

Mercia Care Homes Limited / Sefton Park

Quality Report

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The owners and manager of the service were committed to providing high quality care and treatment to the clients. They offered unfunded admission to previous clients who had experienced a crisis in their recovery. They were knowledgeable, approachable and demonstrated care, compassion and empathy in their dealings with clients.
- The provider had experienced staff that delivered care to the clients they worked with. The staff thoroughly assessed clients and completed risk assessments and holistic care plans that were tailored to the clients' needs and treatment goals. Staff completed these plans in collaboration with the clients and their care managers. They demonstrated high levels of care and empathy towards the clients in the service.
- Staff made clients at Sefton Park feel safe. They understood how to make safeguarding referrals if

Summary of findings

concerns arose. They followed the provider's procedures when they did this. Clients felt that staff were approachable and felt able to raise complaints and make suggestions about the service. Staff safely managed clients' medicine using robust policies and procedures.

- There were positive and effective working relationships with the local GP, commissioners of the service and other local substance misuse treatment providers.
- The provider had systems that supported service improvement and quality management. They completed audits to monitor the quality of work completed and had clinical governance meetings to discuss incidents and lessons learnt. Outside

professionals provided further support in auditing and facilitating group and individual supervision to encourage reflective practice and individual development.

However, we also found the following issues that the service provider needs to improve:

- Systems to manage staff mandatory training were not robust. New staff had not completed mandatory training in a timely manner and long-standing staff had not received regular updates in some training topics in the mandatory programme. Consequently, some staff training was out of date. The registered manager had recognised the need to update training. They had organised sessions to take place after the inspection and we saw documentation including dates that confirmed this. However, staff were skilled and knowledgeable about the service that they were delivering.

Summary of findings

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Mercia Care Homes Ltd/ Sefton Park

Services we looked at

Substance misuse services

Summary of this inspection

Background to Mercia Care Homes Limited / Sefton Park

Sefton Park provides residential rehabilitation services for clients with drug and alcohol problems. It is based within a grade two listed building. It is a standalone service that opened in 1992. The current owners have been in charge since 2003. The Care Quality Commission (CQC) registered the service in 2010. The CQC registered it to provide accommodation for persons requiring treatment for substance misuse and treatment for disease, disorder or injury.

Sefton Park is able to provide treatment for up to 28 clients. These can be either male or female. At the time of our inspection, 20 clients were receiving treatment. Staff assess clients prior to admission and using the information provided formulate an individual care

programme to meet their needs. This includes five stages of treatment and comprises of a comprehensive timetable of activities and psychological therapies. Any clients requiring detoxification from substance misuse complete this treatment at another local centre.

Statutory organisations such as local authorities primarily fund the clients using the service. An increasing number of privately funded clients access the service and are a significant proportion of the clients accessing treatment.

CQC inspected Sefton Park on 13 June 2013. On this occasion, the service was compliant with the Health and Social Care Act 2008 (regulated activities) regulations 2010.

Our inspection team

The team that inspected the service comprised CQC inspector Colin Jarratt (inspection lead) and one other CQC inspector experienced in working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To 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, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the unit, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients

Summary of this inspection

- spoke with the registered manager and the service's owners
- spoke with four other staff members employed by the service provider, including counsellors and recovery support workers
- received feedback about the service from three care co-ordinators or commissioners
- collected feedback using comment cards from 10 clients
- looked at 10 care and treatment records for clients
- looked at seven medicine administration records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients in a group and they were extremely positive about how the staff worked with them. They found the staff working for the service to be exceptionally kind, caring and supportive. They described the structure of the treatment programme that the service provided as being well balanced. The clients appreciated how staff encouraged them to take responsibility for their recovery. They described staff treating them as individuals, respecting their individual needs, and supporting them to make the choices that were important to them. They stated that the care they

received was individualised. Clients gave examples of how staff adjusted the treatment programme to accommodate the needs of themselves and others. They were extremely positive about the contribution the owners of the service made and the influence this had on the staff. They described them as people doing this to help others rather than to make money. Clients stated that the passion and commitment the owners showed to them was passed on down through to staff members at all levels.

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?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive risk assessments for clients and ensured that they regularly reviewed and updated them.
- The service had meetings at regular times during the day at which staff discussed changes in clients' risks and any issues that had arisen.
- The service had robust procedures governing the administration, storage and general management of medicines.
- The environment was clean, comfortable and well maintained.
- Staff completed risk assessments for the building and environment and the service had established fire evacuation procedures.
- The service had meetings at regular times during the day at which staff discussed changes in clients' risks and any issues that had arisen.

