

Outstanding



# The Salvation Army Social Work Trust

# Gloucester House

## Quality Report

6 High Street  
Highworth  
Swindon  
Wiltshire  
SN6 7AG

Tel: 01793 762365

Website: [www.salvationarmy.org.uk](http://www.salvationarmy.org.uk)

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-126102913	Gloucester House	Gloucester House	SN6 7AG

This report describes our judgement of the quality of care provided within this core service by The Salvation Army Social Work Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by The Salvation Army Social Work Trust and these are brought together to inform our overall judgement of The Salvation Army Social Work Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Gloucester House as outstanding because:

- Staff truly respected clients and valued them as individuals. Staff were dedicated to working with clients, empowering them to be active partners in their care. People who use services had an active role in shaping the delivery of services. For example, clients were involved in recruitment of new staff, clients had reviewed the “house rules” for the service, and the service had made multiple changes to the care programme in response to client feedback.
- Staff always treated clients with compassion and kindness and respected their privacy and dignity.
- There was a strong, visible person-centred culture. People’s individual needs and preferences were central to the planning and delivery of care. Services were flexible, provided choice and ensured continuity of care. Staff developed innovative approaches to providing integrated person-centred care that involved other service providers, and the community resources, particularly for people with multiple and complex needs.
- Feedback from people who use the service was continually positive about the way staff treated people. Clients said that staff go the extra mile. Clients highly valued their relationships with staff.
- The service worked creatively with other providers to promote positive outcomes for clients. Staff maintained close links with local military veteran charities and hoped to improve access to care for this group. Staff planned and managed discharge well and liaised well with services that would provide aftercare. Staff made early exit plans with all clients. Staff supported clients to access move on housing and community support services.
- The service belonged to a ‘treatment loop’ which enabled clients to continue treatment at another centre for no additional cost when they had breached specific treatment requirements. For example, those who may have relapsed while in treatment.
- The service had a ‘buy-a-bed’ fundraising scheme to provide treatment for men who are unable to access local authority funding or fund treatment themselves. Staff worked with the local community to generate charitable funds.
- The service provided safe care. The environments were safe and clean. The facility had enough staff with the right skills to provide safe care. Staff assessed and managed risk well. They managed medicines safely 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 in line with national best practice guidance, and which were suitable for clients cared for in a substance misuse rehabilitation unit. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Gloucester House included or had access to the full range of specialists required to meet the needs of clients. Managers ensured that staff received training, supervision and appraisal. Gloucester House staff worked well together and with those outside the service who would have a role in providing aftercare.
- Staff understood and carried out their roles and responsibilities under the Mental Capacity Act 2005.
- The service worked to a recognised model of substance misuse rehabilitation. It was well led and the governance processes ensured that unit procedures ran smoothly.

However:

- The service’s ligature risk assessment and management plan could be improved to offer staff better oversight and awareness of ligature risks in the environment.
- The main building did not accommodate wheelchair users but staff signposted clients to other suitable services when they were unable to meet their needs.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

#### We rated safe as good because:

- Gloucester House was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep people safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate clients' recovery. Staff made early exit plans with clients. Clients participated in making their risk assessment and management plans.
- The service only admitted clients whose care and treatment needs could be safely met.
- Staff understood how to protect clients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

- The service's ligature risk assessment and management plan could be improved to offer staff better oversight and awareness of ligature risks in the environment.

Good



### Are services effective?

#### We rated effective as good because:

- Staff completed a comprehensive assessment of all clients on admission, including physical health, mental health, social

Good



# Summary of findings

needs, and substance misuse history. They developed individual care plans which were reviewed regularly. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. This included access to psychological therapies, help to access education, volunteering opportunities, and supporting clients to develop daily living skills.
- Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The service included or had access to the full range of specialists required to meet the needs of clients. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The service had effective working relationships with staff from services which enabled collaborative pieces of work, and effective aftercare following clients discharge. Staff engaged regularly with clients care managers/coordinators.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded consent and capacity when needed.

## Are services caring?

We rated caring as outstanding because:

- Staff truly respected and valued clients and treated them as partners in their care. They respected client's privacy and dignity. Staff considered people's needs regarding their gender, ethnicity, religion, sexual orientation, age and disability and understood how these might relate to their substance misuse.
- Feedback from people who use the service was continually positive about the way staff treat people. Clients said that staff go the extra mile. Clients highly valued their relationships with staff.

