

Oasis Runcorn

Quality Report

Halton Goals
38 - 40 Bridge Street
Runcorn
Cheshire
WA7 1BY

Tel: 01928 560255

Website: www.oasisrecoverycommunities.co.uk

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean, well maintained and functional for its purpose. The staff had conducted environmental risk assessments for fire and health and safety. There were clear policies in place for the management of medications and we saw that medication practices at the service adhered to these policies.
- There was a well-established staff team at Oasis Runcorn. Staff and clients confirmed that there was always enough staff on duty to maintain safety and carry out the required care and treatment.
- Staff were able to identify signs of abuse and knew how to report these both internally and to the local authorities. There were clear incident reporting procedures, staff were aware of how to report incidents and a duty of candour policy was in place.

Summary of findings

- Comprehensive assessments took place prior to admission to the service. Care plans and risk assessments were in place that met the needs of the clients.
- The service used National Institute of Health and Care Excellence guidelines to inform their delivery of care and practice. The service monitored their clinical outcomes through treatment outcome profiles.
- Staff understood the principles of the Mental Capacity Act, should clients not have capacity due to intoxication the staff would maintain their safety until they regained capacity. The service had an equality and human rights policy.
- Clients we spoke with were positive about the staff telling us that they were supportive, respectful and non-judgemental. We observed positive interactions with clients, and staff were supportive of clients both practically and emotionally. Clients felt involved in their care, and identified their own goals for admission.
- The service had eligibility criteria and assessed referred clients to ensure that only individuals who were in a position to benefit from the treatment offered were admitted. Discharge plans were considered from the point of referral.
- The needs of all individuals were taken into account. Clients could access a variety of leaflets in differing languages and staff had access to interpreters. The cultural and spiritual needs of clients were met in a number of ways such as supporting clients to attend places of worship. Groups and activities were structured and met the needs of the clients.
- The provider had a complaints procedure which staff and clients knew and were confident that concerns raised would be addressed promptly.
- Staff morale was good and there was a positive team environment. Staff worked well together and felt supported by managers and colleagues. Senior managers within the organisation attended the team and were known to staff. There was an open and honest culture and staff were confident to raise concerns. There had been no staff turnover since Oasis Runcorn assumed responsibility for the service in October 2016.
- There were governance processes to monitor and support the delivery of care. The service monitored the quality of care through internal audit and submissions to the national drug treatment monitoring system. Key performance indicators were reported against quarterly. Compliance with mandatory training and supervision was recorded. There were processes to report, review and learn from adverse incidents and complaints. There was a range of policies and procedures to support and guide staff.

Summary of findings

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Oasis Runcorn

Services we looked at

Substance misuse services.

Summary of this inspection

Background to Oasis Runcorn

Oasis Runcorn is a 34 bed residential substance misuse service that admits both men and women. Oasis Runcorn provides psychosocial interventions in the form of the 12 step and strengths programme and low level community drug and alcohol detoxifications. Oasis Runcorn is part of Treatment Direct Limited; Treatment Direct Limited has two other substance misuse services within the North of England.

Oasis Runcorn accepts statutory referrals and clients can also self-refer in to this service. Placements at Oasis Runcorn are funded through locality clinical commissioning groups and clients can also self-fund.

Oasis Runcorn has a registered manager and a nominated individual. The service is registered to provide the regulated activity accommodation for persons who require treatment for substance misuse.

There has been no previous inspection of this service. The provider Treatment Direct Limited took over the service in October 2016.

Our inspection team

The team that inspected the service comprised CQC inspector Allison Mayoh (inspection lead), one other CQC inspector, and a CQC inspection planner.

Why we carried out this inspection

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

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- visited the unit at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the registered manager