However, we also found the following area the provider needs to improve:

- New and existing staff had not received mandatory training in a timely manner.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider supported clients by providing therapies in line with National Institute for Health and Care Excellence (NICE) guidance and "Drug misuse and dependence: UK guidelines on clinical management (2007)".
- The provider completed a full person centred assessment to identify any physical, mental health and social needs of the client.
- The provider completed personalised holistic care plans with the client that contained their needs and wishes with clear goals for treatment.
- The treatment programme contained a large range of different therapies and social and physical activities to provide variety and different experiences for clients.
- All staff received regular supervision and annual appraisals.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were overwhelmingly positive about the care they received from staff and the input of the provider's owners.
- Staff displayed high levels of warmth, empathy and respect for the clients they worked with.
- Clients had access to independent advocacy services if they required them.
- Clients told us that they felt safe and cared for by the staff and staff worked to support them proactively, even if they had experienced a crisis in their recovery.
- Staff sought client feedback on their care and acted on suggestions clients made

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a comprehensive therapy and activity programme for clients.
- Staff supported clients to access places of worship to practice their religious beliefs and self-help recovery groups within the community.
- Staff encouraged clients to access college and voluntary work to develop skills ready for discharge.
- The provider had contact with a network of supported housing projects (which provide structure and support to the residents) where the use of mood altering substances was not tolerated. Clients moved on from the supported housing projects to independent living.
- There was a clear policy for dealing with complaints and clients felt positive that staff would deal with any concerns.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The owners of the service were committed to providing high quality of care to the clients who used the service. They displayed strong leadership and were closely involved in the running of the service. Clients and staff told us that this enthusiasm filtered down to all levels of the provider.
- The provider had a registered manager in post and clients and staff were positive about how they led the service.

Summary of this inspection

- The provider had systems that monitored the quality of the service including regular audits and receiving feedback from staff and clients.
- The owners and manager had identified the importance of maintaining staff morale; staff felt comfortable to raise concerns with them and believed that they would respond in a prompt and appropriate manner.

However, we found the following area that the provider needs to improve:

- Systems for monitoring staff completion of mandatory training had not been robust enough to identify when staff training had lapsed.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider assumed that every client accessing the service had capacity to consent to treatment.
- Staff received training in the Mental Capacity Act. Sixty three percent of staff had completed training in the MCA. However, all staff demonstrated a clear understanding of capacity and knew who to talk to if they had concerns a client's capacity had changed.
- If a client became intoxicated, staff helped them overnight if it was safe to do so. When the client regained capacity and was able to give informed consent, staff asked them to sign an agreement giving their consent to remain on the premises until the next steps in their treatment had been agreed.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

- The provider considered the single sex accommodation arrangements within the constraints of the building's structure. The provider used the first floor for male and female clients with mobility issues or other disabilities. However, the floors above were either male or female only. Keypad locked doors maintained gender separation.
- All bedrooms were twin rooms apart from three that were single. Staff prioritised allocating these to clients with specific medical or social needs that required a higher degree of privacy or dignity. Occasionally staff gave clients further through their treatment programme a single room if one was available. Staff informed clients in advance about the expectation to share a bedroom.
- The clinic room was clean, tidy and well maintained. It contained a number of locked cupboards containing medicines. The cupboards were tidy, clean and appropriately fixed to the wall. There were no controlled drugs in stock at the time of inspection. An emergency bag kept in the clinic room contained oxygen and other equipment that trained first aiders used when required. The majority of staff had received first aid training.
- The environment was clean, comfortable and homely. Clients had responsibility for cleaning the house on a rota basis as part of their rehabilitation programme. They cooked meals on Sunday and helped maintain the property's outside spaces.
- Laundry facilities were available and clients used them on a rota basis.
- Staff had completed comprehensive risk assessments for the building including fire and ligature points. A

ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. These included plans to reduce any high risks identified. The manager reviewed and updated these regularly.

- Fire exits were clearly marked and staff received training in fire safety. There were fire evacuation procedures and staff discussed these with confidence. The provider had recently built a new fire escape to ensure that clients and staff could safely exit the building.