**Outstanding**



# Summary of findings

- People who use services were active partners in their care and there was a strong person-centred culture. Clients were given a voice and helped influence the delivery of care. For example, a client was working with the local inter-faith community to make an accessible spiritual and faith library for other service users.
- Staff found innovative ways to enable people to manage their own health and care and actively encouraged clients maintain their independence as much as possible.
- The provider ensured that needs of clients were met, even when there was no funding in place using the “buy a bed” scheme.
- Staff empowered clients but also ensured they had access to an advocate when needed. The service had a chaplain who supported and advocated for clients, for example at court and health care appointments. Staff ensured patients understood their care and treatment.
- The provider actively engaged the families and carers of clients receiving treatment. The service offered families general information about substance misuse treatment. The service referred families and carers to agencies that could provide them with support.

## Are services responsive to people's needs?

We rated responsive as outstanding because:

- Clients’ individual needs and preferences were central to the planning and delivery of care. The service was flexible, provided choice, and ensured continuity of care.
- The service used innovative approaches to deliver person-centred pathways for clients, which used the expertise of other providers and opportunities available within the local community.
- The service belonged to a ‘treatment loop’ which enabled clients to continue treatment at another centre for no additional cost when they had breached specific treatment requirements. For example, those who may have relapsed while in treatment.
- The service had a ‘buy-a-bed’ fundraising scheme to provide treatment for men who are unable to access local authority funding or fund treatment themselves. Staff worked with the local community to generate charitable funds.
- Staff took a proactive approach to understanding the needs of different groups of people and delivered care in a way that met

**Outstanding**



# Summary of findings

clients' needs and promoted equality. This included people who were in vulnerable circumstances or who have complex needs. Staff helped clients with communication, advocacy and cultural and spiritual support.

- People who use the service and others were involved in regular reviews of how the service managed and responded to complaints. The complaints process allowed for clients to appeal to an external senior manager if they were unhappy with the local response. The service demonstrated where improvements had been made as a result of learning from reviews.
- The design, layout, and furnishings of the service supported client's treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and clients could make hot drinks and snacks at any time. Staff supported clients to self-cater, providing training and support.

However:

- The provider had completed a disability access assessment, but the main building was listed and could not be adapted to accommodate wheelchair users. Staff signposted clients to other suitable services when they were unable to meet their needs.

## Are services well-led?

We rated well-led as good because:

- Leaders had a good understanding of the service they managed and it adhered to a recognised model of care. Leaders had the skills, knowledge and experience to perform their roles, 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. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risk were managed well.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Good





# Summary of findings

## Information about the service

Gloucester House provides residential rehabilitation for up to 13 men in recovery from substance misuse. The service is based in a listed three-storey townhouse located in Highworth market square. The majority of placements are funded by local authorities. However, Gloucester House occasionally takes private self-funders. The service also had a 'buy-a-bed' fundraising scheme to provide treatment for men who are unable to access local authority funding or fund treatment themselves.

Treatment at Gloucester House is abstinence-based. It is designed around the 12-step programme. The service provides psychosocial support and does not provide detox. Clients requiring detoxification attend a different centre before their admission to Gloucester House.

The service is registered to provide accommodation for persons who require treatment for substance misuse and has a registered manager in post.

CQC has inspected the service under the Health and Social Care Act (2010) four times, in December 2016, February 2014, January 2013 and January 2011. The service was compliant at the last three inspections.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, and a specialist advisor with experience of working as a nurse in substance misuse services.

## 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

Since July 2018 the CQC has powers to rate substance misuse services. This was an unannounced comprehensive inspection to provide a rating for Gloucester House.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the centre, looked at the quality of the environment and observed how staff were caring for clients
- spoke with four clients who were using the service
- spoke with the registered manager
- spoke with four staff members, including the admissions manager and support workers
- attended one therapeutic group

# Summary of findings

- looked at five human resources files
- looked at all six current clients' records
- looked at client, family, and carer feedback
- looked at records of incidents which had occurred in the 12 months prior to the inspection
- looked at records of complaints which had occurred in the last 12 months prior to the inspection
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with four clients who used the service. We reviewed local records of client feedback.

All the clients we spoke to were happy with the service.

Clients told us that staff were knowledgeable and helped them to achieve their goals. Clients told us staff involved them in decisions about their care. Clients reported staff were approachable and responsive to their needs.

