented this.

• stage two: clients stored their own medicine and self-administered with staff checking medicine balances weekly.

• stage three: involved clients self-administering and storing their own medicine with staff checking medicine balances on an intelligence led approach.

Good

Residential substance misuse services

Clients who were responsible for their own medicine stored these in a locked safe in their bedrooms. Any client who did not wish to be responsible could have their medicine stored by the service and they were supported by staff to access this. Processes were in place to record and monitor client's medicines.

Clients were encouraged to remain with local doctors' surgeries and those clients from outside the area were registered with the surgery next door. Clients confirmed that all their physical health needs were met.

Staff were trained in administering and training others to administer naloxone. Naloxone is an emergency medicine that can reverse the effects of opiates. Staff were first aid trained and there was a protocol in place to contact emergency services.

Track record on safety

There had been no serious incidents in the 12 months prior to our inspection. However, in the daily flash meeting, we saw evidence staff knew clients well and were discussing the slightest change in behaviour and implementing support strategies. All the previous day's activities were debriefed ensuring learning was absorbed around any issues that had arisen.

The provider has a sustained track record of safety. There was a strong governance process not only within the provider but also from the parent company to ensure safety goals reflected in a zero-harm culture.

Reporting incidents and learning from when things go wrong

Staff had a good knowledge and understanding of when and how to report an incident. Managers received training in the reporting and investigation of incidents and root cause analysis investigation.

A duty of candour policy was in place which reflected the provider's duty to the regulation. The duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm.

Staff had access to the duty of candour policy. Staff we spoke with were aware of how to report incidents, including being open and honest with clients when things go wrong. Incidents were discussed at daily huddle meetings as well as in team meetings. Staff said they understood the provider had to investigate all incidents and apologise to clients if the provider was at fault.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

There was a truly holistic approach to assessing, planning and delivering care and treatment to all clients who used the service. Staff completed a comprehensive assessment of each client before they came into the service and on admission to the service. The assessment considered the client's substance misuse, physical health, mental health, social factors, criminal history, previous treatment episodes and family situation.

Staff worked with clients to develop individual care plans and updated them as needed. The care plans we saw were extremely personalised, detailed and there were clear links between the assessment and management of risks which included personal development.

We reviewed four records and found each record had a completed assessment and recovery plan which had been regularly reviewed. Staff used a recognised risk assessment to review treatment and care plans. Staff developed care plans that met the needs identified during assessment. For example, one client had expressed that they benefitted from having a cat, so staff had arranged for a cat to visit them on a regular basis.

Clients felt that staff had considered their needs during the assessment process and that this was regularly discussed in key work sessions and groupwork. We saw one workshop where clients had written about the issues leading to their addiction. All members of the group openly discussed these issues supporting each other.

Systems were also in place to provide post discharge support. Those who had a planned discharge could access housing nearby and continue to attend Fulstone House.

Staff worked closely with anyone identified as being at risk of leaving the service and supported anyone who left the service unplanned to access services back in their local area.

Best practice in treatment and care

Staff provided a range of care and treatment interventions which were evidence based such as cognitive behavioural therapy for the client group. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. For example, through participation in smoking cessation schemes, healthy eating advice, exercise and dealing with issues relating to substance misuse. Staff were trained to deliver blood born virus awareness training and clients were assessed prior to admission and arrangements made for testing. There was a policy in place for those that tested positive offering support.

Staff used recognised rating scales to assess and record severity and outcomes. The recovery star was used to monitor progress. Clients had signed their recovery plans and described how they participated in completing them. Clients were given a Core Program Workbook through which they self-assessed their life story and relationships, this included a daily diary recording anxiety.

All staff were actively engaged in activities to monitor and improve quality and outcomes. For example, they also participated in clinical audit, benchmarking and quality improvement initiatives. There was a weekly case management meeting where outcomes were reviewed and plans for the following week formulated. The service used national tier four substance misuse completion rates to measure treatment outcomes. The service sent data to the national drug treatment monitoring service and the treatment outcome profiling system. The national drug treatment monitoring service collects, collates and analyses information from and for those involved in the drug treatment sector.

The service regularly updated its policies and processes for using volunteers to help improve outcomes for clients. The service had developed weekend plans, in which they employed an ex client to drive a minibus at weekends. This was used to support clients to access therapeutic events such as recovery festivals, gay pride, weekends away or take part in activities such as canoeing.

