

Addaction Chy







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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
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 Addaction Chy as good because:

- Staff treated clients with dignity, respect, compassion and kindness. Clients told us that most staff were empathic, caring and approachable. Staff involved clients and carers in decisions about their care, treatment and changes to the service. Staff supported clients to maintain contact with their families and carers and provided a space for them to meet. The service encouraged dog owners to attend rehabilitation by enabling them to bring their dog with them.
- Psychosocial treatments provided by the service were in line with national guidance and best practice. Staff supported clients to learn basic life skills. The service partly funded clients to access the gym in the community. Staff met clients' holistic needs by working well with other agencies. This enabled staff to ensure clients had access to GP assessments and care, providing them with healthy living advice and supported them to access services in the community that could support them with work, education, benefits and specialist counselling.
- The service was clean, well equipped, well-furnished and had good facilities. The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity and there were adaptations for people with disabilities. Medicines storage and administration was in line with good practice guidance.
- There were enough staff with good cover and on call arrangements. There were no staff vacancies. There was no waiting list for the service.
- Staff kept detailed records of clients' care and treatment and updated them appropriately. Staff involved clients in care planning and risk assessment. Staff screened clients prior to admission to ensure they were suitable and safe to be admitted to the service. They completed regular risk assessments. Staff planned with clients for if they left the service unexpectedly. Staff developed individual, holistic and recovery plans with clients.
- Staff received the specialist training needed to carry out their work effectively. Through safeguarding training and information, staff understood how to protect clients. Staff had monthly supervision and they took part in research and innovation.
- Staff reported incidents and these were reviewed so the service could learn and develop from them. Staff participated in a variety of clinical audits to ensure the quality of the service. Managers analysed its service outcomes and reviewed how well the service was performing, so they could develop the service. The service treated concerns and complaints seriously, investigating them, learning lessons from the results, and sharing these with all staff.
- Staff worked well together and supported each other. Staff knew the whistleblowing procedure. Managers dealt with poor staff performance when needed. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff enabled clients to give feedback on the service they received. Clients had opportunities to rate staff and the manager held a quarterly feedback session with clients and acted upon the feedback.
- Addaction Chy had an effective governance structure with systems and processes in place to ensure the service maintained standards and continued to develop. Managers and staff used systematic approaches to continually improve the quality of its services including service performance reviews, audits and client and staff surveys. The service managed risks through a risk register and contingency planning.

However

- The policy Addaction Chy had written about searches of clients' rooms and possessions was brief and lacked detail about safety, for example, instructions for staff on how to avoid needle stick injuries. However, since our last inspection staff and clients did understand the rationale for searches and the service had produced information for clients on the searches that would take place.

Summary of findings

- There was a problem with the IT system losing access to the network that had been escalated but had not been put on the risk register. The provider had brief plans for emergencies but had not fully mitigated disruption to the service and clients' treatment.
- An audit prior to our inspection conducted by the service had identified that paper and electronic records did not always match and this meant staff might not always be looking at the most up to date information about a client.
- The service did not have a procedure for providing carers with information about how to access a carer's assessment.
- Appraisals were generic and lacked individualised goalsetting.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

Addaction Chy

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Addaction Chy

Addaction Chy is a residential rehabilitation centre in Truro, Cornwall. Addaction Chy provides residential treatment to clients with addiction issues. The service has 18 beds for men and women aged 17 upwards with no upper age limit. There were 14 clients resident at the service on the day of our inspection. Addaction had 'move on' flats next door to the service that clients could transfer into after their care. The 'move on' flats were supported housing and therefore not registered with CQC. The service aims to enable individuals to develop a lifestyle free of substance dependency. It aims to provide a safe, supported, nurturing and challenging environment where people can be abstinent from substances and learn to lead a fulfilling, meaningful and purposeful life. The service provides rehabilitation only and does not provide detoxification. Clients are largely funded by local authorities. A careers advisor, housing advisor and a nurse regularly attends the service.

Addaction Chy is registered by CQC to provide accommodation for persons who require treatment for substance misuse and diagnostic and screening procedures.

Addaction Chy has been inspected by CQC on two previous occasions. At our previous inspection published on 27 January 2017 we found the provider conducted searches of clients' rooms and possessions but they did not have a policy or guidelines for undertaking searches. This had the potential to leave clients vulnerable to improper treatment. We issued a requirement notice under Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. At this inspection we found this requirement had been met. The provider had issued search guidelines for staff and information for clients. Staff and clients were aware of searches and what they entailed. However, the guidance lacked detail about safety, including how staff could avoid needlestick injury.