## Good practice

- The service belonged to a 'treatment loop' which enabled clients to continue treatment at another centre for no additional cost when they had breached specific treatment requirements.
- For clients who needed treatment but were unable to access funding elsewhere the service had a 'Buy a Bed' scheme. Staff had engaged the local community to help to raise money to pay for treatment for these clients including charitable collections in local businesses. The scheme has helped fund the care of 46 clients since it began in 2011.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should review its ligature risk assessment and management plan to make it more explicit and to provide better oversight and awareness of ligature risks in the environment for staff.

# The Salvation Army Social Work Trust

# Gloucester House

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Gloucester House	Gloucester House

### Mental Capacity Act and Deprivation of Liberty Safeguards

Managers ensured Mental Capacity Act training was provided to staff. Staff were competent in applying the principles of the Mental Capacity Act and understood how

substance misuse can affect mental capacity and the ability to consent to treatment. Consent was clearly and consistently documented in clients' notes. Training compliance for the Mental Capacity Act was 85%.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

The premises were visibly clean and had comfortable furnishings. Cleaning rotas were in place and cleanliness checks were completed.

Facilities appeared well managed and maintained. Staff and clients could raise maintenance issues in weekly community meetings. Authorised contractors carried out work when needed.

Staff adhered to infection control practices such as hand washing and disposal of clinical waste in designated bins. Hand washing posters were visible above some basins. The service had an infection control lead.

The provider ensured safety inspections and certificates were in date. For example, fire safety, electrical safety, gas safety, and water hygiene.

Managers maintained a ligature risk management plan. However, the ligature point risk assessment was held separately and did not fully detail the locations of ligature risks. (a ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation).

Fire safety checks including fire evacuation drills took place regularly.

Staff took regular water temperature readings to monitor for risk of legionella bacteria.

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

The service held the highest food hygiene rating of five out of five.

Accommodation, toilets and washing facilities were single sex. The service only accepted male clients.

Staff were issued with portable alarms. The service had a lone worker policy in place. However, there were no fixed alarms installed in bedrooms or common areas which could be accessed by clients or visitors.

The service had a fully equipped clinic room with all the equipment necessary to undertake physical healthcare observations from clients. The clinic room was visibly clean and tidy.

### Safe staffing

The service had established safe staffing levels and ensured these were implemented. The service had a total of 13 substantive staff. The staff team included therapists, counsellors and support workers. The service also worked with volunteers. A manager, referral coordinator, therapy coordinator and support worker were on duty each day. A cook, administrator, and a chaplain were also employed. At weekends and evenings, the service reduced staffing to one support worker. The service operated an on-call rota to ensure staff could always access senior support. At the time of our inspection, the service had no vacant posts.

There were cover arrangements for sickness, leave, and vacant posts which ensured client safety. The service maintained a list of bank staff who were trained and inducted. The service could use an agency if shifts were not covered by permanent or bank staff. The service reported that in the 12 months leading up to the inspection 13.8% (total of 151) of shifts were filled using bank or agency staff. The service reported no shifts were left unfilled in the 12 months leading up to the inspection.

The service had systems in place at the point of recruitment to ensure that all staff underwent disclosure and barring service (DBS) checks. Staff with positive disclosures on DBS checks were subject to in-depth risk assessment and management plans. All new staff were required to have two reference checks.

The provider required staff to understand and maintain professional boundaries.

### Assessing and managing risk to patients and staff

We looked at the care and treatment records of six clients. Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. Staff regularly reviewed risk assessments and management plans with clients, including after incidents. Staff supported clients to develop personalised crisis plans.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

Staff worked with other services to assess and manage risk. Staff arranged for clients to see the GP when their physical or mental health deteriorated. Staff worked in partnership with community mental health teams (CMHTs) when clients' mental health deteriorated. Staff called emergency services if a client experienced a serious deterioration in their health.

Staff had the skills and knowledge to recognise the side effects of alcohol and/or opiate withdrawal and knew how to support people. Staff used structured tools to assess clients, for example the clinical institute withdrawal assessment for Alcohol (CIWA), and clinical opiate withdrawal scale (COWS). However, as clients were detoxified elsewhere before admission, these were not routinely used or required, after the initial assessment had been completed.

The service had emergency procedures and staff were aware of these. The service had basic emergency cardiopulmonary resuscitation equipment available for staff use, such as a defibrillator and face shield. Staff checked and recorded the condition of emergency equipment every week.