Skilled staff to deliver care

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Where relevant, volunteers were proactively recruited and were supported in their role. There was a strong volunteer ethos within the service with ex-clients encouraged to continue their development through volunteering within the service or within the community.

Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills with some staff becoming trained psychotherapist's. Robust recruitment processes were in place and all staff had a current disclosure and barring service check in place. Managers identified the learning needs of staff through supervision and annual appraisals. All staff received regular supervision We reviewed two personnel files and saw that supervision notes were detailed and included actions which were followed up. Staff received an annual appraisal and at the time of the inspection 100% of staff had received an appraisal.

The service employed ex-clients and recognised the extra responsibility it had towards those employees. Within the appraisal and supervision process staff were supported to talk about their recovery and offered support.

Managers provided an induction programme for new staff. All staff including volunteers were provided with a comprehensive induction. Staff told us they had a thorough induction with relevant mandatory training and lots of informal and formal support.

Induction training was comprehensive and included an introduction to the service, information on safeguarding, equality and diversity, governance and compliance including how to handle compliments and complaints as well as health and safety.

Multi-disciplinary and inter-agency team work

The service worked collaboratively to deliver more joined-up care. There was a holistic approach to planning clients discharge, and transition to other services. We observed a daily flash meeting. Staff attended these meetings that lasted approximately 30 minutes each morning. The meetings discussed staff issues, the day's

activities, incidents from the previous day, and any key concerns about clients. Staff spoke positively saying the introduction of the meetings had brought a focus and clarity for the objectives for that day.

Staff supported each other to make sure clients had no gaps in their care. Staff updated the clients record immediately after each therapy session, this allowed the recovery caretaker on duty at the residential accommodation to be aware of any client who had had a particularly emotional session and offer additional support.

The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Clients came from various locations. However, staff had regular contact with client's care coordinators from their local substance misuse teams. The service worked closely with social services, mental health services and criminal justice services. There was a multi-disciplinary approach to each client's comprehensive assessment, which identified if the person was ready for the programme.

Staff shared information about clients at effective handovers and shared information with other services involved with the client. There were effective working relationships with community drug and alcohol services and community mental health teams.

There was strong relationship with local substance misuse services with clients having access to service provided by that service such as blood borne virus testing. Clients attended numerous sessions within the recovery community as well as having interventions delivered within the service from external agencies. Clients told us that these links had made the service more effective and was assisting their recovery.

Good practice in applying the MCA

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

Staff assumed clients had capacity and they supported clients to make their own decisions. Staff told us that clients who lacked capacity would not be suitable for the service. Clients capacity was reviewed throughout their stay and related to specific decisions. Staff understood fluctuating capacity should clients become under the influence of substances or alcohol and had clear guidelines to follow.

Are residential substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

Feedback from clients was overwhelmingly positive about the way staff treated clients. Clients thought staff went the extra mile and their care and support exceeded their expectations. The eight clients we spoke with said staff treated them with dignity and respect. They stated that staff showed them understanding and were kind to them. During our inspection, we saw interactions between clients and staff. These were consistently positive, with staff always being polite and respectful. For example, one current client told us the previous day a member of staff had stayed at work for three additional hours to support them as they had become anxious about a family issue.

We saw numerous examples of previous clients returning to the service to recognise the difference it had made in their lives. One ex client had raised £360 for the service by taking part in an amateur boxing match.

Clients completed an exit questionnaire marking how satisfied they were with the service on a scale of 1 to 10, with 10 being the most satisfied with the service, only one out of 35 clients marked it less than a nine.

Staff respected client's privacy and dignity. Acorn Recovery had clear policies on confidentiality and staff knew what these were and used them to protect the information about their clients. Information was shared with clients' consent or in circumstances when significant concerns about a client's safety had been raised. This was explained to clients during their initial assessment and at other times during their support. We saw consent forms in all records.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted client's dignity. Relationships between clients, staff and those close to them were strong, caring,

respectful and supportive. Staff spent time explaining things to clients and ensuring they had the information they needed to understand the treatment offered and how to remain safe and well. Each client was appointed to a key worker. We saw evidence that the client was involved in the setting of relevant goals and in the regular reviewing of goals, progress and outcomes. Staff communicated effectively with clients, and clients told us they understood their care and treatment. There was also access to an interpreter service. The service empowered and supported access to advocacy and mutual aid in the community. Each client had a recovery plan and risk management plan in place that demonstrated their preferences, for recovery goals. Recovery plans demonstrated client involvement.

