Birmingham Inpatient Drug Treatment Service

Quality Report

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

Ratings

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

Overall summary

We rated Birmingham inpatient treatment drug treatment service as good because:

- Staff knew how to protect people from harm and could identify when clients were at risk of significant harm. Staff knew what incidents to report and the procedures to follow when reporting. The service discussed and learnt from incidents and implemented changes to improve working practices.

Summary of findings

- There was clear learning from incidents the service developed an open learning culture that all staff contributed to and supported.
- Staff were aware of the service vison and values and felt respected and supported by the managers. Staff had opportunities to improve their working practices through supervision, training and team building days.
- Staff completed and updated clients' risk assessments and risk management plans which included early exit from the service. All risks identified throughout the assessment phase were transferred through to the clients care records and regularly monitored.
- Recovery plans were individual and met the client's needs, they included pathways to other services and agencies that could also support the client.
- Staff followed best practice when storing, recording and administering medicines. There were good systems and processes in place for controlled medicines. Staff had access to guidelines policies and procedures for managing medicines.
- Staff communicated with patients with compassion and kindness and clients spoke highly of staff and their knowledge, skills and professionalism.
- Staff understood the individual needs of clients and involved and supported clients in understanding their care and treatment.
- Managers had the skills, knowledge and experience required to effectively perform and lead in their roles. They had a good understanding of the service and were visible and approachable for staff and clients.

However:

- Although the service allowed children to visit clients at Park House and had a procedure to follow, to keep them safe they did not have child visiting policy.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Good

Birmingham inpatient drug treatment service.

Services we looked at Residential substance misuse services

Summary of this inspection

Background to Birmingham Inpatient Drug Treatment Service

Change Grow Live is a social care and health charity in England and Wales. Park House is a purpose built 18 bedded residential detoxification and stabilisation unit for substance misuse. They provide services for men and women over the age of 18 years. Birmingham City Council commissions nine of the beds and the remaining beds are used for out of area placements. The unit accepts professional and self-referrals.

Park House is a consultant led service which is staffed 24 hours a day, seven days a week. It is supported by clinical and operational on-call systems. A client's average length of stay at Park House is two weeks but the stay is based on clients' individual needs.

Park House is not suitable for clients who have a primary mental or physical health issue that requires hospitalisation.

Park House registered with the Care Quality Commission in 2015 to deliver the following regulated activities:

- Accommodation for person who require treatment for substance misuse.

The service has a registered manager.

The service had been inspected in August 2016 with a focused inspection in August 2017.

When the service was inspected in August 2016 there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Dignity and respect, regulation 10 (2) (a).

We informed the provider that they must ensure that same sex accommodation is provided at Park House. Toilets must be identified for male or female use. We found that the provider did not provide privacy for the clients from those using the communal areas during the assessment phase of the clients' admission. This was due to the proximity of the smoking shelter.

The focused inspection in August 2017 found the service had addressed the requirement notices issued at the last inspection in August 2016. They received requirement notices in the following areas; Person Centred Care, regulation 9 (3) (a) (b) (e):

Care plans must be provided for the service. They must ensure that all physical health care needs are documented in care plans. The provider must ensure all clients are involved in their own care and that care plans are person centred.

Dignity and Respect, regulation 10 (1)(a):

The provider must follow same sex guidance and provide a permanent female lounge.

Safe care and treatment, regulation 12 (2) (a)(b):

We told the provider that they must ensure that when assessing clients all risks identified must be correctly and accurately documented in risk management plans.

Our recent visit to the service found the provider had met all requirement notices.

Our inspection team

The team that inspected the service comprised two CQC inspectors, medicines inspector and assistant inspector.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, and sought feedback from staff at two focus groups.

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the environment and observed how staff were caring for patients
- spoke with seven patients who were using or had used the service
- spoke with the registered manager
- spoke with six other staff members; including doctors, nurses, admin, health care support workers and peer support mentors
- held one focus group for staff
- attended and observed one group activity
- looked at six care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

