

Grace House

Quality Report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated Grace House as outstanding because:

- People were truly respected and valued as individuals and were empowered as partners in their care by an exceptional and distinctive service. Feedback from people who use the service was continually positive about the way staff treat people. People thought that staff went the 'extra mile' and their care and support exceeded their expectations. Staff were fully committed to working in partnership with people and making this a reality for each person.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff always empowered people who use the service to have a voice and to realise their potential. People's individual preferences and needs were always reflected in how care was delivered.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used the service. Staff and clients worked in partnership to develop holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff were consistent in supporting people to live healthier lives. Staff recognised that clients needed to have access to, and links with, advocacy and support networks in the community and they supported people to do this.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- In addition to providing a range of treatments in line with national guidance about best practice, the service went above and beyond, offering a range of additional tailored interventions that met client needs such as 'trauma informed care' and 'freedom programme' approaches.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Staff engaged in clinical audit to evaluate the quality of care they provided. Outcomes for people who use services were positive and consistent. There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage.
- The team had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- The service provided safe care. The premises were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed.
- Staff felt respected, supported and valued.

Summary of findings

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Outstanding



Grace House

Services we looked at:

Residential substance misuse services

Summary of this inspection

Background to Grace House

Grace House is a residential rehabilitation service for up to 10 women. The provider is Phoenix Futures. At the time of our inspection there were six women using the service. Women were funded either through health or social care services. The service opened in September 2015, having previously been a mixed detox unit.

Treatment at Grace House is abstinence-based. The service provides psychosocial support and does not provide detoxification. Clients requiring detoxification attend a different service before their admission to Grace House.

At the time of the inspection there was no registered manager in place and the service programme manager was responsible for the day to day running of the service. The organisation's head of housing and quality manager were based onsite to support the daily operations of the service. At the time of the inspection the organisation was in the process of recruiting for the registered manager post.

The service is registered to provide accommodation for persons who require treatment for substance misuse.

CQC has inspected the service under the Health and Social Care Act (2010) four times, in May 2011, February 2013, December 2013 and April 2016.

At the previous inspection in April 2016 we found some risk assessments did not include clear crisis management and relapse prevention plans. During this inspection we found client lead crisis and management and relapse prevention plans included within risk assessments.

At the previous inspection in April 2016 we found staff had not completed specialist training specific to the complex needs of the clients in the service. During this inspection we found that staff within the service had completed specialist training to meet the needs of clients in the service and job roles.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor with experience of working as a nurse with people with drug and alcohol addictions.

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for clients
- spoke with two clients who were using the service
- spoke with the therapeutic programme manager, the quality manager and the head of quality and performance, who was also the nominated individual
- spoke with four staff members
- looked at three current clients' care and treatment records, including medicine records
- looked at client, family, and carer feedback
- looked at records of incidents which had occurred in the 12 months prior to the inspection
- looked at records of complaints which had occurred in the 12 months prior to the inspection
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The two clients we spoke with were extremely positive about the service. They said staff were skilled in their roles and provided a supportive and safe environment. Clients said they felt involved in all aspects of their support and their psychological needs were well met.

We saw many examples of thank cards and letters from previous clients, family and friends which were very positive about the service and praised the staff.

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 rated safe as good because:

- Grace House was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff assessed clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. Staff recognised and responded appropriately to changes in risks to clients who use the service. Staff supported clients to create their own risk assessments and crisis and relapse prevention plans.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff demonstrated good practice in safely administering, recording and storing medicines in line with the National Institute for Health and Care Excellence.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider organisation. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



Are services effective?

We rated effective as outstanding because:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used services.
- In addition to providing a range of treatments in line with national guidance about best practice, the service went above and beyond, offering a range of additional tailored interventions that met client needs such as 'trauma informed care' and 'freedom programme' approaches. The service ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Outstanding



Summary of this inspection

- All staff were actively engaged in activities to monitor and improve quality and outcomes. Outcomes for people who use services were positive and consistent. There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- The team had access to the full range of specialists required to meet the needs of clients under their care. Managers provided an induction programme for new staff and ensured they received regular supervision and appraisal.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. Staff understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Are services caring?

We rated caring as outstanding because:

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. Feedback from people who use the service was continually positive about the way staff treat people. People thought that staff went the 'extra mile' and their care and support exceeded their expectations. Staff were fully committed to working in partnership with people and making this a reality for each person.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff always empowered people who use the service to have a voice and to realise their potential. People's individual preferences and needs were always reflected in how care was delivered.

Outstanding



Summary of this inspection

- Staff recognised and respect the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.
- Staff recognised that clients needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this.

Are services responsive?