Summary of this inspection

- spoke with four other staff members employed by the service provider, including counsellors and support workers
- attended and observed one handover meeting and two group sessions
- looked at five care and treatment records, including medicines records for clients
- observed a medication round
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with five clients at the service. All clients spoke positively about the staff and care and treatment they received and told us that they felt safe within the service.
- All the clients we spoke with were aware of the restrictions prior to their admission and agreed these were necessary to their recovery.
- Clients were able to maintain contact with their families through phone calls and visits on Sundays.
- Clients told us that groups happened Monday to Friday and there was a well-structured day. Other activities were available such as the gym, visits to the town, dance walks, and music. Clients told us they were offered a choice of treatments during their stay.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean, well maintained and functional for its purpose. The staff had conducted environmental risk assessments for fire and health and safety. This included a clear management plan for ligature risks within unsupervised areas.
- There were clear policies in place for the management of medications. We found on reviewing the prescription charts and the medication practices at the service that the policies were adhered to.
- Risk assessments were conducted with clients prior to their admission to assess their suitability for the service and throughout their stay. We found risk assessments met the needs of the clients and were updated as per the provider's guidance.
- There was a well-established staff team at Oasis Runcorn; there were low levels of sickness and turnover of staff. The staff and clients confirmed that there was always enough staff on duty to maintain safety and carry out its daily groups and one to one work.
- Staff were able to identify signs of abuse and knew how to report these both internally and to the local authorities. There were clear incident reporting procedures, staff were aware of how to report incidents. There was a duty of candour policy, however, there had been no serious incidents that had met this threshold.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Comprehensive assessments took place prior to admission to the service. For those who were admitted for detoxification a doctor that worked for the provider would conduct a video assessment on the day of admission. We found care plans to be in place in all care records we reviewed, which met the needs of the clients.
- The service used National Institute of Health and Care Excellence guidelines to inform their delivery of care and practice. The service monitored their clinical outcomes through treatment outcome profiles.

Summary of this inspection

- Staff received an induction on commencing their role. There were a variety of additional training courses that staff were able to access to support them in their role.
- The service had good local links with GP services and the local authority. The service also had good working relationships with the provider's inpatient service based in Bradford which allowed easy transition between the services.
- Staff understood the principles of the Mental Capacity Act. The service had an equality and human rights policy.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients we spoke with were positive about the staff, telling us that they were supportive, respectful and non-judgemental. We observed positive interactions and staff were supportive of clients in practical and emotional ways.
- Clients were involved in their care, and identified their own goals for admission. They were able to give feedback on the services they received during their stay through community meetings and feedback forms.
- Clients were oriented to the service on admission and were allocated a 'buddy' to ensure that they had someone that they could call upon to support them when needed.
- Advocacy services were available and publicised around the service. We saw staff maintained contact with families where confidentiality agreements were in place.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had eligibility criteria and assessed referred clients to ensure that only individuals who were in a position to benefit from the treatment offered were admitted.
- Discharge plans were considered from the point of referral. Graduation reports were provided to the services involved in clients' onwards care.
- The needs of all individuals were taken into account. Clients could access a variety of leaflets in differing languages and staff had access to interpreters. The cultural and spiritual needs of clients were met in a number of ways such as supporting clients to attend places of worship.

Summary of this inspection

- Groups and activities were structured and met the needs of the clients, and a number rooms were available for activities and groups to take place.
- The provider had a complaints procedure which staff and clients knew and were confident that concerns raised would be addressed promptly.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had a mission statement, a vision and a set of values. These were on display in the building and embedded into the service.
- Staff had access to policies and procedures to guide the delivery of care. Policies and procedures were in date and reflected national guidance.
- The service monitored performance and the quality of care through audit and engagement with the national drug treatment monitoring service. There were key performance indicators that were reported on quarterly.
- Staff morale was good. Staff we spoke with described a supportive culture and were positive about their roles.
- There was an open and honest culture. Staff were aware of how to raise concerns and told us they would feel comfortable doing so. There was a whistleblowing policy and staff were aware of how to access it.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All clients on admission were presumed to have capacity to consent to the care and treatment they would undertake whilst at Oasis Runcorn. This included the restrictions placed on them which were agreed prior to admission. On discussion with staff and the registered manager, it was clear that should clients turn up on the day of admission intoxicated they would maintain that

client's safety, allow them to 'sober up' until they regained capacity to make decisions about their care and treatment.. All staff had completed the mandatory Mental Capacity Act training.

There were no clients subject to Deprivation of Liberty Safeguards.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Oasis Runcorn had 34 beds for clients and two beds for staff sleeping quarters that were situated over a number of blocks of self-contained flats. The number of sleeping accommodation in each block differed depending on the size of the block. In each block, clients had access to bathrooms and toilet facilities that were shared by the number of clients. Men and women had separate blocks and the service would not mix these in adherence with same sex accommodation guidance. Clients would be allocated either a single or a twin room. Clients were made aware prior to admission if they would be assigned a twin room and could request a single if they would like one.

The building was clean and well maintained. Clients joined a cleaning rota and took responsibility for the upkeep of the building and communal areas. Staff were responsible for completing checks to ensure all cleaning tasks had been completed. Clients were responsible for the cleanliness of their own bedrooms.