People who had used the service were very complimentary about the service and the staff. They felt empowered to change and felt staff supported them to achieve their outcomes.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- The service had secure access to the building through a video intercom system operated by staff. The service had a safe environment. Clients staff and visitors were provided with portable alarms. All areas accessed by clients were clean and well maintained. Furniture and décor were in good condition.
- All clients received a weekly fire safety briefing to ensure they were aware of procedures to follow in the event of a fire.
- The service had ensuite rooms and provided male and female only sleeping corridors. Prior to admission, clients were offered a choice of whether they wished to access same sex only sleeping corridors or mixed area.
- Staff completed and updated clients' risk assessments and risk management plans which included early exit from the service. All risks identified throughout the assessment phase were transferred through to the clients care records and regularly monitored.
- Staff knew how to protect people from harm and could identify when clients were at risk of significant harm. Staff knew what incidents to report and the procedures to follow when reporting. The service discussed and learnt from incidents and implemented changes to improve working practices.
- There was clear learning from incidents the service developed an open learning culture that all staff contributed to and supported.
- Staff followed best practice when storing, recording and administering medicines. There were good systems and processes in place for controlled medicines. Staff had access to guidelines policies and procedures for managing medicines.

However:

- The service did not have a policy to follow to support children when visiting Park House.

Are services effective?

Good

We rated effective as **Good** because:

- The service invited clients to a preadmission visit where staff began the process of assessment. Staff completed care records which showed a seamless transfer and continuity of care from the community team to the inpatient services.

Summary of this inspection

- Recovery plans were individual and met the clients' needs, they included pathways to other services and agencies that could also support the client.
- Staff provided clients with a range of care and treatment interventions suitable for the client group. The interventions were those recommended for substance misuse services.
- Staff had opportunities to improve their working practices through supervision, training and team building days.

Are services caring?

Good

We rated well-led as **Good** because:

- Staff communicated with patients with compassion and kindness and clients spoke highly of staff and their knowledge, skills and professionalism.
- Staff understood the individual needs of clients and involved and supported clients in understanding their care and treatment.
- Care plans were personalised and holistic. Clients told us that staff listened to them and that their treatment was individualised and included their goals and needs.
- The service encouraged clients to provide feedback during weekly service user meetings and by completing a questionnaire on completion of treatment.

Are services responsive?

Good

- There were good facilities that promoted comfort dignity and privacy. Clients had their own ensuite rooms. There was access to a range of rooms for various groups and activities.
- Recovery plans met the diverse needs of clients using the service. Staff ensured clients were referred to other agencies for support prior to discharge and involved key workers.
- The service had disabled access for those who required it this included rooms adapted to support their needs.
- The service monitored all clients on the admission list and kept in contact with referrers and care co-ordinators. They were aware of any changes to those requiring admission.

Are services well-led?

Good

We rated well-led as good because:

- Managers had the skills, knowledge and experience required to effectively perform and lead in their roles. They had a good understanding of the service and were visible and approachable for staff and clients.

Summary of this inspection

- Staff applied the services vision and values and felt respected and supported by the managers.
- The service had a clear governance structure and frameworks that were embedded throughout the organisation. There were good reporting tools to capture the performance of the service
- The service had good processes to manage staff well being and provided weekly wellbeing hours. Staff could use the hour to manage and support their mental health and physical wellbeing.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were aware of their roles and responsibilities under the Mental Capacity Act 2005 and knew how to support people who lacked capacity. Staff ensured clients consent to care and treatment was assessed documented and reviewed.

The service provided staff with for the Mental Capacity Act 2005, 88% of staff had completed module one and 94% had completed module two. Staff said mental capacity was assessed as part of the multi-disciplinary team. Staff knew where to seek advice if required concerning capacity.

Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Good

Safe and clean environment

Safety of the facility layout

The service provided a safe and clean environment for clients. The entrance to the service was locked, access was via a video intercom system. Staff opened the door to people once they had introduced themselves, and in the case of professionals, provided identification. Once in the reception area all visitors were required to sign the register on entering and leaving the building. The service had closed circuit television in operation in corridors, communal areas and outside at the entrance to the building and in the garden.

Staff provided all clients with a group fire safety induction once a week to ensure they were aware and familiarised with the procedures in the event of a fire.

All bedrooms had ensuite facilities, clients were provided with a key fob that was programmed to open their allocated room only. The service also provided clients with safety alarms that they could use on the premises. Visitors were also issued with alarms. Staff could pinpoint the location of the alarm from the alarm panel. Staff regularly tested alarms.

Corridors were separated in to male and female corridors. Three bedrooms located at the centre leading to both the female and male corridors could be rotated in to either male of female only rooms depending on the demand at the time. It could also be mixed gender. Clients were asked prior to admission if they had any preferences to a male or female only space. Rooms had anti ligature furniture and staff completed environmental assessments which included up to date anti ligature reports and fire risk assessments.