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways for people whose needs it could not meet.
- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client could keep their personal belongings safe. There were quiet areas for privacy.
- The service met the needs of all clients, including those with a protected characteristic. Staff demonstrated knowledge of protected characteristics and vulnerabilities and offered appropriate support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider organisation.
- The food was of a good quality and clients could make hot drinks and snacks at any time. Staff supported clients to cook for themselves and others and incorporated this into the therapeutic support programme.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the service they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted and provided opportunities for career progression. Staff felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risks were managed well.

Good



Summary of this inspection

- The team had access to the information they needed to provide safe and effective care and used that information to good effect.
- The service was very responsive to feedback from clients.

Detailed findings from this inspection







Mental Capacity Act and Deprivation of Liberty Safeguards

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

how substance misuse can affect mental capacity. Consent was clearly documented in clients' care and treatment records. Training compliance for the Mental Capacity Act was 80%.






Overview of ratings

Our ratings for this location are:

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



Residential substance misuse services

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

Are residential substance misuse services safe?

Good



Safe and clean environment

Grace House accommodated up to 10 female clients. The service was sited in a spacious building with room for individual and communal activities. Communal areas such as the lounge, kitchens, toilet and bathroom areas as well as bedrooms were very clean and comfortable. There was a cleaning rota which involved both people who used the service, as part of the model of recovery, and staff members. This ensured that cleaning was regularly undertaken.

The service was well maintained. Staff and clients could raise maintenance issues as soon as they became apparent. Repairs were carried out in a timely manner. Authorised contractors carried out work when required. Maintenance requests were logged and staff were able to track when broken or missing items would be fixed or replaced.

Staff adhered to infection control practices such as hand washing and disposal of clinical waste in designated bins. The service had an infection control lead and monthly infection control audits took place. All staff received infection control training during their induction period.

The service's safety inspections and certificates were in date such as electrical safety, gas safety, and water hygiene. There had been regular testing in relation to legionella.

Fire safety checks including fire evacuation drills with clients and staff took place regularly and were logged.

Firefighting equipment such as fire blankets and extinguishers were regularly serviced. The fire detection system was regularly serviced and maintained. Staff completed walk throughs of the environment to ensure fire escapes were clear.

There were colour coded chopping boards and refrigerator temperatures were recorded to maintain good food hygiene practices.

The service maintained a ligature risk management plan. This included pictures of all the ligature risks within the service. Details of identified ligature risks and actions staff could take should anyone use items to create a ligature were listed. A designated staff member carried the service's safety pouch each shift which contained a ligature cutter.

The service had a lone worker policy in place. There was a fixed alarm and sensor mats installed in one of the bedrooms which was used for individuals with additional needs such as epilepsy or seizures.

Safe staffing

The service had enough skilled staff to meet the needs of service users and had contingency plans to manage unforeseen staff shortages. At the time of the inspection the service had a total of 10 substantive staff. The substantive staff team was made up of therapeutic support workers, one of which was a waking night therapeutic support worker. The service also employed a full-time registered nurse who worked over three days to support the team, and a programme manager who worked during the week on a supernumerary basis. At the time of the inspection the registered manager's post was the only vacant post and the service was in the process of recruiting for that position. While the register manager post was vacant the



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organisations quality manager and head of housing based themselves at the service to support the programme manager and staff team. The current team had been in place for the last 11 months. All staff were female.

Since the previous inspection in April 2016 additional shifts were added to the rota pattern totalling five shifts which were 7.30am to 3.30pm, 9.30am to 5.30pm, 12.30pm to 8.30pm, 2.30pm to 10.30pm and 9.30pm to 8.30am. This change was a result of client feedback and allowed more continuous client focused support throughout the day. Clients we spoke to felt the staffing in the service was consistent.

There were cover arrangements for sickness, leave, and vacant posts which ensured client safety. The service maintained a list of regular sessional (bank) workers who were trained and inducted alongside the substantive staff. The service could use agency workers if shifts were not covered by permanent or sessional staff. The service reported that in the 12 months leading up to the inspection 255 shifts were by agency staff. The service reported no shifts were left unfilled in the 12 months leading up to the inspection. Staff were able to book sessional or agency staff if required. Outside of office hours there was a duty manager available on call.

The service had systems in place at the point of recruitment to ensure that all staff underwent disclosure and barring service (DBS) checks ensuring start dates were after the clearance and issuing of DBS certificate. All new staff were required to have two reference checks.

Mandatory training

Mandatory training included emergency first aid and basic life support, fluids and nutrition, infection control, safeguarding adults, safeguarding children, manual handling and health and safety. Managers monitored staff training compliance using a dashboard system. Overall, 100% of substantive staff and 93% of sessional staff had completed their mandatory training.

Assessing and managing risk to patients and staff

Staff screened clients before admission and only admitted them if it was safe to do so. For example, clients were only accepted if they had completed alcohol detoxification. Referral information was comprehensive and included a report from the individuals' GPs.