The service had a protocol for clients who wished to exit treatment before they had completed the programme. Staff created personal plans for clients at the start of treatment which agreed what actions would be taken should they exit treatment early. Staff supported clients to access emergency accommodation or transport when they had made unplanned exits from treatment. Staff notified third parties, such as GPs or care managers when a client made an unplanned exit from treatment. In accordance with national best practice guidance (Drug misuse and dependence: guidelines on clinical management, Department of Health [DH], 2007) staff ensured opiate users left the service with Naloxone, a medicine that can reverse the effects of an opiate overdose.

The service had a clear process that identified clients whose needs could not be safely met by the service and should not be offered a service. The service did not accept clients who were at high risk of suicide as the environment was not suitable for clients who might harm themselves. The service did not accept clients who were at high risk of harming others due to the vulnerability of other clients using the service.

Staff had received training in the use of Naloxone, a medicine that can reverse the effects of an opiate overdose. Staff could access Naloxone in an emergency.

Clients could access smoking cessation advice and support. Smoking was not permitted inside the premises. An outside smoking area was accessible to clients to the rear of the building.

## Use of restrictive interventions

The service had "house rules" in place to ensure the safety and well-being of clients. This included restrictions on access to mobile phones in the first 11 weeks of treatment, mandatory supervised urine testing, and no alcohol or non-prescription drugs on the premises

Clients were provided with information on restrictions as part of their pre-admission pack. Staff explained restrictions and sanctions on admission, and clients signed to say they understood and accepted them. Staff were consistent and proportionate in their actions when people breached restrictions. For breaches which were deemed to be less severe staff would take the issue to a community meeting for clients to discuss and support with deciding on a fair and proportionate course of action.

The service involved clients in the review of restrictions. A client group had reviewed the "house rules" as part of a local project. Staff sought feedback from all clients on their experience of the restrictions as part of a discharge survey. Survey data suggested nearly all clients felt the restrictions to be fair and reasonable.

## Safeguarding

Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff were trained on how to recognise and report abuse and could apply it. Management had established links with the local authorities safeguarding team and reported concerns as required. The service's manager acted as a safeguarding lead, staff received safeguarding training, and could access the services safeguarding policy.

The provider had clear procedures for children visiting the premises. Children's visits were always planned. Children were always supervised by a visiting parent or guardian, and visits were conducted away from other clients using the service in a separate room away from the main building.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

## Staff access to essential information

Staff kept information securely across both paper and electronic records. Information was locked away securely in accordance with the providers policies.

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The provider gathered information from partner agencies as part of its initial assessment.

## Medicines management

Staff followed best practice for medicines management when storing, administering and recording administration. Clients received the right medication at the right dose at the right time. Medicines were stored securely in a locked cupboard in the clinic room. Staff completed daily monitoring of storage temperatures. Staff completed regular audits of the medicines stored on the premises. The service had a clear protocol which ensure unused medicine was disposed of safely.

Staff received regular training on administering medicines. Staff were trained and deemed competent before administering medicines.

The service did not prescribe medicines. The service did not hold stock medicines. The service did not store controlled medicines on site. Clients who required controlled medicines had to attend a local pharmacy.

The service worked to avoid diversion of medicines that could be abused and avoided clients use of medicines which could reduce effectiveness of rehabilitation.

Clients were encouraged to self-administer medicines. Staff risk assessed, monitored, and supported clients who managed their own medicines. Clients had secure medicines storage cupboards in their bedrooms.

## Track record on safety

Gloucester House reported zero serious incidents in the 12 months leading up to the inspection. There had been seven lower severity incidents over this period which had been investigated and discussed. Recent incidents showed staff took appropriate actions to address risk when required. For example, a medicines error was identified, managers investigated, and a staff member was retrained.

## Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them using an electronic system. Managers investigated incidents and shared lessons learned with the whole team and the wider organisation. When things went wrong, staff apologised and gave clients honest information and suitable support.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

We looked at the care and treatment records of six clients. All the care plans we looked at were holistic, recognising the full range of a client's needs. All the care plans we looked at were recovery orientated and personalised, reflecting the views of the client and recognising their strengths and goals.

Staff regularly reviewed care plans with clients. All the care plans we looked at were signed by staff and the client. We spoke to four clients who told us they understood their care plan. Clients reported feeling happy with their care plan. Staff gave clients copies of their care plans.

Staff completed a comprehensive admission assessment. This included a preliminary risk assessment, mental and physical healthcare assessment, and an assessment of the clients current and historic substance misuse. Staff used structured tools to assess clients, such as the clinical institute withdrawal assessment for alcohol (CIWA), clinical opiate withdrawal scale (COWS) when required. Staff routinely acquired a GP medical history and medication list for clients.