Staff had access to pin point personal alarms. All clients and visitors were issued with alarms whilst on the premises.

At our last inspection of the service, we identified that there was no permanent female only lounge. The service used the large lounge to partition an area to create a female only lounge. During our recent visit we found the service had created a designated female only lounge. This was a permanent space available to female clients whenever they required.

Maintenance, cleanliness and infection control

The service had accessible rooms where clients were seen. Areas that clients had access to were clean and well maintained, furnishings were comfortable and in good condition. This included, the clinic and consultation room, lounge area and conservatory. The large lounge could be divided in to three sections using partitions therefore it provided space for other uses for clients.

Staff adhered to infection control principles. Sharps boxes/ clinical waste were collected weekly.

Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff maintained equipment well and kept it clean.

Good

Residential substance misuse services

Safe staffing

The service had adequate numbers of skilled staff to support the needs of the clients accessing treatment and care. Staffing included a clinical service manager, lead nurse, registered general nurses, registered mental nurses, doctor, eight health care support workers which included a recent recruitment, administration staff, chef, volunteers and peer support mentors.

The service reported three staff on long term sick leave and six staff leavers within the last 12 months leading to November 2018.

The service reported that in the months leading up to November 2018, 238 shifts had been filled by bank or agency staff to cover vacant posts, sickness or absences. Permanent staff working for the service worked bank shifts when they were short staffed. The service also recently recruited to three vacant nurse posts with one more vacancy to fulfil. They also recruited 12 bank staff. The manager explained they had three regular bank staff and three regular agency staff that they used. This ensured that staff were familiar with the service's procedures and processes and the client group.

We viewed the staff rota which matched the number and types of staff on all shifts at weekends, weekdays and night shifts.

The staff rota was completed in advance. Managers reviewed it daily therefore they could plan to ensure safe staffing levels were available for each shift.

Mandatory training

The service ensured all staff including seasonal, bank and agency staff received mandatory training. This included an introduction to health and safety. Training was delivered through e-learning or video. The manager received monthly reports which identified how many staff had completed mandatory training. As of April 2019, the service training matrix showed that between 93% to 100% of staff had completed mandatory training except for data protection. The completion rates for the this subject was below 65%. The service provided staff with an hour per week to complete any outstanding mandatory training.

Assessing and managing risk to patients and staff

In August 2017 we carried out a focused inspection to look at the requirement notices issued at the previous inspection of 2016. We had issued the service with a requirement notice to ensure that all clients' identified risks must be correctly and accurately documented on risk management plans. We found the service did not have bespoke care plans, they used risk assessment tools to capture care planning information. The document did not record or address the clients' physical health needs.

On this inspection, April 2019, we found that the service had addressed the issues raised previously. We looked at six sets of client care records which staff had completed to a good standard. We found all clients had a risk assessment with risk management plan that staff regularly reviewed. All risk assessments were up to date. The service had also begun to complete joint initial assessments with doctors and nurses to ensure all risks were captured.

Clients had a service user plan. This documented amongst other information client goals, risk indicators, physical and mental health and safeguarding. All information captured during the admission process was pulled through on to the service user plan ensuring updated continuity of information and risks.

In December 2018, the service introduced enhanced care pathways as part of the standard operating procedures. This provided individualised risk assessment for clients' specific risks such as falls or seizure management, suicide prevention or pregnancy. Once completed managers could identify whether extra staff would be required to support the client such as one to one support or observations.

Staff recognised and responded to a deterioration in the clients' physical health, which was recorded in the care records. We saw evidence of actions taken by staff when managing situations with the clients' physical health. Staff also gave examples of situations when they reacted to clients requiring support from the emergency services.

Staff explained that at times they had clients with a mental health diagnosis and they would like to be able to support them better. Staff had also requested de-escalation training. It appeared that some staff had experience of using de-escalation techniques from previous employment but could not use it as other staff had not been trained in this area.

Management of service user risk

As part of the admission process, the service invited clients to attend the unit prior to their admission. Managers and

staff felt this was important so that clients understood the processes and procedures and the expectations during their admission. It also supported staff to assess and minimise risks.