We looked at three client care records. Staff assessed and managed risks to clients and themselves well. Risk

assessments were holistic, comprehensive, up to date and reviewed regularly with the client and at the weekly multidisciplinary team meeting. All risks were Red/Amber/Green (RAG) rated so that staff were aware of the level of risk.

Management of risk

Care, treatment and support was delivered in ways that supported people's safety. The staff team had a positive, proactive and person-centred approach to managing risk. Staff discussed risks and the management of identified risks effectively with individual clients using the service. Risk management plans were in place for each identified risk and were developed with the individual clients. For example, we saw that individual clients developed risk assessments and management plans for unaccompanied visits into the local town centre and the actions to be taken in response to any of the risks identified. For another person we saw that equipment assessed as required to assist in the management of risk was available and being used such as personal patient alarms and foam mats. Staff reviewed client created risk assessments and management plans and discussed areas of risk with each client to ensure clients had a full understanding of potential risks.

At our last inspection we found that crisis plans were not routinely completed. At this inspection we found improvements. Client and staff co-produced crisis and relapse prevention plans. These included risk management for individuals should they suddenly decide to leave the service. Each client was provided with an exit plan information pack which provided information on other agencies and strategies for harm minimisation. These exit plans were updated for each client. This ensured the client was provided with relevant information if they left the service unexpectedly. Staff notified third parties, such as GPs or care managers when a client made an unplanned exit from treatment.

Hourly observations were carried out by staff throughout the day and night.

Staff worked with other services to assess and manage risk. Staff supported clients to arrange to see their GP for routine health issues. Staff worked in partnership with local mental health services when clients' mental health deteriorated significantly. Staff called emergency services if a client experienced a sudden deterioration in health.



Residential substance misuse services

Clients could access smoking cessation advice and support if they wanted. Smoking was not permitted inside the service. A outside smoking area was accessible to clients in the garden of the building.

Staff were aware of the service's emergency procedures. The service had equipment available for staff use, such as a defibrillator. Staff checked and recorded the condition of emergency equipment every week. Staff could access naloxone in an emergency.

Use of restrictive interventions

Staff applied blanket restrictions on clients' freedom only when justified. The service applied a range of 'house rules' as part of the recovery programme. These house rules were reviewed by clients on a regular basis within the service's community meetings. The service's house rules were also reviewed by the organisation's service user representatives and clinical governance committee to ensure that any blanket restrictions applied were in place to ensure client safety and support client recovery. Clients were not allowed to keep their mobile telephones. Any telephone calls to friends and family who were on the clients safe list were allowed between 7pm and 8pm. All letters and parcels received by clients were opened in front of staff to keep the clients and service safe. Each client had restricted access to the internet through laptops supplied by the provider. These were used for clients to contact support organisations, complete any online programmes and general online activities. Each client was subject to mandatory supervised urine testing as part of their recovery.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. All staff had completed safeguarding training for children and adults. They worked closely with the local authority safeguarding teams as required. Admission information included information on the number and ages of children each client had and whether there were any on-going safeguarding concerns. Where appropriate staff completed multi-agency risk assessment conference (MARAC) referrals.

Staff understood the need to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010.

Staff followed safe procedures for children visiting the service. All visits were pre-arranged and agreed after staff carried out a comprehensive risk assessment.

Each individual client had a personal emergency evacuation plan (PEEP) in place so that staff were aware of how to support people in an emergency evacuation.

Staff access to essential information

All information to deliver client care was available to all relevant staff when they needed it and was easy to find on the electronic care record system. Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Medicines management

The service had effective policies and procedures related to medicines management including administration, detoxification, and assessing people's tolerance to medicines. All staff received training on administering medicines and their competency was assessed before administering medicines.

Staff followed good practice for medicines management when storing, administering and recording administration in line with the National Institute for Health and Care Excellence. Medicines were stored securely in a locked cupboard in the clinic room. Medicines were stored at the correct temperature. Medicine management audits were completed monthly and any issues were actioned. Medicines were disposed of according to the provider's policy.

Track record on safety

The service reported no serious incidents in the 12 months leading up to the inspection. There had been seven non-serious incidents over this period which had been investigated and discussed. Recent incidents showed staff took appropriate actions to address risk when required. For example, where clients received inappropriate contact from people in their social network staff supported individuals and liaised with external services such as the police, probation services and local authority safeguarding teams.

Reporting incidents and learning from when things go wrong

The service managed incidents appropriately. Staff recognised incidents and reported them using an electronic system. Staff we spoke to felt confident in reporting incidents and said the manager supported them



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to do so. The service's management investigated incidents and shared lessons learned with the clients, the staff team and the organisation. When things went wrong, staff were open and transparent, they apologised and gave clients clear information and suitable support.