Safe staffing

- Sefton Park had a permanent staff team of 28. This included qualified addiction counsellors, recovery support workers, administrative staff and the registered manager. There were no staff vacancies at the time of inspection.
- Staffing numbers were consistent through the week. Ten staff worked from 08:30 until 17:30. These included counsellors, recovery support workers and administration staff. An additional recovery support worker commenced work at 14:30 and remained in the building until 23:30. An additional member of staff remained on site overnight between the hours of 22:30 and 09:00 to provide support to clients. This member of staff remained awake through their shift. Fewer counselling and administration staff worked on Saturday due to a reduced group programme. On Sundays, only support workers were present in the house. However, there was always the manager or a counsellor on call to support with any difficulties.
- The provider had not used agency staff to cover sickness or vacancies in the last three months. The provider had a range of experienced bank workers, the majority of whom worked on a permanent basis for them, to cover any staffing shortfalls. The sickness rate reported by the

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provider was 4% in the last 12 months. Six staff had left in the previous 12 months but this totalled only 2% of the total available working hours due to these leavers working for very short periods during the week.

- An on-call system was available to lone working night staff to provide support. A lone working policy was in place to maintain the staff members' safety.
- Mandatory training completion rates were low. Fire training had a completion rate of 73%. First Aid had a completion rate of 69%. Mental Capacity Act training had a completion rate of 63%. Safeguarding had a completion rate of 54% and Mental Health Act training had a completion rate of 50%. Medicine handling training had a completion rate of 47%. Equality and diversity training had a completion rate of 30%. Control of substances harmful to health (COSHH) training had a completion rate of 4% and infection control had a completion rate of 0%. However, we saw evidence the provider had arranged training sessions in COSHH, infection control, safeguarding and equality and diversity in the weeks after the inspection.
- We found evidence that the provider was not ensuring new staff members completed mandatory training as part of their induction in a timely manner. Staff employed by the provider for more than five months had not completed this training at the time of inspection. The registered manager had arranged for the members of staff to complete the mandatory training. We saw documentation including dates that confirmed this.

Assessing and managing risk to clients and staff

- During the inspection, we reviewed the care records of 10 clients. All had a fully completed risk assessment. Staff documented client risks in the written records. Staff had formulated care plans and risk management plans to work with clients and their identified risks.
- Staff demonstrated excellent knowledge of the risks associated with their clients. The provider held two debrief meetings and three handovers each day to ensure communication of a change in client risk to the staff team. Staff documented handovers and we saw evidence of this. Staff discussed appropriate ways to manage any potential problems.
- Staff received training in safeguarding. The completion rate for this was at 54% but the provider had identified this and had arranged additional training to increase the completion rate. Staff we spoke to understood how to make a safeguarding referral. The registered manager was the point of contact for all safeguarding concerns. Clients told us they felt safe in the house and able to talk to staff about safeguarding concerns. The provider had not raised any safeguarding concerns in the previous 12 months.
- The provider had provided training to staff that administered medicine. They also arranged for competency assessments in medicine administration every six months. There were clear procedures for the ordering, storage and handling of medicine. Staff asked clients to bring a supply of medicine with them at admission. Any medicine not in labelled boxes or confirmed by the client's doctor as being current was disposed of. The local pharmacy provided medicine in monthly pre-filled packs once they had entered the client into their system.
- Medicines for the management of substance misuse were not stored at the provider. They did not provide detoxification treatment at the time of inspection. The provider referred clients that required detoxification from substances to another local provider to complete that aspect of their treatment. Once clients had completed this, they returned to Sefton Park.
- The local pharmacy provided medicine management support. This ensured compliance with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971 and associated regulations.
- We checked seven medicine charts and all were correctly completed. Each chart had a photograph of the client attached to reduce the risk of medicine administration error. Staff audited the medicine administration charts weekly. The local pharmacy completed audits of the charts to ensure that the provider maintained safe working practices. Staff documented incidents involving medicine. They discussed with us an incident that had occurred involving pain relief. Because of this, the provider had started documenting and recording the administration of as required medication more effectively to reduce the chance of a repeat occurrence. When incidents of this

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type occurred, staff contacted the local doctor, an ambulance or NHS direct. The registered manager investigated errors and staff advised the client when these situations occurred.

Track record on safety

- The provider had reported seven serious incidents in the 12 months prior to the inspection. Three that involved the conduct of staff or patients, one was an allegation of bullying, two involved medication and one was a concern regarding the conduct of a staff member. The registered manager had investigated all of these incidents and taken the appropriate action required to close them.

Reporting incidents and learning from when things go wrong

- The provider had a policy regarding the reporting of incidents. Staff completed the incident form and the manager then reviewed these forms. The manager decided on the most appropriate form of action. This involved investigating incidents, providing supervision to staff or asking other members of senior staff to support their colleagues to improve. Managers provided feedback of any lessons learnt during staff handovers and team meetings. The manager also discussed incidents and lessons learnt at monthly governance meetings.
- Staff we spoke with described the process of reporting incidents including what was reportable. They discussed with us lessons learnt and actions taken to ensure incidents did not reoccur. For example, the change in recording as required medication for clients requiring pain relief.