Clients completed recovery plans in the community with their named worker. This included discussions concerning harm reduction and consequences of continued use of substances. Unexpected exit for the service was also discussed. The recovery plan formed an integral part of staffs ongoing risk assessments of clients at the service. On admission staff completed the severity of alcohol dependence questionnaire with the client. They discussed the recovery plan and looked at protective factors of what kept the client safe.

The minutes of staff meetings described and discussed staff responses to risks posed by clients, such as smoking in bedrooms or clients who had fallen. Staff also gave examples of how they responded to changes of a client's physical health. We saw information relating to this in minutes of staff meetings. Managers feedback from the investigation of the incident and stated staff had followed the falls pathway and updated the enhanced care plan to increase observations.

The service had access to a doctor through on call systems and face to face contact. Staff contacted them for support and advice when required on the physical health of a client. Staff responded to client's sudden deterioration in their health. We saw in the care records where staff documented events leading to an emergency admission to hospital. There was documentation showing staff prompt responses when managing physical health care issues for clients in their care.

Clients were required to adhere to the services community agreement which set out guidelines and prohibited items and behaviour for Park House. Staff searched clients and their belongings on admission, they also searched the premises and the grounds of the unit. Visitors may have also been subject to bag searches to support building security and safety. Clients were informed of the reason for staff to carry out searches in the service user guide.

Clients were able to have visits at weekends. Visitors were only allowed in communal areas of the unit. The service did not have a child visiting policy however managers explained that children could visit but could not be present in communal areas. The group rooms had a dual function and were also used as family rooms when children visited.

There was evidence in the clients' care records that prior to attending the service, clients had attended a community group once a week that looked at reducing their use of substances.

Safeguarding

Staff knew how to protect clients from abuse. We observed staff discussing safeguarding with clients on admission. Care records showed staff considered safeguarding, they had appropriate links to agencies. The service supported those who were subject to safeguarding. Information was shared between the community hubs, other agencies and the inpatient service.

Staff could identify adults and children at risk of abuse or significant harm. They were aware of reporting systems within the service and explained how they would inform their manager with any safeguarding concerns. The safeguarding lead also liaised with staff at the service and provided support where required. All staff received safeguarding training via eLearning for adults and children. Policies and procedures were available on the service's intranet and staff knew where and how to access it.

Staff access to essential information

The service used electronic records; the system was used throughout the organisation therefore all staff could access client notes. Staff scanned any paper records on to the electronic system.

Doctors had remote access to client care records when away from the unit. Staff had access to computers and laptops throughout the service and could update information in care records as and when required. Care records we viewed were accurate and up to date.

Medicines management

The service had effective guidelines, policies and procedures for staff to follow on the management of medicines. Staff had access to detoxification, withdrawal and stabilisation policies on the provider's intranet. Staff understood and followed the policies.

Staff followed best practice when storing, administering and recording medicines, this included medicines

reconciliation. The service had systems and processes in place for the storage of controlled drugs and there was evidence of daily stock checks. Staff managed medicine errors appropriately. There were facilities for staff to dispose of controlled drugs which staff stated was always witnessed. The pharmacist completed audits of controlled drugs and other medicines kept at the service. Any feedback from the pharmacist or lessons learnt was discussed at the information governance team meetings and in clinical supervision.

Patients own medication was clearly identifiable and staff checked them prior to use. Staff clearly labelled medication that had an increased expiry date once opened with the date when it was first used.

Staff monitored and reviewed the side effects of medication and used the Clinical Institute Withdrawal Assessment and Clinical Opiate Withdrawal Scale side effect scales.

Prescriptions were kept in a safe in the nurses' office; only nurses had access to the safe.

In clinical areas where medicines were kept we saw evidence of daily room and fridge temperature checks. Staff checked the emergency medication bag daily to ensure it would be ready for use if needed. The emergency bag was not tamper proof however it was locked away. The bag included three prefilled naloxone containers, with extra stock stored in a locked cabinet. Naloxone is a medication used to block the effects of opioids especially in the case of an overdose. Staff trained all clients in the use of naloxone prior to discharge to reduce harm.

Track record on safety

There were no serious incidents reported at this service in the last 12 months.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and could access and use the service reporting systems. Managers investigated incidents and shared lessons learnt with all staff via local information governance team meetings and weekly team meetings. The service operated a learning culture and ensured all staff knew that incidents were an opportunity to learn and not to blame. Staff told us they apologised to clients when things went wrong and gave honest feedback and support.