Are residential substance misuse services effective?

(for example, treatment is effective)

Outstanding



Assessment of needs and planning

We reviewed three care and treatment records during our inspection. Clients received an exemplary service that was tailored to meet their individual and diverse needs and preferences. For example, as soon as clients were assessed staff emphasised the importance of clients taking the lead in their care planning and risk management. This gave clients ownership of the process and set the stage for the partnership between the clients and support staff and the relationship clients could expect. This approach was continued as clients were admitted into the service and ensured that each clients' care and treatment records were built around their specific needs and preferences. The clients' position as the lead in their care and support was reinforced by staff's values and actions ensured all individual needs were identified. We saw client feedback that stated that for some individuals this was the first time they were able to truly lead this process.

Staff completed a comprehensive assessment of clients' mental and physical health needs in a timely manner at, or soon after, admission. This included a risk assessment, mental and physical healthcare assessment, GP medical history, medication history, detoxification summary and social history. The service's senior management and service staff discussed each new client and their needs as a team to ensure the service could meet all the needs incoming clients.

Staff ensured that any necessary assessment of clients' physical health had been undertaken and that they were aware of and recorded any physical health problems. For

example, records demonstrated that all alcohol related risks were assessed including whether the client had a history of delirium tremens, and a comprehensive assessment of the individual's drug and alcohol history.

There was a truly holistic approach to assessing, planning and delivering care and treatment which focused on each client's strengths and needs. Care plans were co-produced between the client and their identified keyworker and they were regularly reviewed and updated. Care plans were recovery focused, holistic and linked strengths, development areas and risks to individual structured goals and the therapeutic programme that the service provided.

The service used the outcome star model and this allowed staff to support and measure change whilst they worked with individual clients. Clients told us that they were fully aware of their care plans and were actively involved in their creation, development and review so that they had the support they needed in the way they wanted.

Staff supported clients with physical health needs well. All clients upon admission registered with a local GP. The GP carried out a comprehensive physical health examination and offered blood borne virus testing to clients using the service. The service also offered sexual health screening through a central London sexual health outreach service who visited the service every six weeks. Women could also access on-site breast screening sessions. Clients were supported with regular physical checks by the nursing staff within the service. Staff supported clients to follow up any physical health concerns with their GP.

Best practice in treatment and care

The service utilised current evidence based best practice and guidance, for example NICE guidance and the Orange Book; Drug Misuse and Dependence, alongside evidence around gender-specific and trauma-informed treatment in their residential therapeutic programme and model of care. Staff in the service were clear about the model's used and this was part of the services standard operational procedure.

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. The service used the Trauma Informed Care treatment framework, which included recognising and



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understanding the effects of trauma. The service offered The Triple P parenting program, Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR).

Staff also offered the 'Freedom Programme' which is an accredited domestic violence programme. This programme supported clients with their recovery from trauma. Each client was required to complete several written assignments during their admission. These were then presented to the rest of the client group for feedback.

Staff effectively built supportive relationships with clients and understood their individual needs. The service supported clients to develop life skills relevant to their individual needs. For example, debt management and budgeting, basic literacy and computer skills, relationship management, emotional regulation and anger management. Skill development within the service incorporated self-help aspects of cognitive behavioural therapy and mindfulness. We saw examples of creative and holistic approaches to care and treatment. These included 'Recovery through Nature' sessions where clients could be part of the organisation's nature reserve conservation projects. This allowed clients to experience the positive benefits of outdoor activities such as gardening. This part of the services treatment programme was highlighted in a national substance misuse recovery news article (Drink and Drugs News July 2019).

The service had a pet cat which clients cared for if they wished to. Clients told us that they enjoy looking after the cat and found that it added to homely atmosphere.

The service had a homely remedies policy. Homely remedies are over the counter medicines made available to people living in residential and nursing care settings or hospitals. They are for short term management of minor ailments, for example, mild pain. Staff gave medicines to people who used the service using this policy and kept appropriate records. The policy was supported by guidance from the GP. Staff contacted a GP if a person requested a remedy for longer than 48 hours.

Blood borne virus testing was routinely offered as part of the services physical health monitoring.

Staff supported patients to live healthier lives through participation in health eating awareness, smoking cessation support, screening for cancer, and dealing with issues relating to substance misuse. One example

highlighted to us was the 'made in Grace' cooking/food preparation classes. Staff supported clients to plan, budget and shop for health option dishes and would be supported to prepare and cook the ingredients. The clients and staff would then enjoy the finished dishes together. Each recipe was recorded and added to the Grace House cook book. This process came from the service's partnership with a local community food kitchen.