Annual health and safety and fire assessments took place. We saw that actions identified during these assessments had been followed up and actioned. Electrical items had been portable appliance tested and were in date. An identified fire warden completed routine checks of the building as per the provider's policy. First aid boxes were available for staff on site and there were signs posted around the building to identify staff that were first aid trained.

There were appropriate systems for monitoring and maintaining food hygiene standards. Food was stored appropriately, kitchen cleaning records were up to date and the chef employed by the services was responsible for maintaining these records.

There were a number of ligature points in the building and bedrooms. A ligature is a place to which people intent on harming themselves might tie something to strangle themselves. However, there was a clear ligature risk assessment in place to identify the risks for those areas which clients were left unsupervised. This was mainly the bedroom and flat areas. There was a clear admission criteria and the service did not accept clients who were at high risk of self-harm. For those patients with a past risk history of self-harm or suicide referred to the service, a risk assessment would be carried out prior to their admission to assess their current risk and suitability for the service. If a client raised concerns regarding their risk of harm to themselves during admission risk management plans would be put in place to manage this risk and advice would be sought from other external agencies such as GPs, mental health teams, or accident and emergency. This meant that there were adequate measures in place to ensure the safety of clients.

Safe staffing

There were 14 staff employed by the service. These included, a registered manager, counsellors, support workers, administration staff and a chef. The service also employed a volunteer for one day per week. There had been no staff leaving their post from October 2016 to February 2017 and there had only been one staff member absent during this period, who had returned to work prior to the inspection.

The service had not used agency staff within the period October 2016 to February 2017. However, the service employed one bank counsellor, and one bank support worker who covered any additional shifts that were due to sickness or absence of staff. Clients told us that there was always staff available to speak with and there had not been any therapeutic groups cancelled due to shortness of staff. The service worked on one senior counsellor, four counsellors, one senior support worker, and one support

Substance misuse services

worker per day Monday to Friday 8am until 4pm. From 2.30pm until 11pm, there were an additional two support workers who then from 11pm onward would stay on the premises and sleep on site. On the weekends during the day there were three support workers supporting the clients.

Safeguarding, health and safety, infection control, first aid, food hygiene, medication management and managing challenging behaviour were some of the mandatory training topics staff had to complete as part of their role. Varying levels of National Vocational Qualification in health and social care were also available for staff to access. The registered manager maintained a matrix for staff attendance and compliance with their mandatory training. We saw that all substantive staff had completed their mandatory training. There were also records showing that the two bank workers that supported the service had completed the mandatory training for the service.

Assessing and managing risk to clients and staff

We reviewed five care records. We found that each client had a risk assessment and management plan in place that detailed the strategies in place to minimise risks. We found that they were updated periodically as required or following any incidents. Each client had an unexpected discharge plan that sat at the front of their records that detailed who should be contacted and the practical arrangements required to support that client's discharge.

Staff we spoke with knew how to recognise signs of abuse, and how to report this through their line manager and local authority. All staff had received safeguarding training from the local authority and in house training. Staff were 100% compliant with both safeguarding adult and children mandatory training. There had been no safeguarding concerns from October 2016 to February 2017. Staff knew where to access advice on support should they require it.

The service provided a community detoxification for those clients who were not deemed to be high risk, or have complex needs. Clients would also have to be able to self-administer medication. A clear policy was in place for the assessment and triage of clients on the detoxification programme. The doctor that oversaw the detoxification was based at the inpatient service that was run by the provider, which was based in Bradford. An admissions team assessed all referrals into the provider who then gathered all information from the client and other services if

appropriate. This information would be sent to the doctor and a clinical assessment would be made as to whether the client met the criteria for inpatient or community detox. On admission to the service, a video call would be made where the client, staff member and the doctor would make a formal assessment of the client's needs, from this a detoxification regime would be agreed.

The doctor for the service only prescribed medication that was required for the detoxification regimes and would not prescribe other medication outside of this. Medications that the clients were prescribed by their GPs and other health care professions would be brought to the service with them on admission. Medications that were assessed as suitable were stored in lockable cabinets that were available in each bedroom. Other medicines were stored in the clinic room, where there were lockable medicine cabinets. Medicines that were likely to be kept in the clinic room were drugs that could be of value within the drug and alcohol community such as detoxification medication or benzodiazepines. Each patient had his or her own labelled box within the cabinet which contained their own medicines.