Staff were able to give examples of lessons learnt following incidents and improvements that had occurred as a result. We saw example of this in the minutes of the weekly team meeting and in the information governance team meeting.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We reviewed six client care records. It was clear that clients had contributed to their care plans. The records were client centred, holistic and recovery focussed. They included a full history of the client such as mental health, physical health, safeguarding and substance misuse.

Staff began the assessment process with clients when they were referred to the service. Clients were invited to attend the service prior to their admission, therefore assessments were ongoing.

Clients completed recovery and discharge plans with their key worker in the community. On admission staff discussed the plans with clients which included risk assessments and risk management plans. This ensured both staff and clients were aware of the goals clients wished to achieve protective and risk factors. It also highlighted the process for an unplanned discharge from the service.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence.

Medication was prescribed in line with guidance from the National Institute of Health and Care Excellence. Staff administered test doses of medication that required physical health care monitoring prior to commencing detoxification. Staff completed a physical health check on admission which were ongoing throughout the client's admission.

Prescription charts displayed documented evidence that staff adhered to strict regulations regarding withdrawal medication.

Staff and external agencies facilitated therapy groups such as mindfulness, motivational groups, alcoholics anonymous and narcotics anonymous. The manager stated staff had received specific training for some of the groups.

Staff completed weekly Malnutrition Universal Screening Tool assessments to identify clients who were either malnourished or are at risk of malnutrition. Staff provided clients with information on healthy eating. We saw information on notice boards regarding specific types of diets and nutrition to support various physical health conditions. On admission staff offered encouragement and support to help clients who smoked to stop.

Skilled staff to deliver care

All staff received an induction and as part of this were expected to complete mandatory training. The service provided all staff with a range of training suitable for their roles. Managers monitored staff completion of mandatory training through monthly reports.

However, staff told us they would like to have training in mental health or for the service to employ more staff with mental health experience. Staff had approached managers to ask for this training as they felt this was an area of knowledge required to further develop their roles and skills. Managers stated they were currently waiting for dates for staff to commence face to face de-escalation training. Also training dates for dual diagnosis for mental health and substance misuse had become available. Managers told us staff would be attending the course in July 2019.

Managers implemented team building days where staff received training which included hepatitis C and safeguarding.

Staff sought external training which they funded themselves, managers provided shifts that supported their attendance at training and completion of assignments.

The service followed robust recruitment processes. They ensured all staff working for the service received checks that confirmed they were suitable to work with the client group. The service recruited and trained volunteers who had previously used the service. They went through the appropriate recruitment process and staff supported them with their new roles.

All staff had a supervisor that provided regular supervision and yearly appraisals. The service reported supervision rates of 89% for April 2019. Staff we spoke with said they received regular supervision and their appraisals had also been completed. The service reported 100% completion rates for appraisals up to April 2019. We viewed supervision documentation between staff and their supervisors. Staff discussed a range of e-learning and face to face training, shadowing opportunities and observations they required or had already completed.

The service addressed staff poor performance by increasing support. This was through a combination of formal and informal supervision and involvement from the human resources team. Staff were provided with a support plan with detailed information on how staff would be supported to improve their performance. This could be through shadowing or observation.

All volunteers were subject to the appropriate recruitment selection process and had received support and training from the service to develop their roles. Volunteers we spoke with explained as they were in recovery they felt they received good support from staff and their progression within the service was good.

Multidisciplinary and interagency team work

The service had the right staff with the skills and knowledge to support the client group.

The team consisted of registered general nurses, registered mental health nurses, health care assistants, doctors, pharmacist, volunteers and peer support mentors. The service had good continuity of care with keyworkers within CGL community services. Their links with other agencies was also prevalent, this included housing, employment, education, GPs, hospitals, community mental health and safeguarding teams. Comprehensive assessments incorporated a multidisciplinary input individualised for the client. The service liaised with external agencies as and when required.

The service had regular weekly multi-disciplinary team meetings. They invited other professionals to attend as necessary. All clients were discussed within morning

Good

Residential substance misuse services

handover with the multi-disciplinary team. Notes from the meeting were typed on to the electronic system so it could be viewed by all staff. The doctor received a daily hand over of all clients and high-risk clients were seen daily. Weekly ward rounds were held every Friday by the lead consultant as part of the multi-disciplinary team.

We saw evidence of multidisciplinary input within the client care records and recovery plans, which were initiated in the community and continued through to the inpatient services.