Duty of candour

- Duty of candour is a legal requirement that providers must be open and transparent with clients about their care and treatment. This includes the duty to be honest with clients when something goes wrong. Staff did not specifically use the term duty of candour. However, they demonstrated knowledge of the principles of the duty of candour. They recognised the need to be open and honest with their clients (or carers if appropriate) when things went wrong.

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

Assessment of needs and planning of care

- There were 20 clients at Sefton Park at the time of our inspection. We reviewed ten care records. All contained a comprehensive person centred assessment of the clients' needs.
- The assessment covered a number of areas. These ranged from physical and mental health needs to social factors affecting the clients such as financial, legal or family issues. Staff assessed clients' cultural and religious needs. Staff recorded a full history of the client's substance misuse and completed a full risk assessment.
- The GP who worked with the service completed an initial physical health assessment. The provider obtained a full GP history from the clients' previous doctor. Staff registered clients with the local GP at admission. The GP checked all medication records before prescribing medicine. Staff monitored the client's physical health. If any concerns arose, they referred the client to the GP. If serious concerns arose out of hours, they called an ambulance or took the client to Accident and Emergency at the local hospital.
- Care plans were individualised and completed with the clients. They reflected the needs, wishes and aspirations of the client. They contained clear goals and clients had signed each of the care plans we saw. Clients confirmed they had received copies of their care plans.
- The service used paper records at the time of inspection. These were stored securely in locked cupboards. The provider was moving towards computerising their records and had started the process of commissioning a company to do this. Staff scanned completed client documents onto the computer system.

Best practice in treatment and care

- The service provided psychological therapies in line with guidance on the treatment for substance misuse published by National Institute of Health and Care Excellence. They also conformed with "Drug misuse and dependence: UK guidelines on clinical management (2007)". The provider had divided their care pathway

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into five sections. The counsellors provided a range of interventions within group settings and on a one to one basis. The provider worked using a number of therapeutic models including Cognitive Behaviour Therapy (CBT) and Compassioned Focussed Therapy (CFT). The provider encouraged clients to engage with all the counsellors available and not to limit themselves to one allocated counsellor. The provider felt that working with different counsellors with a different skill set or focus was more beneficial to the client. Staff actively supported clients to access all forms of mutual aid, fellowship groups and self-management and recovery training (SMART) groups.

- If clients' physical health deteriorated, the provider referred them to the local GP surgery. The GP made referrals to specialists for further assessment, support or input if appropriate. This included hospital specialists, physiotherapists and occupational therapists.
- The service offered a varied range of treatments. These included one-to-one counselling, relapse prevention groups, life story groups and role-play. On alternate Wednesdays, the provider organised a mindfulness day and an outdoor teamwork activity. Mindfulness days offered the opportunity for clients to do a range of activities. These included yoga, acupuncture, laughter therapy or drumming workshops. Outdoor team day activities included cart building, falconry, pioneering and archery. Staff encouraged clients to maintain and improve physical health by improved access to local gyms and education around healthy eating.
- Clients we spoke with were extremely enthusiastic about the treatment programme. They appreciated the variety, flexibility and choice. They felt that it supported them in their recovery. They appreciated that they were able to watch television and listen to music once therapy had finished for the day.
- Staff completed audits of the medication administration charts. The registered manager completed audits of the clients' records. The manager raised concerns with the staff members involved. The local pharmacist also completed an audit of the clinic room, medication storage and completion of medicine administration charts.

Skilled staff to deliver care

- Staff we spoke with displayed a very high level of skill, knowledge and commitment to working with clients suffering difficulties with substance misuse. Each member of staff had received an induction programme. However, six had not received mandatory training in a timely manner as part of this process. Staff employed as counsellors had registered with the British Association for Counselling and Psychotherapy.
- A number of volunteers worked with the team. They were previous clients who worked with current clients undergoing treatment. They acted as peer support and took clients to appointments and out into the community to meetings or other activities.
- All staff received appraisal and performance and improvement reviews. Counsellors received these every six months and recovery support workers every 12 months.
- All staff received regular monthly supervision. Counsellors received monthly line management supervision with the registered manager. They also had monthly clinical supervision and group supervision every six weeks with an external supervisor.
- Recovery support workers had a rotating supervision process. Every four weeks they received either line management supervision, group supervision or a training and development day. They also had six monthly (or more frequently dependant on individual issues identified) medicine administration competency assessments.