Staff used technology to support patients effectively for example, each client had access to their own service laptop and memory stick. Staff supported clients in accessing online local resources and information such as local support groups, benefits information and gym opening times.

Monitoring and comparing treatment outcomes

The service voluntarily used the treatment profile outcome (TOP) to determine the effectiveness of the service and client outcomes. The TOP measures progress in specific domains, for example, drug and alcohol use and social functioning. This is used in conjunction with the outcome star tool which also looked at domains for people who use the service and was recorded on admission and discharge from the service. Client data from the TOP measures and outcome star showed that individual clients made positive progress in areas such as emotional and mental health, physical health, drug and alcohol misuse and motivation and taking responsibility during their stay at Grace House.

The service also recorded and monitored client outcomes such as treatment programme completion rates, unexpected discharges and move on accommodation status. The service collected feedback on clients' overall experience of the service. Data from 2018 feedback showed that clients rated the service as very good. The service also provided an eight-week aftercare programme with an allocated key worker which was a structured programme and a group session one day a week. This supported the discharge process as staff could support the individuals with issues as they arose.

The service participated in internal and external quality assurance processes which helped improve the quality of service provision. Internal audits and quality assurance visits took place regularly within the service. There were specific audits of health and safety, staff and service user files and medicines audits which took place as well as 'mock inspections' from the organisation's quality and performance team. Areas for improvement were linked to



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the service's action plan. For example, improvements considered included ensuring incidents were reviewed and approved within the timeframes as per policy and continuing to document feedback to clients from suggestions through house meetings.

Grace House was assessed as part of the Phoenix Futures' externally validated quality assurance framework in February 2019 and received a 5-star rating from the British Quality Foundation (BQF). The organisation has retained its 5-star rating since 2015. The BQF assessed the organisation using the European Foundation for Quality Management model which rated areas such as leadership, policy and strategy, processes and people.

Skilled staff to deliver care

The service provided comprehensive inductions to all staff, including sessional (bank) staff. Agency staff were provided with a local induction and shadowed regular staff on their first shift.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. This had improved since the previous inspection. The previous inspection in April 2016 found that staff had not completed specialist training specific to the complex needs of the clients in the service. The service addressed this by adding a range of specialist training programmes to their training programme. This included training on naloxone (a drug used to reverse an opioid overdose), eating disorders, addiction behaviour, trauma informed practice, women's mental health, domestic violence against women and children, and parenting support. During this inspection we found that staff had completed these training programmes along with their mandatory training. Overall, 85% substantive staff and 75% of sessional staff had completed their specialist training. All therapeutic support workers had completed the care certificate qualification.

The organisation's HR procedures ensured that the service followed robust recruitment processes at pre and post-employment. These included the use of clear recruitment and selection criteria, confirming appropriate qualifications and rechecking employee DBS status every five years.

All staff received regular supervision from the service manager or programme manager. All staff also received external group clinical supervision from a chartered

psychologist. At the time of the inspection appraisal data was only evidence for the service managers as no therapeutic workers or nurses had been there over a year. All staff who were due an appraisal had received one.

The service addressed poor staff performance promptly and effectively. Managers made use of formal and informal processes to support staff with performance issues such as supervision and additional training. The service had no recent cases of performance management. Staff performance was monitored through observations, client feedback, file audits and service outcomes. New staff were subject to a probationary period and regular performance reviews.

Multidisciplinary and interagency team work

The service ensured multidisciplinary input into clients' assessments gaining input from, for example, community mental health and substance misuse services, GPs, social services, criminal justice services, housing providers and clinical commissioning groups. Grace House had a service level agreement with a local GP with whom all the people who use the service were registered on admission.

Care managers and coordinators were identified and the service provided them with regular reports on clients' progress.

The service held weekly team meetings. Staff used a standardised agenda template that included client discussions covering presentation, physical health, risk, behaviours, medication, engagement levels, interactions, discharge and aftercare, safeguarding concerns, and incidents along with new referrals, health and safety issues, and success stories. Staff told us they found discussing success stories particularly useful for learning. Staffing that were not able to attend were updated during handover meetings and required to read the meeting minutes. Handover meetings involving all staff on duty took place at the start of each shift. At the handover meeting staff discussed the events of the day and individual risk issues or client concerns if required, medication checks, appointments, and planned activities.

Care plans included clear care pathways to other supporting services. Staff supported clients navigate social services and housing services where needed to ensure a smooth transition through services.

Staff discharged clients when specialist care was no longer necessary and worked with relevant supporting services to



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ensure the timely transfer of information. Staff supported clients with a discharge pack when they were approaching discharge from the service. This include a contingency plan for delays in discharge or should the individual decide to leave the service suddenly. For delayed discharges the contingency plans included contact details for care managers, local authority commissioners, housing providers, sheltered accommodation, and friends and family. The service staff followed up on clients moving on to temporary accommodation if required to ensure their safety and keep them informed. The service could access charity funding if clients needed to stay in the service for longer than expected.