Staff told us that they liaised with external services to support clients in their recovery and upon discharge. An example of this is where staff extended a client's admission to facilitate a social care assessment prior to the client leaving the service.

The service discharged clients when their treatment was completed. The discharge plan was completed prior to the client attending the service with their community worker. As both in patient and community services used the same systems, information was available to support with the client's discharge. Clients from out of the area were mostly from CGL services, managers were given access to care records via CGL care records system.

Good practice in applying the Mental Health Act

The service was not registered to have clients that were detained under the Mental Health Act 1983. Staff completed Mental Health Act training via e-learning.

Good practice in applying the Mental Capacity Act

All staff were required to complete the introduction to the Mental capacity Act 2005 via e-learning modules one and two. The service reported completion rates of 88% for module one and 94% for module two. Staff who had not completed the training were booked on to future training sessions. The manager explained that the doctor completed checks for capacity for clients arriving at the service. Staff were aware of their roles and responsibilities under the Act. The service provided a pathway for staff to follow regarding Mental capacity. This was available at Park House and on the service intranet. Staff were aware of where to access the information.

Are residential substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We observed good interactions between staff and clients around the unit and within therapy groups. Clients and the family member we spoke with all reported that staff treated them with compassion, dignity and respect. Staff offered practical and emotional support while maintaining professional standards. Staff built relationships with clients on trust and had a good understanding of clients' concerns and life experiences.

Staff felt able to raise concerns about disrespectful, discriminatory or abusive behaviour towards clients. Staff said they could raise concerns at any time as the manager was approachable and had an open-door policy.

Staff and clients reviewed care plans at the weekly multidisciplinary review meetings. Staff went through this with them regularly throughout their stay.

CGL had clear polices on confidentiality. This was explained to clients coming in to the service which we observed this on the day of our visit during an admission.

Involvement in care

Staff communicated well with clients so that they understood their care and treatment. Clients told us that there was always someone available to talk to them. We observed in the minutes of staff meetings discussions on how staff planned to support a client with visual impairment by using visual aids to communicate.

All clients using the service had a recovery plan and risk management plan that demonstrated their preferences and recovery goals. Staff supported clients to understand and manage their care; clients told us that they were fully involved in all aspects of their care and treatment. Clients complete a "My Stay at Park House Assessment Map" which informed staff in the clients voice their holistic needs, goals and the support they required whilst at Park House.

The service sort feedback from local service user forums and had developed service user feedback questionnaires for clients to complete upon discharge. We viewed a some of the questionnaires which were all positive about the service they had received. Staff listened and responded to

service user feedback to improve overall experience and as a result introduced weekly movie nights and ongoing weekly health and safety sessions. Clients were involved in producing a 'frequently asked questions' booklet for new clients. They shared their questions and concerns from when they arrived in the service. The service documented responses to the 'frequently asked questions so clients could also view them.

Involvement of families and carers

Staff provided information on how to access carers' support and there was information on notice boards throughout the unit. Carers and relatives could give feedback on the service through online reporting tools on the service website or through meetings.

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

(for example, to feedback?)

Good

Access and discharge

Park House was staffed 24 hours a day seven days a week. Staff adhered to the referral criteria and assessed each client's risk to determine the persons suitability to access the service. Referrals were received by professionals and other agencies; clients could also self-refer. The service had 18 beds, nine were commissioned by the local authority and the other nine were reserved for out of area referrals. Clients who's needs could not be met by the service were supported to access alternative care pathways such as community services or admission to local hospital detoxification facilities.

The manager explained the service had seven days from the date the referral was received to reply to the referrer with an outcome. The service also responded to referrers of complex cases within seven days. This would be to request further medical information or a face to face review with the assessment team. The service had met these targets.

The service had an eligibility criteria for people who wanted to access the service. They did not accept clients under 18 years of age or clients whose primary need was a mental or physical health problem that required treatment in hospital. This information was clearly documented on CGL website and in other documentation about accessing the service.

Once referrals had been accepted waiting timescales for admission were on average two to five weeks from the date when the referral was approved. Managers explained that this varied from month to month. At the time of our visit managers said the waiting period was from two and a half weeks.

They explained that staff communicated with care-coordinators/keyworkers in the community for a planned discharge from the service. All clients were discharged back to the community discharge plans for key workers/care co-ordinators to follow up. Recovery and risk management plans reflected the diverse and complex needs of the client. Clear pathways for accessing other services such as housing, education, debt management and mental health services were on-going between CGL community teams and inpatient services.