Involvement in care

Clients and their families were active partners in their care. Staff always empowered clients to have a voice and to realise their potential. Client's individual preferences and needs were always reflected in how care was delivered.

For example, staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Clients told us they were always given options about their treatment and all aspects of their care were explained. Clients said they could also access other support services such as other agencies supporting addictions to drugs, alcohol, gambling. Clients feedback was gathered through a variety of mediums including surveys, meetings and discharge interviews. We saw evidence that clients' feedback had influenced service change, for example clients had complained that the mutual aid groups clients accessed in the evenings should be more diverse to reflect the different addictions within the group. The service had responded by identifying more mutual aid groups for different addictions.

Weekly house meetings took place and clients were expected to take responsibility for the running of the house during their stay. The group worked together to complete household tasks. The clients did their own shopping and meal preparation. New clients were supported by others on the programme.

Clients were involved in deciding the day to day running of the premises, drawing up rotas and deciding who was responsible for what task. They were also responsible for enforcing house rules outside of staff hours. Clients told us they were all aware that they were trusted by the service to confirm to the rules and expected other clients to report any occasions where these rules were broken, they told us there was no conflict between them. They gave feedback on the design of the 12-week programme through the weekly community meetings.

There was a family support group which met every two weeks, we saw numerous emails and letters from family members about how important the group was to them. One carer was still attending the group nearly year after their partner had completed the course. Another carer was mother of a client and she describe how she learnt to deal with her sons' addiction and that attending the group gave her the emotional support to continue.

Staff recognised that clients needed to have access to, and links with, their advocacy and support networks in the community and they supported clients to do this. They ensured that clients had easy access to additional support. Staff displayed a range of information for clients around the service about other organisations and supported clients to access other support such as housing and benefits when needed.

The service empowered and supported access to advocacy and mutual aid in the community. Each client had a recovery plan and risk management plan in place that demonstrated their preferences, for recovery goals. Recovery plans demonstrated client involvement.

Clients valued their relationships with the staff team and felt that they often exceeded expectations when providing care and support. Staff informed and involved families and carers appropriately. Clients were supported to maintain contact with families and in many cases to regain contact after relationships had broken down. Visits were encouraged with facilities for children to visit.

One client told us they had become anxious about their children visiting for the first time the following Saturday morning. The support worker had offered to come into the service despite it being their weekend off to offer additional support. We interviewed all staff and they referred to their work as vocational saying they were inspired by the clients.

An ex-client was so ill through addiction they could not walk without a frame and were in hospital. Before accepting her into the service staff had visited her in

hospital numerous times to ensure they had made the appropriate adaptations. She had completed the course, physically recovered and become a full-time member of staff for another local support group.

Another client told us they had recently relapsed while on the course and had faced the possibility of discharge. The staff had been compassionate but strict that abstinence was required. He had been required to consider his addiction and the value of recovery. He praised the staff for forcing him to confront his choices. Having committed and stayed abstinent, staff had proactively arranged an extension of his care to cover the time he had lost through his relapse.

Exit questionnaires were used to gather feedback from clients who had been discharged from the service. Information was used to promote improvements within the service. Changes had been made because of feedback such as employing a minibus driver for weekend activities.

Are residential substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

Client's individual needs and preferences were central to the delivery of tailored services. There were integrated person-centred pathways of care. The services were flexible, provided informed choice and ensured continuity of care.

The service was easy to access. The service had clearly documented admission criterion. Clients needed to be abstinent from drugs and alcohol. The service worked with care coordinators in their local teams to ensure that clients were prepared for the rehabilitation programme before being accepted. The service actively engaged with commissioners, social care and the voluntary sector to ensure that services delivered and met the needs of clients using the service.

Staff planned and managed discharge well. The service discharged clients after 12 weeks if the client and staff agreed that this was suitable. Clients could apply for funding to stay longer if this was identified as part of their care plan. The service was flexible and recognised that a client's journey could be turbulent, they often extended the programme to prevent an episode of relapse, or if a client had relapsed during the programme. Staff worked with supporting agencies in the community to ensure timely transfer of information.

There were clear policies in place should a client discharge themselves unexpectedly. Staff supported those clients who left in an unplanned way to access services in their local community. This included drug and alcohol treatment services, housing services, mental health services and treatment for physical health.