Clients were expected to self-administer all medication; a risk assessment was completed with the client to support this during their admission. Clients taking medication had medication administration record sheets in place. A medication administration record sheet is a legal record of medication administered to an individual. The medication administration record sheets were completed, up to date and clearly stated what medication had been administered and the total number of tablets remaining. There was a medications policy to support this. Staff received medicines management training as part of their mandatory training. Compliance with training was 100%.

The doctor for the service was available to contact in normal working hours for advice and support where needed for issues around detoxification only. For any medical emergencies or concerns about a client's physical or mental health the service policy was to contact the 111 service or the emergency services.

Track record on safety

Between October 2016 and February 2017 there had been no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

Substance misuse services

There was a serious untoward incident reporting policy in place. Staff we spoke with knew what type of incidents to report and how to report incidents. The service recorded all incidents via a paper incident reporting form which was reviewed by the service's registered manager. The form contained information about the incident, witnesses to the incident and asked for any contributing factors and how the incident could be prevented in the future. Staff told us that learning from incidents depending on their nature would be shared with staff through supervision if this was an individual performance issue, or through team meetings and emails.

Duty of candour

Duty of candour is a statutory requirement to ensure that providers are open and transparent with people who use services in relation to their care and treatment. It sets out specific requirements that providers must follow when things go wrong with that care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There were no recorded incidents which met the duty of candour criteria.

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

Assessment of needs and planning of care

Staff completed a full comprehensive assessment prior to and on admission to the service. For those clients that were admitted for a detoxification this included an assessment by the provider's doctor. The assessment included a number of areas including a full assessment of drug use, blood borne virus screening, mental and physical health concerns. We reviewed five care records and found that all clients had a comprehensive assessment in place. All the clients told us that they had been involved with their admission process.

Recovery plans were in place for each client. We reviewed five clients' care records and found they were personalised and captured clients' goals and aims for their admission. These were reviewed at regular intervals and signed by the client.

Records were stored in paper form. Paper based records were stored in lockable cabinets. This meant that records were stored securely and that confidential information personal information was protected.

Best practice in treatment and care

Oasis Runcorn offered two programmes of care that clients could complete during their admission. The 12-steps approach, which was developed by the Alcoholics Anonymous fellowship, and utilises principles of mutual aid and peer support. The strengths based approach concentrates on clients' self-determination and strengths.

Staff followed the following National Institute for Health and Care Excellence guidelines:

- SG 51: Drug misuse in over 16s: psychosocial interventions
- SG 52: Drug misuse in over 16s: opioid detoxification
- SG 100: Alcohol-use disorders: Diagnosis and clinical management of alcohol related physical complications
- SG 115: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.

Staff also told us there was a file with the latest guidance and best practice located within the staff office they could access at any time.

Staff used recognised rating scales to determine the severity of withdrawal symptoms clients were experiencing such as Clinical Institute Withdrawal Assessment and Clinical Opiate Withdrawal Scale. The service also used Treatment Outcome Profiles periodically throughout the clients' admission and at discharge. This measured changes and the progress in key areas of the lives of clients being treated in drug and alcohol services.

The service did not offer any physical health care interventions other than routine monitoring of physical health observations for those who were going through a detoxification. All physical health care needs would be monitored through the clients' locality GPs. There was an opportunity to register with a GP close to the service should the client wish to do so. If there was a need for contact with specialist health services care such as community mental health services, midwives, or the acute hospitals, the suitability of the admission would be assessed prior to admission.

Substance misuse services

Skilled staff to deliver care

The service employed counsellors, support workers, an administrator, and a chef. We saw that staff had the necessary skills and qualifications to carry out their duties. Some staff had lived experience of substance misuse. Staff were given a full induction into the service on commencing their role and all staff had completed the care certificate. The care certificate is a set of standards that aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff were supported to complete the National Vocational Qualification as part of their training. Additional training needs for staff were identified through supervision and appraisals. Staff told us that they received specialist training as part of their mandatory training package.

The provider had a supervision and an annual work performance appraisal policy in place. The staff we spoke with told us that they received supervision monthly and an appraisal yearly. They told us that this was of a good standard and was valuable to them. We reviewed the supervision records of four staff and found that supervision and appraisals were completed in line with the provider's policy.

The provider had a policy to support managers in managing poor performance. At the time of the inspection there were no performance issues within the team.

Multidisciplinary and inter-agency team work

Handovers took place between the changeover of shifts. We observed a handover and found it to be thorough and detailed. It gave information about clients' progress, interactions, support given and needed for the day, referrals to other services, physical health care, and risks. The handover was recorded electronically and sent to all staff on the following shift.