Senior staff discussed the results of all new assessments to ensure the service could meet their needs. The service had clear written admission inclusion and exclusion criteria. Staff developed care plans that met the needs identified during assessment. The service worked with partner agencies to ensure clients who required detoxification accessed this before their admission to Gloucester House.

Staff did not routinely monitor clients' physical health on site. The service could provide monitoring of a client's physical observations, if advised to do so by a GP.

Staff completed an outcome star with clients each month which provided a holistic measure of their progress, this was also used to review and set goals.

Clients were registered with a local GP and received a physical examination within 24 hours of admission. Staff could access emergency GP appointments for clients when required.

The recovery plans identified the client's key worker. Clients had weekly meetings with their key worker during treatment. If a client was distressed, additional key worker sessions were offered.

Staff developed a risk management plan for those people identified as being at risk. Staff had a clear protocol for managing requests from clients to exit treatment early.

The service offered clients recovery orientated group work and one-to-one sessions. Topics of group work included relapse prevention, mindfulness, relationships, emotional regulation, and building self-esteem. The service also offered clients a mediated family session.

### Best practice in treatment and care

Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and guidance from the National Institute for Health and Care Excellence. The service provided treatment for clients which included, medication and psychological therapies, rehabilitation activities, occupational activities, training and work opportunities intended to help clients acquire living skills. For example, clients accessed individual counselling, group therapy, voluntary work, creative activities such as pottery, and physical activities at a local sports centre.

The service supported clients to develop life skills relevant to their individual needs. For example, debt management, basic computer skills, basic literacy skills, improving health and hygiene, cooking lessons and nutrition, fire safety, harm reduction, anger management, and emotional regulation.

The service identified and embedded relevant and current guidance from National Institute for Health and Care Excellence and the National Treatment Agency for Substance Misuse. The service had an advisory group which comprised of professionals with a background in addictions, health and social care. For example, the service worked with the advisory board to develop their medicines, and emergency medicines procedures.

Staff supported clients to live healthier lives. For example, through participation in smoking cessation schemes, health eating advice and cooking lessons, encouraging physical activity, and addressing issues relating to substance misuse.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The service did not provide blood borne virus (BBV) testing on site. However, staff would support clients to access testing via a GP. Staff supported clients to attend external support groups and treatment for BBV when needed.

Staff used technology to support clients, for example supporting clients to make online benefit applications.

## **Monitoring and comparing treatment outcomes**

Staff reviewed care and recovery plans with clients every four weeks. Staff used an outcome star to track client recovery and to review goals.

The service participated in Public Health England's national drug treatment monitoring system (NDTMS) which gathers information about the effectiveness of treatments and seeks to help improve care. The service reported 74% of clients completed treatment, and a low relapse rate of 13% in 2017-18.

## **Skilled staff to deliver care**

The service provided comprehensive inductions to all staff, including volunteers and relief staff.

The service provided mandatory training to all staff and ensured they completed it. Managers monitored staff compliance with training using a dashboard. Overall, staff in this service had undertaken 96% of the various elements of training that the provider had set as mandatory.

Staff received training in safeguarding adults and children, infection control, first aid, health and safety, equality and diversity, safe handling of medicines, Naloxone administration, basic life support, fire safety, control of substances hazardous to health (COSHH), data protection, Mental Capacity Act 2005, and manual handling.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff accessed training on alcohol dependency and withdrawal, blood borne viruses, harm reduction interventions, mental health awareness, conflict management, motivational interviewing, de-escalation, and welfare benefits.

All staff received regular supervision and yearly appraisal from appropriate professionals. Therapy staff received external supervision. Volunteers could access supervision / reflective practice groups. All staff who were due an appraisal had received one.

The service addressed poor staff performance promptly and effectively. The service had no recent cases of performance management. New staff were subject to a probationary period and regular performance reviews.

## **Multi-disciplinary and inter-agency team work**

The service collaborated with partner agencies to assess and deliver care, and to facilitate discharge. For example, Gloucester house worked with the criminal justice service, social services, housing providers, clinical commissioning groups, community mental health and substance misuse services.

The service worked in partnership with groups such as Alcoholics Anonymous and Narcotics Anonymous.

The service submitted regular reports on clients' progress to care managers and coordinators.

The service held weekly team meetings. Staffing numbers were increased on the day of the meeting to support staff attendance.