Multidisciplinary and inter-agency team work

- The provider maintained good working relationships with a number of agencies. They liaised regularly with clients' care managers and sent copies of care plans to ensure client's discharge goals were being addressed. Care managers submitted a social care assessment as part of the admission process. The service discussed and formulated crisis plans with them in case a client ended their admission or the provider discharged the client due to breaking the terms of the treatment contract the client signed.
- Care managers we spoke with were very happy in their dealings with Sefton Park. They described them as addressing a need for a service that provided a fully integrated cognitive behavioural therapy approach to

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substance misuse. Care managers stated that they liked how the provider kept beds available for short-term crisis admissions for previous clients. The provider did this without seeking payment before agreeing to the client staying with them. One care manager said that occasionally communication with them during a crisis was not quite as quick as they would have liked.

- Sefton Park was part of the Choices Consortium that was established in 2013. The consortium included 14 residential rehabilitation providers who worked together to improve resident outcomes and experiences by sharing best practice, working collaboratively and informing policy makers. As part of the Choices Consortium, clients required to leave Sefton Park during their treatment were transferred to another rehabilitation service. This meant that people who used the service continued to receive treatment and were not discharged with nowhere to go.
- The provider had a good relationship with the local GPs surgery that they worked with. The GP was responsible for managing all of the clients' physical health issues. The GP prescribed all medicine for clients. They reviewed and changed client's prescriptions as required. Staff at the local GP surgery completed all medical tests including taking bloods. The provider offered clients the opportunity to have tests for blood borne viruses (BBV) such as human immunodeficiency virus (HIV) or hepatitis. Testing occurred either at the GP surgery or at the local sexual health clinic dependant on the client's preference.
- If clients had a history of mental health problems staff supported them using comprehensive care plans. If a client's mental health deteriorated, the provider accessed support from the local mental health crisis team.
- Staff had a handover meeting at the beginning of each of the day's three shifts. Staff documented these and highlighted points for concern and discussion. A photograph of each client was included to ensure everyone knew whom he or she was discussing. Counsellors also had a debrief session twice per day. They used this forum to discuss any matters arising from work they had completed with clients during the day.

Adherence to the MHA

- The provider did not admit clients detained under the Mental Health Act as their registration did not allow them to do this. If a client's mental health deteriorated, staff were aware of whom to contact.

Good practice in applying the MCA

- The service assumed that all clients had capacity to make decisions and therefore were able to consent to treatment.
- Staff received training in the Mental Capacity Act (MCA). Sixty three per cent of staff had completed training in the MCA. However, staff we spoke with demonstrated a clear understanding of the principles of the MCA.
- Staff confirmed that they sought guidance if they thought that a client's level of capacity had changed. If there were concerns, they asked a doctor to assess the client's level of understanding.
- Staff documented in the client's notes when they had given consent to treatment. Staff also documented when clients had given permission to share information. This included what information could be shared and with whom.
- If a client became intoxicated, staff helped them overnight if it was safe to do so. When the client regained capacity and was able to give informed consent, staff asked them to sign an agreement giving their consent to remain on the premises until the next steps in their treatment had been agreed.

Equality and human rights

- The service provided training in equality and diversity for all members of the staffing team. However, the completion rate at the time of inspection was 30%. However, we saw evidence that the manager had organised training sessions for all staff. This would increase the compliance level to 100% if all attended.
- The service provided accommodation suitable for clients with disabilities and mobility issues. One of these rooms included a specially adapted bathroom (wet room). All floors were accessible by lift. Equipment and evacuation plans were in place to facilitate staff helping clients from these groups in the event of a fire.
- The service used behaviour contracts to maintain client safety and support their recovery. This is standard practice for substance misuse services and part of the treatment programme. Behaviour covered included

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violence and aggression and the use of mood altering substances. The contract also covered the use of personal mobile phones. Staff had identified these issues as potential risks for clients during their treatment. Staff advised clients of the rules before admission and clients had to agree to stick to them and signed a contract to that effect. Staff made clients aware that breaking these rules could affect their admission to the service.

Management of transition arrangements, referral and discharge

- The provider kept in close contact with clients' case managers through the period of admission. They actively discussed discharge and transition plans as part of this process. Clients had a strategy in place as soon as possible in the case of an unplanned discharge. Before planned discharges occurred, the client, care manager and the provider discussed plans and options for aftercare. These included whether the client was going to stay in the area where the provider was or return to their hometown. The provider encouraged clients to keep in contact and drop in if they wished to. This could be for social reasons or something more serious. The provider offered clients the opportunity to return to treatment for short periods if they were experiencing a crisis in their recovery.