Good practice in applying the Mental Capacity Act

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

The service included Mental Capacity Act (MCA) training as part of staff's training programme. Training compliance for the MCA was 80%. Staff we spoke to confirmed they had undertaken training in the MCA and the Deprivation of Liberty Safeguards and were aware of the guidelines in relation to MCA. They described how they used the guidelines in their day to day work to assess people's capacity to make decisions about their care and treatment.

Staff ensured clients consented to care and treatment and this was recorded in the clients' care and treatment records. Clients' capacity was assessed by the referrer before the referral was made to the service as part of the referral process. Staff told us that if a client demonstrated evidence to suggest capacity was lacking in any area staff would liaise with the senior management team and client care managers to arrange a capacity assessment and explore options to support the individual within the service.

Are residential substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

Clients received high quality care and support from a staff team that worked within a strong person-centred culture. There was an above and beyond caring ethos throughout the service. We observed positive staff attitudes and

behaviours when interacting with people who used services, demonstrating compassion, dignity and respect, and providing responsive, practical and emotional support. Staff valued people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. We observed positive and proactive interventions.

Clients reported that staff treated them with compassion, dignity and respect. They told us they were treated as individuals, valued and were empowered as partners in their care. They told us the service was a safe place.

Staff supported clients to understand and manage their care and treatment. Clients at the service were made aware of risks of continued substance misuse, and the harm it could cause. There was information on noticeboards throughout the service providing details on the effects of substance misuse and domestic violence. We saw evidence in care records of harm reduction advice given to clients who were deemed at risk. Staff used various tool kits to empower individuals to support their recovery. For example, staff used a self-harm tool kit to effectively support clients to manage their self-harm behaviours.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. For example, staff supported clients to access community mutual aid groups that helped individuals with addictions.

Staff understood the importance of confidentiality and maintained the confidentiality of client information, adhering to the services confidentiality policy.

Involvement in care

Clients were fully involved in all aspects of their care, risk management and discharge planning. Clients said they were actively involved in developing their care plans and risk assessments and fully understood their care and support. Clients told us they felt comfort with staff and could raise any concerns they might have.

Staff communicated with clients so that they understood their care and treatment. We saw staff showing empathy and understanding in their interactions with clients, for example, staff actively listened to a client's views and feedback in order to ensure the client felt confident in understanding the information. Staff were able to access translation services and had access to written information in different languages if required.



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Clients were oriented to the service and were given information on what support they would receive and how the service was structured. New clients were buddied up with clients who had been there longer to help them settle into the service and answer any questions they might have. Clients said this was very supportive and helped them to understand their care within the service.

The service supported access to appropriate advocacy for clients who use services. Clients were provided with advocacy information when they came into the service which included details on independent domestic violence advisors, independent gender violence advocacy, independent mental capacity advisors and debt advice and support.

Each client using the service had a detailed recovery focused care plan and risk management plan in place that demonstrated the individual preferences, needs and risks and linked them to tailored goals.

Clients using the service were able to feedback on the service and the therapeutic programme through regular meetings or discussions with their keyworker. A community meeting took place once a week where clients were able to give feedback and get updates from staff. The service also held monthly forums which focused on gaining client feedback. For example, clients requested more structure at weekends so additional mutual aid groups were provided.

Involvement of families and carers

Staff encouraged family participation in initial assessments and to visit clients where appropriate.

Staff supported clients to maintain family and carer relationships and provided family members and carer information on addiction and signposted additional support.

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

Good



Access and discharge

The service was easy to access. The service took referrals from local and national commissioners including adult social care, community mental health teams (CMHTs) and probation services. The service also accepted privately referred clients.

The services rehabilitation programme lasted for 12 weeks. This could be extended to 24 weeks if required. Clients were funded by commissioners for either 12 or 24 weeks of treatment.

At the time of the inspection the service did not have a waiting list. There were 10 beds available and six were occupied. The service rarely operated a waiting list due to spare service capacity.

The service had a clear system for assessing referrals. The service aimed to assess new referrals within one week of receiving the referral. The service had clear exclusion criteria for those clients whose needs they could not safely or appropriately meet. The criteria excluded clients with severe mobility difficulties, acute or chronic mental ill-health with suicidal ideation, significant physical health care needs, significant cognitive impairment or learning disabilities and those requiring detoxification.

The service would signpost individuals or referrers to alternative services if they were unable to meet the referred individual's needs. Staff told us that the service rarely received unsuitable referrals as referrers were aware of the exclusion criteria.

Discharge and transfers of care

Care and risk management plans reflected the diverse and complex needs of each client including clear pathways to other supporting services, for example CMHTs or supported accommodation services.