Staff gave examples of when they had liaised with other services or agencies to ensure safe discharge from service. The longest delayed discharge the service had encountered was a week due to other services delay in completing an assessment of needs for the client.

The facilities promote recovery, comfort, dignity and confidentiality

All clients had their own ensuite rooms which supported dignity and privacy.

The service had disabled access to the building. The ground floor bedroom was designed with adaptations to support clients who required support for disabled access, this included a hoist. The service also had a lift available for use to reach rooms on the first floor.

There was a range of rooms and equipment to support client's treatment and care, for example consultation, clinic and therapy rooms. Clients had use of the outside space and there was a smoking shelter available away from the building.

Clients were restricted from using their mobile phones at the service. Prior to admission clients were informed of this and agreed to it. Phones were stored in a safe. Clients who

wished to remain in contact with family and friends brought phone cards to access the pay phone. Individual care plans provided a client's authorised list of people who staff could share information with.

The service identified clients' dietary requirements prior to admission. The chef catered for cultural and religious requirements, dietary preferences and for clients who had food allergies. Healthy eating options were included to support the client's recovery. Clients had access to snacks and drinks 24 hours a day.

Patients' engagement with the wider community

As part of their admission clients identified family and carers they wanted to maintain contact with during their stay. Staff monitored this weekly with clients. Staff supported clients to access services they would require once they were discharged and to maintain relationships with agencies and services they were involved with. This included services such as education, employment and housing.

Clients with religious cultural beliefs were supported to access places of worship within the community. Staff would arrange to accompany clients to and from the venue.

The service had access to advocacy support and therefore if required staff supported clients to seek advocacy support and for carers and family members.

Meeting the needs of all people who use the service

CGL had a transgender equality policy that set out how they intended to meet the needs of transgender staff, volunteers and service users. Their aim was to provide a welcoming environment in all their services. They were also seeking to recruit a diversity lead at the service.

The service used interpreters when required either in person or through a telephone service.

Managers explained that the multi-disciplinary team monitored clients on the waiting list through contact with key workers and care co-ordinators. Clients scheduled for admission could be admitted earlier than expected if there were cancellations or early exits from the service.

Listening to and learning from concerns and complaints

The service reported 14 compliments and seven complaints from clients up to November 2018.

The service treated concerns and complaints seriously. The service encouraged clients' family and carers to make complaints and shared the lessons learnt from outcomes of investigations with staff.

Service user representatives encouraged complaints to gain feedback to contribute towards and support improvements to local service delivery. The service explained they advertised their complaints and feedback processes in service user accessible areas on the "You said, we said board" The service also had a lead service user representative model whereby the service user representatives' feeds into regional and national meetings.

An example of a change that was made came from a complaint about the engagement and responsiveness of CGL. This supported the organisation to develop a new project to look at producing interactive ways of engaging with CGL through the website.

Are residential substance misuse services well-led?

Good

Leadership

Managers had the right knowledge and experience to carry out their roles and responsibilities. They had the necessary skills to support and work with the client group and provide clinical leadership for other staff.

All staff knew the service's clear definition of recovery. Staff understood the issues facing some of the clients who used the service. The service strived to enable and equip clients to use their inner strength and resources to support change in their lives. Their mission was to 'help people change the direction of their lives, grow as a person and live their lives to its full potential'.

Managers clearly demonstrated their understanding of the services they provided and managed. They discussed where the service was currently at and how they were working to provide high quality care. They had clear visions for future developments to improve the service user experience.

Managers were visible in the service and approachable for staff and clients alike to provide support, guidance and advice.

Good

Residential substance misuse services

Vision and strategy

Change Grow Live visions and values were 'focus, empowerment, passion, respect, vocation and social justice'. Staff knew their roles and responsibilities in achieving this. Staff worked with clients who experienced substance misuse, homelessness, poverty, unemployment. They understood the visions and values and how they were instrumental in supporting the clients to make a change. CGL began the visions and values process at the recruitment stage. All potential staff received a competency values-based interview. This supported the recruitment panel to make decisions on getting the right person for the role.

All staff had job descriptions and knew what their roles and remits were within the organisation and the margins of their role when working with clients.