Our inspection team

The team that inspected the service comprised a CQC inspector, an assistant CQC inspector and a specialist nurse with experience of working in substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the residential substance misuse premises and looked at the quality of the environment;

Summary of this inspection

- observed how staff were caring for clients;
- spoke with eight clients who were using the service in a focus group;
- spoke with the registered manager;
- spoke with six other staff members; including the team leader, engagement workers and a volunteer;
- received feedback about the service from two stakeholders;
- attended and observed a meeting with 16 clients about the recovery and aftercare from formative trauma programme;
- Looked at six care and treatment records of clients;
- carried out a specific check of the medication management;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us they received good support from their peers and staff. Clients described most staff as encouraging, professional and empathetic. Clients told us there was always someone to talk to. Clients said they felt autonomous in the service and that the service also had a good structure. They liked being responsible for catering and cleaning. Clients said they trusted in the program and found the workshops helpful and well structured. Clients who had taken part in the bespoke treatment programme developed by Addaction Chy called 'recovery and aftercare from formative trauma (RAFT)' told us it was very helpful for them. Clients said their needs were met by the service and by the support they had to access other services in the community.

During our focus group with clients, five raised some concerns about how some staff spoke to them and some clients felt staff did not all listen to them. The manager was aware of these concerns and was taking action. Clients told us there were insufficient activities between workshops, if they had no recovery based assignments to do. They complained that there was no access to the TV, WiFi or mobile phones during the day although they were advised of these restrictions prior to their admission. These restrictions were part of the structure of the program. Clients complained about some aspects of the environment being in disrepair, for example, the oven and the pool table.

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:

- All areas of the service were safe, clean, well equipped, well-furnished and fit for purpose. Staff completed a range of regular risk assessments of the care environment.
- There were adequate staff numbers and staff were always able to support clients, through individual and group interventions. There were good cover arrangements for staff. A member of staff stayed overnight and a senior staff member was always on call out of hours. There were no staff vacancies.
- Staff knew how to protect clients from abuse and they had safeguarding training to help them recognise and report abuse. There was a safeguarding policy and a chart for staff to refer to in the event of a safeguarding concern.
- Staff kept clear, detailed records of clients' care and treatment.
- Staff completed mandatory training and this included safeguarding adults and children levels one to three, safeguarding information, health and safety, equality and diversity, infection control, safe handling of medicines, first aid and the Mental Capacity Act.
- Staff screened clients prior to admission to ensure they were suitable and safe to be admitted to the service. Staff completed, reviewed and updated risk assessments and used these to understand and manage clients' risks. Staff planned for clients leaving the service unexpectedly.
- Since our last inspection the service had developed guidance for staff on searching clients' belongings. Information for clients on the searches was made available to them prior to admission and there were information leaflets in the clients' bedrooms. However, the guidance lacked detail on safety, for example, instructions for staff on how to avoid needle stick injuries.
- Medicines storage and administration was in line with good practice guidance. Controlled drugs were stored appropriately. There were good systems for checking and documenting medicines administration.
- Staff knew which incidents to report and how to report them. Staff understood the duty of candour. There was evidence of change having been made because of feedback and learning from adverse incidents.

However

Good



Summary of this inspection

- Interview rooms were not fitted with alarms but they were in the centre of the building and staff were on site.
- In one case a recovery plan had been completed on paper and had not been added to the electronic care records system. This was resolved shortly after the inspection visit but an audit prior to our inspection, conducted by the service had identified that paper and electronic records did not always match. This meant there was a risk staff might not always be looking at the most up to date information about a client.
- Some areas of the service needed repainting, and the oven was in disrepair.

Are services effective?

We rated effective as good because:

- Staff developed individual, holistic recovery plans with clients and updated them when needed.
- Staff provided treatments and care for clients based on national guidance and best practice. Staff ensured clients accessed GP assessment and care and they supported clients to lead healthier lives. Staff supported clients to access services in the community that provided specialist counselling.
- Managers made sure they had staff with the skills needed to provide care. They supported staff with supervision, opportunities to update and further develop their skills.
- Staff supported clients to make decisions on their care for themselves. Staff understood the Mental Capacity Act 2005.
- Staff participated in a variety of clinical audits to ensure the quality of the service. Managers analysed its service outcomes and reviewed how well the service was performing so they could develop the service.
- Addaction Chy employed a multi-disciplinary team including practitioners and recovery workers and provided staff with supervision and specialist training.
- The service worked well with other services and agencies in the community in the interests of clients.