Staff planned and managed discharge well including good liaison with care managers and co-ordinators. Staff told us that planning for client discharged started when the client was admitted into the service. Clients said that they had



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early discussions with staff about where they could be moving to after they completed their support at the service. Discharge planning would increase in the last four weeks of the clients stay. Discharge planning for each client included contingency plans for delayed discharges. Each client was provided with an exit plan information pack as part of their introduction to the service. This contained useful information and details of external agencies who could offer support if an individual left the service unexpectedly. These exit plans were tailored and updated for each client. In the last 12 months leading up to the current inspection 27 clients had been discharged from the service with 19 completing the therapeutic rehabilitation programme and nine being transferred to alternative services for further structured treatment.

Staff escorted and supported clients who required transferring to another service. For example, when clients needed support to move to new accommodation.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. The environment was homely, calm and quiet and supported the clients' recovery. Clients told us the layout of the service supported coming together to socialise and take part in activities.

The facilities included bedrooms, bathrooms, offices, activity rooms, kitchens, lounge areas and a garden. Clients had access to single and twin rooms. Twin rooms were used when clients first arrived at the service as part of the therapeutic programme. We saw clients' bedrooms, and these were comfortable and well furnished. Clients could personalise their bedrooms. Clients had individual lockable storage within their bedrooms.

Clients cooked for themselves and cooking was planned as part of the therapeutic activities with clients taking turns to cook for the rest of the household. Clients told us that the food was of a good quality and reflected individual preferences as well as cultural and dietary needs. Clients could always access drinks and snacks.

Service users' engagement with the wider community

Staff encouraged clients to develop and maintain relationships with people that mattered to them. Staff supported clients in managing family relationships. Staff facilitated family meetings.

Staff supported clients to access external support services such as Alcoholics Anonymous. Staff encouraged clients to access local community services once it was appropriate. Clients were supported to attend community groups and activities if needed.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic. Staff demonstrated knowledge of protected characteristics and vulnerabilities, such as the potential needs of clients identifying with black and ethnic minorities, lesbian, gay, bisexual, and transgender groups and people experiencing domestic abuse, and offered appropriate support. We saw examples where staff had appropriately supported clients who were exploring their gender identity and sexuality.

The service exclusively supported women and all staff employed in the service were women. Clients and staff we spoke with were positive about the impact of a female-only atmosphere. Rooms in the service were named after influential female role models as chosen by clients.

The service accepted clients of all faiths and those without religious beliefs. Staff supported and encouraged clients in maintaining their religious beliefs.

There were bedrooms which were on the ground floor of the building which allowed individuals who had moderate mobility difficulties to access the service.

Clients told us that support was never cancelled and rarely delayed. Staff updated clients on any delays to activities.

Listening to and learning from concerns and complaints

The service had a complaints system to show how complaints were managed. Complaint records demonstrated that individual complaints have been responded to in accordance with the service's complaint policy. Complaints were investigated, and outcome responses were comprehensive and included details on how to appeal outcome decisions or raise with regulatory



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bodies. The service had a total of one complaint over the 12 months leading up to the inspection. This complaint was upheld. The outcome of the complaint was documented along with the complainant's satisfaction with the process. Learning from the complaint had been shared with staff and the client group.

Clients reported that they know how to raise informal and formal complaints. Clients also stated that they felt comfortable in raising complaints if they needed to. Details of how to make a complaint was included in the information clients received when admitted to the service.

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

Are residential substance misuse services well-led?

Good



Leadership

The manager had the skills, knowledge and experience to perform their role. The acting manager demonstrated knowledge of the depth and breadth of the service provided. The manager explained how the service defined recovery and worked towards providing high quality care and support.

The manager and senior management team were visible in the service and approachable for clients and staff. Staff and clients told us that the manager was always onsite and available to discuss any issues. Staff also stated that the organisation's senior managers were onsite occasionally and always available via the telephone. Staff said they felt very comfortable in raising issues with the manager and senior management team.

Vision and strategy

The service had clear vision and values. The services values were being the best, being passionate about recovery, and valuing their history and using it to inform their future. We saw that staff understood this and demonstrated it through their support of the clients. The service demonstrated a highly caring ethos and staff worked to maximise client engagement. Staff were very proud of these aspects of the service.

Staff explained how they were working to deliver high quality care with the resources available. For example, staff would support clients to access external support groups in the community to supplement the therapeutic programme within the service.

Staff were able to discuss strategy, performance and changes to the service in regular team meetings.

Culture

Staff felt respected, supported and valued. The service had six staff leave in the last 12 months. Staff we spoke to felt very proud to be a part of the service.