## **Good practice in applying the MCA**

Managers accessed Mental Capacity Act 2005 training provided by a local authority. Staff received basic in-house training. Training compliance for the Mental Capacity Act was 85%.

The service had a policy on the Mental Capacity Act which staff could refer to.

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner. Staff understood how substance misuse could impact on a client's capacity and ability to consent to treatment.



# Are services caring?

Outstanding



By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

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

We observed staff displaying positive attitudes and behaviours when interacting with clients. We observed a therapeutic group during which staff listened, were respectful, and promoted client recovery.

We spoke with four clients who described staff as encouraging and helpful. Clients told us staff were always available to help them when they needed support. Clients highly valued their relationship with staff. The service regularly received positive feedback and praise from clients.

Staff recognised and respected the totality of client's needs. They always took people's

personal, cultural, social and religious needs into account. Staff supported clients' religious needs supporting clients to attend a local mosque, church and gurdwara. Staff adapted the menu to meet the dietary needs of clients, such as halal, vegan, and vegetarian.

Staff collected clients following detoxification and brought them to Gloucester house. Staff provided transport and supported clients to attend court and hospital appointments.

Staff supported clients to understand and manage their condition. Staff supported and encouraged clients to develop coping mechanisms and skills to manage their addiction.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. For example, staff supported clients to develop links with community fellowships and support groups that helped those with addictions.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained confidentiality.

Staff provided clients with information about confidentiality, data protection and information sharing. Staff sought clients consent to share information with other agencies, such as GPs, housing providers, legal representatives, and social services.

### **Involvement in care**

Clients were oriented to the service and were given information on what help they would receive. New clients were buddied up with a peer who had been there longer. Clients told us they were made to feel welcome by staff when they arrived.

Clients told us they were actively involved in developing their care plans and understood their care and treatment. Clients told us they felt able to approach staff to ask questions and raise concerns.

All clients had a recovery and risk management plan in place which reflected the individual's preferences, recovery capital and goals.

The service supported clients to access appropriate advocacy services. The provider employed a chaplain who worked at the location. The chaplain supported and advocated for clients, for example meetings with the criminal justice system and health care appointments. The service worked with a debt management charity who would support and advocate for clients in experiencing financial difficulties.

Staff encouraged clients to have a voice and empowered them to support with local service improvement. For example, one client was working with the local inter-faith community to make an accessible spiritual and faith library for other service users.

Staff communicated with clients so that they understood their care and treatment. For example, staff had used large print and audio versions of therapy materials for clients who required them. Staff had accessed written therapy materials in foreign languages when required.

Clients were encouraged to provide feedback on the care and treatment they received. Staff encouraged clients to complete feedback questionnaires every six weeks and on discharge. We found that staff took on board feedback and acted upon it. For example, opening the art workshop at weekends, altering the length of morning group sessions, and increasing time for exercise within the activity schedule.

### **Involvement of families and carers**

The service encouraged families to attend initial assessments and to visit clients once they had stabilised.



## Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Staff provided families and carers with information about addiction and advised on where they could access additional support.

Staff facilitated family conferences for clients to explore issues and resolve difficulties.

# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

The service accepted referrals from local and national commissioners including social services and NHS providers. The service also accepted privately funded clients.

The services rehabilitation programme lasted between 12-24 weeks. The majority of clients were funded by commissioners for 12 weeks of treatment.

The service did not have a waiting list and rarely operated one due to spare service capacity.

The service had a clear system for screening and assessing referrals. The service aimed to assess a newly referred client within one week of receiving the referral.

Staff attended a local multiagency meeting for veterans and planned to improve access to the service for ex-military personnel. Staff maintained links with British Legion, Vets Aid, SSAFA, and the Warrior Programme (training course and support provider for ex-military personnel).

For clients who needed treatment but were unable to access funding elsewhere the service had a 'Buy a Bed' scheme. Staff had engaged the local community to help raise money to pay for treatment for these clients, including charitable collections in local businesses. The scheme helped fund the care of 46 clients since it began in 2011.

The service belonged to the "Choices" rehabilitation group which offered a 'loop' system to provide alternative residential settings if the current placement is not meeting a person's needs, or if the person breached the client agreement.

Clients individual needs and preferences were central to the planning and delivery of care. Recovery and risk management plans reflected the diverse needs of the person including clear care pathways to other supporting services. For example, staff supported clients to access accommodation, CMHTs, and community addiction services.