However

- Appraisals were generic and lacked individualised goalsetting.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff treated clients with dignity, respect, compassion and kindness. They respected clients' privacy and dignity, and supported their individual needs. Clients told us that most staff were empathic, caring and approachable.
- Staff involved clients and those close to them in decisions about their care, treatment and changes to the service.
- Staff understood the individual needs of clients, including their personal, cultural, social and religious needs and these were discussed during recovery planning. Staff supported clients to learn basic life skills.
- Staff involved clients in care planning and risk assessment.
- Staff enabled clients to give feedback on the service they received. Clients had opportunities to rate staff and the manager held a quarterly feedback session with clients and acted upon the feedback.
- Staff involved families and carers in clients' care appropriately.

However

- The service did not have a procedure for providing carers with information about how to access a carer's assessment.

Are services responsive?

We rated responsive as good because:

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity.
- Staff supported clients with activities outside the service, such as work, education, housing and benefits.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff.
- The provider planned for clients leaving the service unexpectedly and ensured they were discharged appropriately.
- There was no waiting list for the service.
- There were good facilities for staff to support clients, including private meeting rooms, activity equipment and a garden. There were adaptations for people with disabilities.
- Clients were encouraged to take part in community activities. For examples, the service partly funded clients to access the gym in the community and took clients on monthly outings.
- Staff supported clients to maintain contact with their families and carers and provided a space for them to meet.

Good



Summary of this inspection

- To encourage dog owners to attend rehabilitation, the service had kennels for client's dogs so they could bring their dog with them to the service. This was appropriately risk assessed prior to the dog arriving, and all clients were made aware of the kennel facilities.
- The provider assessed clients' protected characteristics and specific needs and this enabled the provider to better meet clients individual needs.

However

Are services well-led?

We rated well led as good because:

- Managers had the right skills and abilities to run the service and ensure it was providing good care. The registered manager was approachable and visible to staff.
- Managers completed staff surveys and responded to the results. They promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Addaction Chy had an effective governance structure with systems and processes in place to ensure the service maintained standards and continued to develop. Managers and staff used systematic approaches to continually improve quality, including service performance reviews, audits and client and staff surveys.
- Staff knew and understood the provider's vision and values. There was a clear aim for the service: to enable people to be abstinent and live meaningful and purposeful lives, free from addictive behaviours.
- Staff told us the culture of the service was good. They said staff worked well together and supported each other. Staff knew the whistleblowing procedure. Managers dealt with poor staff performance when needed.
- The service managed risks through a risk register and contingency planning.
- Staff had opportunities to participate in research and innovation through work with two universities that were developing new treatments for clients.

However

- There was a problem with the IT system losing access to the network that had been escalated but had not been put on the risk register.
- The provider had brief plans for emergencies but had not fully mitigated disruption to the service and clients' treatment.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






- Training in the Mental Capacity Act had been completed by 92% of staff.
- The registered manager and staff had a good awareness of the Mental Capacity Act.
- The provider included information about mental capacity in its safeguarding adults policy.
- Staff felt confident they could approach managers and access information through the intranet about the Mental Capacity Act and their responsibilities. Staff could consult with the Addaction psychiatrist or the local GP if advice was required.
- The registered manager gave examples of times when clients had lacked capacity and they had sought medical support for them.
- The registered manager had a good understanding of the Mental Capacity Act.
- Staff recorded clients' consent to their treatment and to sharing information.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

- Staff completed a range of regular risk assessments of the care environment including infection control, evacuation, fire, violence, bomb threat and ligature risk assessments.
- The service separated male and female accommodation. Although rooms were not en-suite, clients did not have to pass through an area occupied by the opposite gender to access a bathroom.
- Interview rooms were not fitted with alarms but they were in the centre of the building and staff were on site.
- Physical examinations were carried out by the local GP practice. The service was appropriately equipped to carry out drug and alcohol testing.
- All areas of the service were visibly clean, well equipped and furnished although some areas of the service needed repainting.
- Cleaning records were up to date and demonstrated that the premises were cleaned regularly.
- Staff maintained equipment such as drug and alcohol testing kits and kept them clean.

Safe staffing

- The provider employed five engagement workers, four practitioners, a project manager, a team leader and a volunteer.
- The level of sickness for permanent staff was 8.5%
- Three staff had left during the previous 12 months. A bank worker covered for sickness and leave. The provider did not employ agency staff.

- There were no vacancies at the time of our inspection. There were two additional staff covering maternity leave and two additional fixed term recovery workers in post in order to enable two new staff to train and develop. A bank worker covered annual leave.
- There were always two members of staff on duty at any one time except from 10.00pm until 8.00am when one member of staff slept in the service. On Saturdays there was one member of staff on duty. There was always a member of staff on call and they could get to the service within 30 minutes if required.
- There were no clients waiting for allocation to a care co-ordinator and no waiting list. Stakeholders told us the assessment and admission process from a local detoxification service was efficient and that it was rare for there to be any delay.
- Staff had a caseload of four to five clients at a time. Clients were funded to reside at the service for a fixed term.
- Access to psychiatry was through clients' GPs. An Addaction psychiatrist was also available for advice if required but did not prescribe for the client group.
- Overall, staff in this service had undertaken 94% of the various elements of mandatory training, including, safeguarding adults and children levels one to three, safeguarding information, health and safety, equality and diversity, infection control, safe handling of medicines, first aid and the Mental Capacity Act.