The provider Acorn Recovery was part of a large social housing group and those clients who completed the programme as part of the discharge process from Rosemary Court were offered continuous support from Acorn Recovery in the form of housing nearby.

The type of support offered included further budgeting support, addressing any fears or concerns clients had over managing their own tenancy, and any other support which led clients closer to their goal of securing their own permanent accommodation. The accommodation was also close to Fulstone House and there was a weekly drop in appointment for discharged clients. We spoke with several former clients who were living in this accommodation and accessed informal support when required. They were now employed, and all spoke about how life changing Rosemary Court had been.

The service had alternative care pathways and referral systems for clients whose needs it could not meet. Rosemary Court was firmly embedded within the recovery community. Recovery and risk management plans reflected the diverse and complex needs of clients. These included clear care pathways to other supporting services, for example social, housing or other mental health providers.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of Rosemary Court supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. Male and female bedrooms were on separate floors with shared bathroom facilities on each floor.

During the day, clients used Fulstone House which was an Acorn Recovery treatment centre. Acorn Recovery used this facility to offer support not only to clients from Rosemary Court but all its clients on different programmes. This was a substantial building with a reception, several therapy rooms and office space for Acorn Recovery staff. Staff delivered a range of groups for clients. These varied depending on the stage of a client's treatment and on the client's addiction. Rosemary Court clients also met ex-clients in this setting who were examples of recovery.

There was information available or displayed by posters relating to support groups, local services, health-based information, medicines and current drug warnings.

Patients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Clients were encouraged to maintain relationships with families and carers. We saw evidence where staff had provided whatever support was needed where clients were faced with rebuilding family relationships.

As part of the 12-week program families and carers were invited to write impact statements to clients. Clients discussed the impact statements during group therapy sessions. The aim was for clients to understand the impact their addiction has had on others as part of their recovery journey.

Staff encouraged clients to access positive and meaningful opportunities in the community with social, recreational and educational activities. Staff worked on this throughout their involvement with clients so that they could have the networks and meaningful activity to support their recovery in the longer term.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs. There was a proactive approach to understand the needs of diverse groups of clients and to deliver care in a way that met those needs and promoted equality. This included clients who were vulnerable and/or had complex needs.

The provider demonstrated an understanding of the potential issues facing vulnerable groups, (for example, lesbian gay bisexual transgender, black minority and ethnic groups, older people, clients experiencing domestic abuse and sex workers) and offered appropriate support. Staff had access to interpreters and signers for clients with hearing loss.

The service had reviewed its restrictive practices and now allowed clients to have mobile phones and had also removed the restriction on clients having exclusive relationships with each other recognising that clients had capacity to make their own decisions.

Clients achievements were celebrated by the service. Clients who had successfully completed their recovery programme were invited to attend graduation ceremonies. Clients had the opportunity to share their recovery journey with staff, peers, family and carers.

Listening to and learning from concerns and complaints

There had been 14 compliments and no formal complaints to the service in the previous 12 months. Informal complaints from clients were dealt with as quickly as possible and those raised within the community meeting were recorded within those minutes.

While the service had received no formal complaints, they had dealt with informal complaints. We were confident from the way they dealt with these informal complaints that formal complaints would be treated seriously, investigated and learned lessons from the results, and shared within the whole team and the wider service. The provider had a clear complaints system and policies to ensure lessons were learnt. There were set time limits to respond to complaints and policies to ensure that lessons were taken forward at a local level. Complaints were collated and reviewed in clinical governance meetings on a quarterly basis. The provider ensured that recommendations to implement changes in response to complaints were embedded in practice.

Clients knew how to complain or raise concerns. All comments, complaints and feedback were recorded locally and monitored centrally. Managers ensured that all comments and complaints were dealt with and that clients received feedback.

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Good

Residential substance misuse services

Are residential substance misuse services well-led?

Good

Leadership

There was an effective manager. They demonstrated high levels of experience, capacity and capability needed to deliver high quality and sustainable care. The manager had a deep understanding of issues, challenges and priorities in their service, and beyond.

When we spoke with the manager, they demonstrated an in-depth knowledge of the client group and the impact supporting clients with complex issues could have on staff. The manager was visible and approachable for clients and staff. On inspection we saw them speaking to clients on first name terms.

They ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients. The service was supported by the providers local organisational structures to ensure the safe running of the service.

Staff told us the service manager was a strong leader with a clear focus on service delivery.