Staff began planning for discharge from when clients first entered the service, including early departures from

treatment. Staff contacted clients within ten days of discharge, when unable to do so they notified the referrer. Staff maintained good communication with care managers/ coordinators to facilitate discharge.

Staff escorted and supported clients who required transferring to another service. For example, when clients required transfers to an acute hospital or day surgery unit.

The service worked with partner agencies to ensure clients who underwent detoxification before admission had a seamless transition.

### The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own bedrooms and were not expected to sleep in bays or dormitories.

Clients could personalise their bedrooms. During the inspection we found that clients had personalised their bedrooms with cards, pictures, and small personal items.

Clients had somewhere secure to store their possessions. Clients had a lockable cupboard in their bedroom. Clients could lock their bedroom doors.

Staff and clients had access to the full range of rooms and equipment to support treatment and care, including a clinic room, drug testing room, recreational room, pottery studio, art studio, group / therapy rooms.

There were quiet areas within the building and a room where clients could meet visitors. Clients had access to outside space which had a fish pond and an aviary.

The food was of a good quality and reflected client preferences as well as their cultural and dietary needs. Clients could always access drinks and snacks.

### Patients' engagement with the wider community

Staff encouraged clients to develop and maintain relationships with the people that mattered to them, both within the service and the wider community. Staff supported clients to access the Salvation Army's national family tracing service when they wished to find/reconcile with family. Staff facilitated and mediated family meetings. The service had purchased computers to allow clients to speak with their children regularly via skype.

Staff encouraged clients to access the local community. The service worked in partnership with local businesses and two voluntary agencies to offer clients volunteering

# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

opportunities. The service negotiated an agreement with a local leisure centre to increase clients access to exercise facilities. The service worked in partnership with a local pharmacy to provide smoking cessation support to clients. The service worked in partnership with a local debt advice charity. Clients had access to a local scheme which provided the opportunity to gain qualification in food safety and basic life support/ first aid certificate, while working alongside the local fire and rescue service. The service supported clients before discharge to make connections in their local fellowships. The service transported clients to national 12 step conventions and social events, such as the Narcotics Anonymous camp out near Oxford. The service had until recently been providing accredited literacy courses but due to cuts in local authority funding this had stopped. Clients told us they felt part of the local community.

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

Staff demonstrated knowledge and understanding of clients' protected characteristics and vulnerability, such as the potential needs of older people, sex workers and transgender clients.

The service adapted the treatment programme to meet the needs of the client. Staff provided support with reading and the provision of audio or large print materials when required. Staff had accessed Latvian therapy materials from international colleagues to meet the needs of a previous client.

The service accepted people of all faiths and those who did not have religious beliefs. The service employed a chaplain who supported the spiritual aspect of the programme and worked with the inter-faith community.

The accommodation and treatment facilities were located across several buildings and floors. The provider had completed a disability access assessment, but the main building was listed and could not be adapted for wheelchair users. However, individual plans had been made in the past to allow clients with reduced mobility to access the service and staff signposted clients to other suitable services when they were unable to meet their needs.

Clients told us that care/treatment was rarely cancelled or delayed.

## Listening to and learning from concerns and complaints

The service had a total of three complaints over the 12 months leading up to the inspection, two were upheld. The service logged 13 compliments from service users over the same period.

The service had a clear complaints system which showed how complaints were managed, how lessons were learned, and acted upon to improve the quality of the service. Clients could easily access a copy of the complaints policy. Clients were involved in the management of complaints.

The outcomes of complaint investigations were discussed in staff, client and management meetings to share learning.

Clients could appeal to a regional manager and then a director if they felt their complaint was not resolved locally.

The service protected clients who raised concerns or complaints from discrimination and harassment.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Leadership

Managers had the skills, knowledge and experience to perform their roles. Managers provided clinical leadership for staff. Managers could demonstrate knowledge of the depth and breadth of the service provided. Managers could explain how the service worked towards providing high quality and sustainable care.

Staff told us the managers were supportive and accessible.

### Vision and strategy

The service had clear vision and values. Gloucester House was provided by the Salvation Army whose mission is to share Christianity, actively serve the community, and fight for social justice. The services values were integrity, accountability, compassion, passion, respect and boldness. Staff understood and worked in line with the providers vision and values.

Staff explained how they were working to deliver high quality care within the budgets available. The service shared and collaborated with other members of the "Choices" rehab group to improve practice and to engage in joint marketing. The service worked with an advisory group to improve local practice. In response to reductions in local authority funding for clients, the service planned to develop a day service in collaboration with community addiction services.