Are substance misuse services caring?

Kindness, dignity, respect and support

- All interactions we witnessed between staff and clients were respectful, good-humoured, supportive, warm and kind. We observed staff acting in a professional manner with clients.
 - Clients were complimentary about how the manager, staff and owners worked together to ensure that the care they provided was flexible and met the clients' needs. For example, they stated how old clients were able to attend for short crisis admissions if they were having difficulties in their recovery. They also highlighted how clients struggling with the process of engaging with treatment could have the preparation stage extended. This meant that clients had a better chance of succeeding when they started the full treatment programme.
- Clients told us that they felt safe in the house and that the staff treated them with respect and as individuals. They appreciated that the staff supported clients wherever possible. This included if a client had a relapse during treatment. Staff did not deal with this in the same way for every client. The staff assessed the circumstances, impact on others in the house and the client's perception of the issues and their willingness to engage and change. If the staff felt the client was able to make positive changes following a relapse then staff would allow the client to continue treatment. In other circumstances, staff could choose to discharge the client into the community or find them an alternative treatment centre. However, staff would not discharge the client until they had a confirmed place to stay.

The involvement of clients in the care they receive

- When clients arrived at the house, staff allocated them an existing client to act as their "buddy". This person helped the new client settle into the house and provided them guidance on how the house operated.
- Clients told us that they felt involved in the planning of their care. They contributed to their care plans and had to agree to them before staff and the client signed them off. Staff involved the client and their care manager in the assessment of needs process to ensure that they met their treatment goals. Staff and clients reviewed these care plans as often as necessary and agreed changes together with the care manager. Staff encouraged clients to maintain responsibility for their recovery at all times during the completion of their care plans.
- The clients had access to advocacy through the citizen's advice bureau (CAB) or other organisations. Staff also supported the clients to advocate for themselves if they felt able to do so.
- Staff involved families and carers in the clients' treatment if the client gave permission for this to happen. Staff encouraged family members to visit the clients at the home. However, if the family members or carers were actively using substances they would not allow them to visit the house. Clients had to compile a plan of what they intended to do on any family visits or trip home and present it to a group of their peers. Clients stated that this ensured that any potential

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“flashpoints” could be identified by their peers who then challenged them about whether this was a good idea. Clients felt that this had been helpful in protecting their journey through recovery.

- Clients had the opportunity to provide feedback on any aspect of the care and treatment that they received. Clients completed a survey at discharge. Clients also had access to house meetings that had a “you said, we did” section. The provider displayed their actions in response to these suggestions on a public noticeboard. A suggestion box was also available.

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

Access and discharge

- The provider had policies in place to ensure that they did not admit anyone unsuitable for their service. The counsellor in charge of the Alpha (which was a programme designed to prepare clients for treatment) section of the treatment process assessed all clients. The counsellor completed the assessment either at the provider’s location or at a location close to the potential client’s home if they were unable to travel. The provider stated that they never completed telephone assessments. The service accepted clients for detoxification. The provider did not provide a detoxification service at the time of inspection. The client received this aspect of their treatment at a different service provider before returning for further psychological therapy. The counsellor gave clients very clear information about the service and the restrictions in place before admission. These restrictions included no family visits in the initial stages of treatment and no access to personal mobile phones initially. Staff advised clients that they would be sharing a room with a fellow peer apart from in certain circumstances dictated by individual needs.
- The provider asked clients to sign a contract before admission. This explained the expectations and rules of the service. It included the consequences of any behaviour the client exhibited. In certain circumstances the provider would ask the client to leave the treatment programme or “therapeutically discharge” them. This

included situations where clients were threatening, aggressive or violent. If clients used mood-altering substances e.g. alcohol or street drugs, staff reviewed their admission.

- The provider offered treatment periods varying from six weeks to a year. The programme comprised of five stages, ranging from Alpha, right through to after care. The treatment provided was a mix of group work and individual counselling. Any client could ask to have their stay increased and sometimes the provider recommended this if the client was struggling with the programme. In the latter stages of the programme, staff encouraged clients to access college courses and work to develop skills ready for discharge. Once the client was ready for discharge, the provider had access to a range of accommodation in the local area that provided supportive housing. These facilities were “dry houses” namely places where alcohol and street drugs were not tolerated. Clients staying in these houses had to sign an agreement to be drug tested or breathalysed to check if they had been using substances. One commissioner was extremely positive about the benefit this added to the clients they referred to the provider.
- Sefton Park offered unfunded crisis admissions to former clients. Commissioners were positive about the provider deliberately under filling their available beds to ensure they had capacity to respond to these requests.