Staff we spoke to felt positive, proud and satisfied about the work they were doing and reported low levels of stress. The service had a sickness rate of 6.5% over the last twelve months.

The manager and senior management team recognised staff success within the service highlighting good practice and good team performance during team meetings and handovers. The provider recognised team and individual performance via a new year's honours process.

Nominations went through a panel selection and attended a organisational national awards event. An organisational newsletter also highlighted team and individual success.

Staff appraisals included conversations about career development, learning and improving and how these could be supported internally and externally. The senior management team told us they valued the service staff and wanted to give them the opportunity to develop as they saw this as adding value to the service.

Staff told us that the team worked well together and where there were difficulties the manager dealt with them appropriately.

Governance

There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; clients were assessed and treated well; referrals were managed well; incidents were reported, investigated and learned from. Governance policies, procedures and protocols were regularly reviewed and improved. We saw evidence of that the service's rota system being adapted to better suit the needs of the clients.

There was a clear framework of what must be discussed at team level in team meetings and at senior manager and



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director level at board meetings. This ensured that learning from essential information, such from key performance indicators, staffing, quality control, audit feedback incidents and complaints, was shared and discussed at all levels. Managers acted when improvements were required.

Staff undertook local clinical audits. For example, staff audited service user files and medicines files. The audits were sufficient to provide assurance and staff acted on the results when needed.

The service completed annual mock CQC inspections to ensure compliance and develop improvement and good practice.

Data and notifications were submitted to external bodies and internal departments as required. For example, the service submitted information to the provider's quality control team via their online systems.

Staff we spoke to understood the arrangements for working with other teams, both within the organisation and externally, to meet the needs of the patients. For example, the service maintained strong partnership relationships with community organisations such as sexual health services, local food kitchens and activity groups.

The service has a whistle blowing policy in place which staff were aware of.

Management of risk, issues and performance

There was a clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.

The provider maintained an organisational risk map and register. This detailed risks and mitigating actions relating to risk areas such as finances, operational risks and governance. For example, changes to government drug policy and how this would impact services, and cost improvement actions as a result of funding cutting that did not compromise client care. Staff were able to submit items to the provider risk register through the provider's quality control team and senior management team.

Staff recorded and reported incidents to appropriate authorities, for example police, local authority safeguarding teams, probation services and CQC.

The service had a business contingency plan for emergencies. The plan detailed processes and procedures for staff to carry out in the event of a major staff absence, loss of electricity, a loss of information technology systems, severe travel disruption and adverse weather.

Managers monitored sickness and absence rates. Staff were supported to return to work following sickness and other absences. Staff were referred to the provider's occupational health service if required.

Information management

Staff could access and update information they needed quickly and efficiently. Staff had access to the equipment and information technology needed to do their work. Information was stored securely and available to staff in an accessible format. The information systems worked well and were not over-burdensome for frontline staff.

Information governance systems included confidentiality of clients' records. The provider's confidentiality policy listed procedures for managing breaches of confidentiality. Staff understood the importance of confidentiality and information sharing and these areas were covered in their induction to the service. Clients' consent was sought before sharing information.

The manager had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

Engagement

Staff had access to up-to-date information about the work of the provider through the intranet, and organisational newsletters.

Seeking client feedback was a strong aspect of the service and a significant part of staff to client interactions. Staff encouraged clients to provide feedback on the service they received via one to one discussions, community meetings, feedback forums and service feedback questionnaires. Staff listened to and acted upon client feedback.

Clients and staff could meet with members of the provider's senior management team as they would be on site occasionally. Clients and staff both stated that they felt comfortable in approaching members of the senior management team.



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The provider had a national service user representative group that fed into their organisational governance processes and provided feedback and input at the organisational level.

The senior management team engaged with external stakeholders, such as commissioners and local authority and NHS service managers.

Learning, continuous improvement and innovation

The provider encouraged creativity and innovation to improve the client experience and develop good practice.

For example, the service provided each client with an electronic memory stick which that had electronic copies of all the client's therapeutic group material and individual reflective work, their exit contingency plan and when ready their discharge pack.

The service was able to utilise evident based programmes such as the Freedom Programme and Recovery through Nature as part of the support their offered clients.

Outstanding practice and areas for improvement

Outstanding practice

- Grace House delivered a service that was tailored to meet their clients' individual and diverse needs and preferences. There was a holistic approach to assessing, planning and delivering care and treatment which focused on each client's strengths and needs. Clients took the lead on co-produced care plans with staff facilitating this process. Care plans were recovery focused, holistic and linked strengths, development areas and risks to structured goals and the therapeutic programme within the service.
- Clients received high quality care and support from a staff team that worked within a strong person-centred culture. There was a caring ethos embedded throughout the service. Staff demonstrated high levels of compassion, dignity and respect, and provided responsive, practical and emotional support.