Acorn Recovery had a clear definition of recovery and how clients can achieve this. The staff team understood how this was delivered through their service. They worked to the principle that with the right support anyone can recover.

Vision and strategy

Strategies were in place to ensure and sustain delivery and to develop a positive open culture. The staff had high levels of satisfaction. They were proud of the organisation as a place to work and spoke highly of the culture. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff we spoke with told us they were supported by the manager and felt they worked within a very caring and supportive staff group. All staff were fully engaged and often did extra volunteer hours to support clients. There was a strong sense of community.

Staff appraisals included discussions about professional development. We saw in the personnel files that these were detailed with actions to be undertaken by managers and the staff member. Staff were supported for their own physical and emotional health needs. Staffing issues with the service had been dealt with appropriately.

Culture

Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff told us the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Equality and diversity were promoted within the service. The service supported clients to access the LGBT plus community, places of worship and any faith-based organisations. We spoke with one client who had been supported to attend a weekly faith group. Clients' needs were individually assessed, and support provided from staff to access services in the community.

Staff told us they felt able to raise concerns without fear of retribution and understood the whistleblowing process. This was a stable workforce who were not the subject of poor staff performance, but the service had processes and protocols in place if required.

Governance

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and were all up to date. There were systems in place to check performance and compliance with the assessment, planning and evaluation of clients care and treatment.

There were effective ways of monitoring the service and for raising concerns. All staff had received the appropriate training and regular supervision. Staff had a good understanding of safeguarding and the Mental Capacity Act, they used these to ensure clients received safe care.

There was a clear framework of what had to be discussed at team and management level team meetings that ensured essential information such as learning from incidents and complaints was shared and discussed. We saw evidence in management and staff meetings that key performance indicators were being checked.

Management of risk, issues and performance

There was a clear quality assurance and performance framework in place. This included a local risk plan and

actions relating to this and how they would be achieved. Staff could raise concerns around risk for the service with managers who could escalate these to the risk register through governance meetings.

Staff concerns matched those on the risk register. There were 11 concerns on the risk register. Risks reflected concerns of staff and managers. These concerned financial, organisation, staff and major incident risks. Risks were mitigated and were regularly reviewed.

The service had plans for emergencies such as adverse weather. They were clear about how cover would be provided and gave information to clients by phone and through the website about how they could access support if they needed to.

Information management

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff felt confident in using the systems and could demonstrate an awareness of information governance. Information was in an accessible format, and was prompt, accurate and identified areas for improvement. All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

The service had developed information sharing processes and joint working arrangements with other services where appropriate to do so. The service ensured confidentiality agreements were explained including in relation to sharing of information and data.

Staff collected and analysed data about outcomes and performance. Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

We saw that the manager had access to data about the service's performance. Staff took part in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Audits completed included case notes, medicines, health and safety.

Data and notifications were given to external bodies and internal departments as required including notifications to the CQC. For example, commissioners were informed of client's progress and any incidents in contract meetings.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients.

Engagement

Staff, clients and carers had access to up to date information about the work of the service though the internet, notice boards, leaflets and social media platforms.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Client, staff and stakeholder consultations were completed as well as joint events held when the service model was changed.

Clients and staff held weekly community meetings at which they could give feedback about the service.

Managers engaged with external organisations such as the commissioners for the service and local safeguarding committees. They also had effective partnerships with the police, probation service, domestic violence groups and close links with the area substance misuse service.

Learning, continuous improvement and innovation

Staff were encouraged to be creative to ensure up to date evidence-based practice was implemented and imbedded. New activities such as mindfulness and yoga had been introduced into the 12-week programme.

The service continually assessed quality and sustainability and the impact of changes to the budget they received from commissioners. They adapted the service they offered while maintaining the quality of the service using group work and volunteers.

The manager had developed the service through support from other agencies. Counsellors delivered different therapies to support clients, there was a focus on developing the emotional intelligence of clients to make them more resilient. A partnership with a local domestic violence charity had been formed to support victims within the structure of the program.

The service and staff objectives reflected the organisations values and objectives focussed on improvement and learning.

Outstanding practice and areas for improvement

Outstanding practice

The provider Acorn Recovery was part of a large social housing group and those clients who completed the programme while leaving the service of Rosemary Court were offered continuous support from Acorn Recovery in the form of supported housing nearby. This included continual support from staff and drop in sessions at Fulstone House.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.