The facilities promote recovery, comfort, dignity and confidentiality

- The house had a very warm and homely atmosphere. This encouraged the feeling of warmth and positivity between the clients and staff. All areas were clean and tidy. The garden was tidy and comfortable with a separate smoking area. Clients helped staff to maintain the property’s garden. The house also had an indoor smoking area away from other client spaces.
- The provider had private rooms to receive one to one therapy. Staff encouraged clients to have visits from family away from the house so there were no allocated family rooms. Clients personalised their bedrooms and could keep their personal belongings. However, initially they could not keep their mobile phones.
- Clients had access to a communal phone for periods of 15 minutes at a time. Clients further through their treatment programme could access their mobile

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phones. Clients could also use them if they had appointments in the community. Clients did not have visits from family during the first three weeks of their stay to ensure clients remained focussed on the initial stages of their treatment. Clients agreed to this before staff admitted them to the programme.

- Clients we spoke with said that the food was of good quality. As part of their therapy programme, staff allocated three clients a week to work in the house's kitchen. Clients received food hygiene training before starting this role. The provider paid clients a small gratuity to do this. The provider catered for clients' individual dietary needs, whether this was due to health, cultural or religious requirements. Clients had access to hot and cold drinks 24 hours per day and snacks between meals.
- Each section or phase of the treatment programme had a timetable of activities. These were published and available to clients. The programmes included structured therapy groups, individual 1-1 therapy sessions, self-directed learning and social activities. Social activities included walks and coffee mornings. Outdoor activity days and mindfulness activities, including yoga and acupuncture, alternated every Wednesday. Staff and volunteers supported clients to access support, mutual aid and self-management and recovery training (SMART) groups in the community and to attend places of worship. Clients we spoke with were very positive about the timetable. They felt it struck the right balance between therapy and social activities. They liked and appreciated having access to television and radio in the evenings.

Meeting the needs of all clients

- Clients liked how staff identified whether they would benefit from a longer period within a particular section of the care pathway. This was especially applicable to the Alpha section, which the provider used as a pre-treatment preparation class. This meant that clients understood how the treatment programme worked before starting it. If the provider felt that the client was not ready, they would delay transfer to the full programme. Conversely, if a client had experienced treatment before they would not necessarily spend as long in the Alpha programme.

- Clients at Sefton Park were vulnerable with varying complex needs. Staff completed care plans with clients that identified individual diversities and needs and worked to address them. The provider ensured that no discrimination because of a protected characteristic for example race, gender or sexual orientation. This was possible because the provider ensured policies and procedures were compliant with the Equality Act 2010.
- The provider had made adjustments to enable them to accommodate clients with disabilities and mobility issues. However, they did not provide personal care so clients accepted to the service had to be able to manage their own personal hygiene needs. One room had an ensuite wet room and others were on the same floor as a bathroom that had adjustments to make it accessible to people with disabilities. The property had a lift to access upper floors. The provider had created evacuation plans to enable clients to leave the premises safely in the event of a fire. If clients had a higher need that Sefton Park could not meet, they referred the client to different care providers.
- Staff obtained information leaflets regarding many subjects using the internet. This included information in other languages for clients whose first language was not English.
- Staff provided support for clients to access places of worship. These included a local mosque and churches of varying denominations.
- The service provided food that met clients' religious needs such as halal meat. They had received a certificate to confirm that they handled, stored and cooked this appropriately to meet clients' expectations.

Listening to and learning from concerns and complaints

- The provider had a robust complaints policy. This stated who was responsible for investigating, the period for staff to complete the work within and next steps. In the 12 months before the inspection, there had been one complaint. The provider had upheld this complaint.
- Clients we spoke with told us that information about complaints was contained within the pack they received

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at admission. Information was also on display within communal areas. Clients felt comfortable talking to the staff about concerns and believed they would handle complaints appropriately.

- Staff we spoke with understood the complaints policy and the expectations for how they managed complaints. They confirmed that the manager fed back learning from complaints to them in team meetings, during handovers and in supervision if appropriate.

Are substance misuse services well-led?