The team described good working relationships with the inpatient site in Bradford and the ability to transfer patients to and from this service when needed. The service had close links with the local authority safeguarding teams, GPs and drug and alcohol services.

Good practice in applying the MCA

All clients on admission were presumed to have capacity to consent to the care and treatment they would undertake whilst at Oasis Runcorn. This included the restrictions placed on them which were agreed prior to admission. On

discussion with staff and the registered manager, it was clear that if clients turned up on the day of admission intoxicated they would maintain that client's safety allow them to 'sober up' before commencing and care or treatment regime. All staff had completed the mandatory Mental Capacity Act training.

There were no clients subject to Deprivation of Liberty Safeguards.

Equality and human rights

There was an equality, diversity, and human rights policy in place that covered protected characteristics under the Equality Act 2010 and definitions of discrimination. All staff had completed the mandatory training for the Equality Act 2010. Clients we spoke with told us that they did not have any specific cultural or diversity needs but felt confident that the service would provide this if it was required.

The service had a number of rules and restrictions which clients were expected to abide by during their stay. These included no access to their mobile phone for the first 10 weeks of treatment, to leave the unit only with the permission of staff, to participate in random drug tests, and any leave to the nearby town had to be with two other clients. The service told us that these restrictions were in place to ensure that clients focused on their recovery and treatment. All clients signed a contract on admission to agree to the rules during their stay at Oasis Runcorn.

Management of transition arrangements, referral and discharge

The service accepted referrals from a number of different sources including community substance misuse services, GPs, and community mental health teams. They also accepted those clients who self-referred and privately funded their admission.

A referral team for the provider received all referrals for the service. The referral team completed the initial assessment and requested additional information from other health and social care services and external agencies if required. If the decision was made that the client referred was suitable for Oasis Runcorn, the assessment would be sent to the registered manager and if a detox was required the doctor. The registered manager and doctor would make the final decision on a client's suitability for admission.

Substance misuse services

We saw that all clients had unplanned exit strategies in place which covered information about who to contact, and practicalities around supporting the client to leave.

Are substance misuse services caring?

Kindness, dignity, respect and support

Clients we spoke with were positive about the staff telling us that they were supportive, respectful and non-judgemental. Clients told us that 'they will do anything to help you get better', and 'staff try to accommodate everything'. We observed interactions between staff and clients to be respectful and positive. Staff showed support and encouragement throughout. During team discussion in handovers, staff were very positive in the way they spoke about clients and focused on their strengths and recovery. Staff understood the individual needs of their clients.

We observed two groups during our inspection that were facilitated by the counsellors. We saw that these were well structured, clients were aware of the rules and boundaries of the group and where these lapsed the counsellor brought the group back on track respectfully.

The involvement of clients in the care they receive

We spoke with five clients who told us that were involved with their care and treatment and understood the contract that they signed on admission to the service. Clients told us that they were involved in developing their own goals and aims for their admission this could range from being abstinent and staying 'sober' to other more personalised goals about housing and social aspects of their life.

Clients were offered the opportunity to attend the unit prior to admission, and were given a full orientation to the service on admission. Clients were given a 'buddy' to help them acclimatise and support them during their admission. Clients received a resident's handbook which gave them all the information about the service and what to expect during their stay, introduced the team, and the rules they would be expected to follow.

We saw that advocacy was advertised within the service and clients could access this service should they wish to. However, the registered manager told us there were no clients at the service who had used the advocacy service.

During the handover, we saw that the staff maintained contact with families as appropriate and where clients had agreed this could take place.

Clients had the opportunity to provide feedback on the services provided following a week's stay and on exiting the service. Clients also had access to a weekly community meeting where they could share their views about the service.

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

Access and discharge

The service had eligibility criteria for clients. This meant that the service only admitted clients who were in a position to benefit from the treatment on offer. There was a referral and assessment process to ensure clients met these criteria and that the service could meet their need.

Admissions were planned but the provider was able to take individuals on the same day as referral if this was required and bed capacity allowed it. The service did not have a waiting list. This meant that clients were able to access the service when they required it.

Discharge plans were discussed as part of the referral and admission process and reviewed during the client's admission. Graduation reports were provided to key stakeholders post discharge to promote continuity of care with other care services and the client GPs. In the period 1 October 2016 to 19 December 2016 the service had discharged 44 clients.