Staff had opportunities to contribute to discussions about the service and could speak to managers on improvements that could be made to services. Staff could give examples of changes that had been implemented through discussions with managers. We could also see examples of contributions to discussions within the team meetings about improving services.

Staff had regional workers forums with a staff representative who fed back issues to local managers meetings and the regional staff worker forums chaired by the area director.

The manager told us they created a service quality improvement plan. They felt supported and empowered by senior managers to request what was required to improve the service.

Culture

Staff told us they felt respected valued and supported, they felt empowered by the manager to achieve their full potential. Staff reported good morale with their colleagues. However, recently the staff group had experienced a high turnover of staff. This was felt to be due to the change in manager and people's anxieties around adapting to that change. There were some levels of stress during this time as staff were unsettled and experienced staff shortages.

Where performance concerns were raised, staff were supported through formal and informal supervision, shadowing and observation. Managers explained if concerns continued a six-week formal action plan would be implemented and following that human resources support.

Staff felt proud and supported working for the organisation and felt part of the future direction.

The service had a whistle blowing policy, staff were aware of how to access it. Any issues reported to the manager were recorded as incidents. The manager explained they had an open-door policy and staff could speak at them at any time.

The service provided staff with access to support for emotional and physical health needs.

Staff had daily wellbeing hours. The service had implemented this in recognition of how at times the nature of the work could be stressful and the need for staff to maintain their wellbeing.

Governance

The governance structure within the service was good, they had up to date clinical governance policies which was the framework followed throughout the organisation. Managers and staff completed regular health and safety reviews and audits. This included daily audits, medicine management and clinical audits. Information from audits were fed in to the information governance team meetings and weekly staff meetings to be shared with staff and develop action plans.

Managers attended fortnightly senior management team meetings and Board meetings to effectively communicate any issues or keep informed with developments within CGL and their community partners.

Staff knew what incidents to report. The service had reporting systems and processes to monitor and investigate incidents and complaints. The service operated a learning culture. They used incidents and outcomes from complaints as a learning opportunity to improve working practices and the clients experience. Information was shared with all staff at team meetings and through emails.

All staff completed mandatory training and were provided opportunities to attend other training pertinent to their roles and as identified in their supervision and appraisals. The service had introduced protected continued

professional development and revalidation for staff with professional qualification to ensure registrations were kept up to date. Staff had good knowledge and understanding of safeguarding and adhered to the principles of the Mental Capacity Act.

The service refreshed their leadership and development programme to include a model on inclusive leadership. All participants on the development programme would become mentors. This would be part of the mentoring programmes for women, black Asian and minority ethnic, disabled and lesbian gay bisexual and transgender staff. The service also stated they had also delivered unconscious bias workshops to the board of trustees. This supported the service to meet the requirements of the charity governance code for diversity. The charity governance code was a resource used by community, voluntary and charity organisations to develop overall capacity in terms of how the ran their organisation.

Management of risk, issues and performance

CGL had quality assurance management and performance frameworks embedded throughout the organisation's policies and procedures. The service had reporting tools and audits that provided information about the service on a weekly and monthly basis. Risk issues were also discussed and documented within a range of forums.

The service met regularly with the commissioners to measure both performance and financial performance.

Park house managed their own budgets. Their forward planning ensured they continued to provide good quality service for the clients whilst they made cost improvements.

Managers said they were the only ones who had access to the risk register. However, staff could escalate any concerns with managers at any time to add to the register.

Information management

All information required to support and deliver client care was available to relevant staff and stored securely on the service database. Staff had access to equipment and information technology to support them in their roles. They had access to essential information as required accessible through laptops and computers. Remote access to client information was available to doctors who were on call to support with providing advice and information for staff.

Information pertaining to client prescriptions were on a safe and secure prescribing system. Prescriptions were kept in a large safe, only designated staff had access to the safe.

The service developed good joint working relationships and information sharing protocols with external organisations. This included, local authority, NHS providers, GPs, mental health teams, housing providers and education services. Staff understood the importance of developing these relationships to support the client in achieving positive outcomes.

Engagement

Clients and carers were provided with opportunities to give feedback on the care they received from the service. Information was gathered through surveys and feedback forms were available.

Information on the service was available on the service website. Clients, carers, staff and other professionals and agencies could sign up to receive the service newsletter. There was a list of information such as job vacancies, harm reduction information, news, recovery and support advice, research and reports.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should have a child visiting policy to ensure all staff, visitors and clients are aware of the services policies and procedures.