Vision and values

- The overarching vision of Sefton Park was to provide “addiction treatment that works”. They did this by identifying clients’ needs, supporting choices and empowering clients whilst treating them with dignity and respect in a “safe” place.
- Staff understood the vision and values of the service. They agreed with the principal objective the owners and manager had identified. The focus of the provider was the rehabilitation of clients and their reintegration into society. Focussing on this objective meant staff could support clients to achieve positive outcomes from their treatment.
- Staff knew the owners as they regularly visited the service. They were heavily involved in service development and encouraged clients to join them in social activities including a weekly walk on the beach. The owners bought clients that attended this activity ice cream and coffee at a local café. The owners were keen to encourage clients to stay in contact with the service after discharge. If clients contacted the provider whilst undergoing a crisis in their recovery they offered them a short-term admission without worrying about whether funding was available.

Good governance

- Staff reviewed audits in regular governance meetings. Governance meetings also reviewed incidents and complaints and identified lessons learnt. Meetings occurred monthly and alternated between the management and operational teams. Minutes of meetings we saw identified actions and set time scales for completion.

- The provider had a number of policies in place to ensure the service operated effectively. Policies ensure inappropriate admissions did not occur. The team tasked to manage admissions understood the exclusion criteria and referred inappropriate clients to other organisations. Policies supported staff to manage complaints and make safeguarding referrals to the local authority responsible for investigating them.
- The manager completed prompt investigations following incidents. The manager fed back learning from incidents and they ensured they made changes to practice to prevent incidents reoccurring. Staff we spoke to confidently explained to us the policy for reporting incidents.
- The registered manager received appropriate levels of administrative support. They felt that they had the required level of authority to effectively manage and support the provider’s staff. They had formulated a supervision structure appropriate for all staff members within the organisation. Records we saw demonstrated that staff addressed performance issues in supervision and reflected on situations to improve practice. All staff had received regular supervision in the previous 12 months.
- Mandatory training rates had been low. Systems in place to manage mandatory training had not been successful as completion of areas of training were below target. The manager had identified the deficit before the inspection and had arranged for training to improve the completion levels. New staff had not received mandatory training as part of their induction process which the manager had not identified.

Leadership, morale and staff engagement

- The staff at Sefton Park were passionate about the service. This was driven by the commitment and leadership demonstrated by the owners of the service. Clients we spoke with also recognised and appreciated this commitment.
- The owners and manager of the provider were very committed to the clients in their service. They facilitated unfunded admissions for previous clients when they had a crisis in their recovery.

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- Staff told us that they felt valued and listened to. The owners and manager engaged staff in planning service development and improvement.
- Evidence was available concerning levels of staff sickness absence. The manager reported an average sickness rate for staff of 4% in the previous 12 months before the inspection. This is the national average for services of this type. The turnover rate was low compared to the national average for this type of service, which reflects well on the morale of the team and the leadership of the provider.
- Staff we spoke with knew how to use the whistle-blowing process. They felt confident raising concerns with the manager or owners. No whistleblowing concerns were on going at the time of the inspection.
- Staff stated that working conditions were good and that the teams they worked in were supportive. They told us that they enjoyed working at Sefton Park and got a lot of satisfaction from working with clients to help them recover from their addiction.
- Staff were open and transparent in feeding back to clients when things went wrong. They were able to discuss the principles of the duty of candour.

Commitment to quality improvement and innovation

- The senior management team were aware of the need to change and make improvements. They were committed to make changes to ensure that the service continued to function at a time when funding for substance misuse treatment is being reduced.

Outstanding practice and areas for improvement

Outstanding practice

- The owners of the service were highly committed to the staff they employed and the clients they cared for. Clients and staff were uniform in their praise of the passion with which they ran the service, always focussing on the quality of care they provided to clients. An example of this was how the bed number never reached maximum to ensure there was capacity to respond to ex clients in crisis. The owners supplied a social network for existing and previous clients within a friendly and supportive environment. This included weekly walks where the owners provided clients with coffee or ice cream at a local café. Previous clients were encouraged to drop in for social, emotional and practical support if they required it. Clients described it as feeling as if you were in a “club” of which you were always a permanent, welcome member.
- Sefton Park was part of the Choices Consortium that was established in 2013. The consortium included 14 residential rehabilitation providers who worked together to improve resident outcomes and experiences by sharing best practice, working collaboratively and informing policy makers. As part of the Choices Consortium, clients required to leave Sefton Park during their treatment were transferred to another rehabilitation service. This meant that people who used the service continued to receive treatment and were not discharged with nowhere to go.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that newly employed staff complete mandatory training in a timely manner as part of their induction into the job. The

provider should also ensure that all existing staff complete mandatory training regularly. However, staff were skilled and knowledgeable about the service that they were delivering.