The facilities promote recovery, comfort, dignity and confidentiality

The service provided facilities and accommodation over a multilevel building; this did not allow access for those clients who would require wheelchair access. However, we were told that referrals would be passed on and the client sign posted to other services within the provider that could accommodate wheelchairs. For those clients with difficulty walking, or had sensory loss, a full assessment would take place prior to admission to understand whether the service would be able to make adjustments or support the clients' needs.

Substance misuse services

Oasis Runcorn had a number of rooms that they were able to use for groups and activities; however, these were also dual purpose and doubled as lounge spaces. Some of the female clients we spoke with told us that one of the lounges was a female lounge and this could be in use when groups were taking place.

All visiting took place off site on a Sunday, and child visiting would be assessed prior to being agreed, due to the nature of the service this would also take place off site.

Clients told us that the food cooked on site was good and there was a variety of food offered. The chef would cater for all cultural needs should this be required.

Meeting the needs of all clients

Information leaflets that were displayed were all written in English, however, staff told us that they would be able to access information in other languages should this be required from their service provider. Staff would also be able to contact and use translator services if required.

The clients we spoke with did not feel that they had any specific cultural needs, but they felt sure that should they require additional support that the service would provide this.

Oasis Runcorn staff would support clients with their spiritual needs, by using the local places of worship.

Listening to and learning from concerns and complaints

There had been one complaint made to the service between October 2016 and February 2016. This was being investigated at the time of inspection. The complaint was surrounding a funding issue.

Staff and clients were able to tell us what the complaints procedure was, and information on how to complain was available in the resident's handbook. Clients told us that they were confident that they could approach staff with any concerns and these would be dealt with.

Are substance misuse services well-led?

Vision and values

Oasis Recovery Runcorn had a mission statement, a vision and a set of values to underpin the delivery of care. The organisation's mission statement was to 'provide high

quality, outcome focused drug and alcohol addiction recovery services nationwide.' Their vision was that 'every person and family suffering from drug and alcohol addiction has a free choice to fully recover from their addiction and achieve their potential.

The organisation's values were:

- we act with integrity and show respect
- we are all accountable
- we are passionate about our business, our service and our clients
- we have the humility and hunger to learn
- we love success
- we strive for simplicity

The values were on display within the service and incorporated into staff induction, supervision and appraisal processes. Team objectives were linked to the values. This helped ensure that they were embedded within the service. Staff showed a good understanding of the values and reflected them in the care they delivered.

Senior management from within the organisation visited the team and were known to staff.

Good governance

There was good governance within the service. Staff had access to a suite of policies and procedures to guide them in the delivery of care. There were effective systems in place to ensure staff completed their mandatory training and received regular supervision. There were processes to report, review and learn from adverse incidents and complaints. Staff had been subject to pre-employment checks and had completed a disclosure and barring service check. Directors were subject to fit and proper persons tests.

Oasis Runcorn monitored the quality of its service through audit and the use of key performance indicators. As part of quality monitoring the service submitted treatment data to the national drug treatment monitoring system by completing treatment outcome profiles. Treatment outcome profiles measure the progress of clients through treatment and are completed every three months. The service received quarterly reports from the national drug treatment monitoring system and produced quarterly key performance indicator reports internally. Performance and performance issues were discussed within team meetings and in supervision sessions.

Substance misuse services

The team manager had access to administrative support and had sufficient authority to effectively perform their role. There was access to leadership and management training through a level five National Vocational Qualification. There was a risk register held at provider level which the service could submit items to. The risk register was reviewed monthly.

Leadership, morale and staff engagement

Staff morale was good. Staff we spoke with told us they felt positive about their roles and the care they provided. There was a positive team environment and staff worked well together. Staff we spoke with told us they felt supported by their colleagues and managers. There had been no staff turnover since Oasis Runcorn took over the service in October 2016. There were no bullying or harassment cases.

There was an open and honest culture within the service. Staff we spoke with told us that they were confident to raise concerns with their managers. There was a whistleblowing policy available to staff. This was covered on staff induction. Staff we spoke with were aware of the policy.

Staff were able to give feedback on the service verbally and through supervision and team meetings. Staff we spoke with told us that managers were open to suggestions and encouraged ideas for improvement.

Commitment to quality improvement and innovation

Oasis Runcorn introduced a quality improvement policy when they took over the service in October 2016. This was supported by a quality assurance framework that was being developed.

The service was not involved in any research projects at the time of our inspection.