Staff held regular team, governance and management meetings to discuss strategy, performance and changes to the service.

### Culture

Staff felt respected, supported and valued. The service had average levels of sickness absence. The service had four staff leave in the last 12 months. Staff we spoke to reported feeling proud to work in the service. For example, one staff member said the team was passionate, experienced, well-connected, and open to change.

Staff felt positive and had low levels of stress. However, one staff member told us it can be stressful when the centre is full.

Annual staff appraisals included a discussion regarding learning needs and opportunities for career progression. The management team recognised the contribution of staff at all levels in the organisation and wanted staff to feel valued. The provider completed staff engagement surveys.

The team told us they worked together. Staff said they could raise concerns without fear of reprisal. Where there were difficulties in the team the manager dealt with them promptly.

Managers and staff told us there had been no recent cases of bullying or harassment.

### Governance

Managers regularly reviewed the performance of the service and acted when needed to make improvements. Managers regularly discussed key performance indicators, staffing issues, incidents, health and safety, complaints, compliments, inclusion, good practice, and business development.

Staff undertook and participated in local audits. For example, staff audited support plans, risk assessments, and medicines administration. The audits were sufficient to provide assurance and staff acted on the results when needed.

The service submitted data and notifications to external bodies and internal departments when required. For example, the service submitted data to the providers safe mission team and external bodies such as NDTMS.

The service completed annual mock CQC inspections to promote compliance and good practice.

The service had a whistle blowing policy in place.

### Management of risk, issues and performance

The services' electronic reporting system gave managers oversight of all accidents, incidents and key performance data. The providers safe mission team analysed all incidents and reported to the board quarterly. Senior managers acted to improve services when needed.

The provider held a strategic risk register for the service. Gloucester House used a 'safe mission' file which identified service concerns, assessed potential impacts, and named individuals responsible for managing risk. Risk registers were regularly reviewed. Staff could raise concerns when required.

# Are services well-led?

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By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Staff recorded and reported incidents to appropriate authorities, for example police, local authority safeguarding teams, CQC, and the reporting of injuries, diseases, and dangerous occurrences regulations (RIDDOR).

The service had planned for emergencies, for example staff shortages, disruptions to service, and if the building became unsuitable for use.

Managers monitored sickness and absence rates. Staff received support when they returned to work following sickness. Staff could access an occupational health service. The service had several bank staff familiar with the service who could cover staff sickness.

## Information management

The service had systems in place to manage confidentiality of client records. The provider had a procedure for managing breaches of confidentiality. The service had no reported breaches of confidentiality in the last 12 months.

Information was stored in paper and electronic records. Information was recorded in a timely fashion and was accurate. Information was stored securely in line with the providers policies. Staff were clear about the importance of confidentiality and this topic was covered in their induction to the service.

Staff could access information they needed without delay. Staff had access to the equipment and information technology they needed to do their work. The service used systems to collect data that were not over-burdensome for frontline staff.

Staff got clients consent before sharing information. Clients had easy access to the providers information sharing and confidentiality policy.

The manager had access to information they needed to monitor the quality and effectiveness of the service

## Engagement

Staff encouraged clients to provide feedback on the service they received via discussion, community meetings, and quality questionnaires. Clients were offered quality questionnaires every eight weeks and upon departure. Staff listened to and acted upon client feedback.

Staff valued the contribution of clients and promoted client involvement in decision making. For example, the service involved clients in four rounds of staff recruitment. Clients had also reviewed the services therapeutic contract and ground rules.

Client representatives were nominated by peers to share the views and experiences of other service users with staff and managers.

The provider completed internal inspections of the service which sought the views of clients via focus groups.

The service had an improvement methodology which included seeking feedback from external stakeholders. However, the service had received a low response rate from questionnaires sent to external stakeholders. The service was considering alternative ways of gaining this feedback.

## Learning, continuous improvement and innovation

Key local stakeholders, clinicians and senior managers attended an advisory group which scrutinised and ensured best practice guidance was implemented.

The service shared and learned from best practice via a network of substance misuse service providers that collaborated to form the 'choices' rehabilitation group. For example, the service collaborated with other providers to ensure its processes were compliant following changes to data protection legislation.

The service was a member of organisations which promoted best practice in substance misuse treatment, and which delivered training. For example, substance misuse management good practice (SMMGP) and federation of drug and alcohol practitioners (FDAP).