Assessing and managing risk to clients and staff

Assessment of client risk

- We looked at six care records. Staff screened clients prior to admission to ensure they were suitable and safe to be admitted to the service. This included a screening

Substance misuse services

of suicidal risk, forensic history and capacity to self-care. Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. Risk assessments included an evaluation of the clients' drug use, injecting history and previous access to treatment. Staff completed risk assessments on admission. Risk assessments were reviewed regularly and as needed, such as after an incident.

- Staff planned for clients unexpectedly leaving the service.

Management of risk

- Staff assessed clients' risks and monitored their wellbeing. They responded promptly to changes in a clients' risks by using local medical and emergency services.
- Since our last inspection the service had developed guidance for staff on searching clients' belongings and they had written information for clients on the searches that would take place. However, the policy was brief and lacked detail about safety, for example, instructions for staff on how to avoid needle stick injuries.
- Some restrictions were in place, for example, use of mobile phones was permitted in private areas only and once the client had been resident for four weeks. This was to ensure they engaged in the programme and remained abstinent.
- Clients could smoke in an outside smoking area and they were directed to smoking cessation services as required.

Safeguarding

- Staff trained in safeguarding adults and children, levels one to three. Staff who had not completed level three training were booked in for it. Staff knew how to recognise safeguarding concerns, how to make alerts and which partnership agencies to work with.
- There was a safeguarding policy and a chart on the wall in the office for staff to refer to in the event of a safeguarding concern.
- There were procedures for children to visit clients in a summer house in the garden.

Staff access to essential information

- Staff used an electronic care records system. The care records system was linked to the community Addaction service which meant both services could have access to

information about clients who were involved with both services. They also kept paper records because of their concerns about being unable to continue to provide safe care if their IT systems went down.

- During the inspection we found one recovery plan was on paper and not on the computerised care records system but this was resolved shortly after the inspection. However, an audit prior to our inspection, conducted by the service had identified that paper and electronic records did not always match. There was a risk that staff might refer to a record that had not been updated.

Medicines management

- People were given the opportunity to be involved in making decisions about their medicines,
- Clients medicines were prescribed by their GP. All clients were asked to register at the same local GP practice.
- There were 41 medicines errors between 1 January and 26 October 2018. A medicines management audit was completed in March 2018 and this resulted in an improvement plan. Following review of these incidents which were largely administration errors, a pharmacist was recruited to visit the service weekly and provided training on medicines administration.
- Medicines were administered on site and staff followed guidance from the National Institute for Health and Care Excellence on medicines optimisation. Clients' medicines were stored appropriately in a locked cupboard. Controlled drugs were stored appropriately. Medicines were disposed of appropriately. A pharmacist visited the service weekly. There were good systems for checking and documenting medicines administration.
- If a client left treatment sooner than planned, staff gave them three days of medicine on departure. The service stored Naloxone and issued this to clients when they left.

Track record on safety

- There were no serious incidents in the past 12 months in this service.

Reporting incidents and learning from when things go wrong

Substance misuse services

- The service managed client safety incidents well. Staff knew which incidents to report and how to report them. Staff were confident to approach managers, including through the on-call service, if they had any concerns.
- When things went wrong, staff apologised and gave clients honest information and suitable support.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. Learning from incidents was discussed in team meetings, meeting minutes, supervision and informal supervision.
- There was evidence of change having been made because of feedback from incidents, for example, following an incident the service changed the practice of breathalysing clients at night to breathalysing clients in the morning. Following another incident, staff had trained in conflict resolution.
- Managers debriefed and supported staff and clients after a serious incident.

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

Good 

Assessment of needs and planning of care

- We looked at six care records. Staff completed a comprehensive mental health assessment of each client.
- Staff ensured patients registered with a local GP and that they had had a physical health assessment by a GP at the beginning of their treatment. Staff included physical health problems in clients' care records.
- Staff developed personalised recovery plans that met the needs identified during assessment, in collaboration with the client. Recovery plans were holistic and recovery-oriented.
- Staff updated recovery plans regularly.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. The treatment programme was person centred. It included cognitive models and workshops on relapse prevention. An Addaction consultant psychotherapist had developed the treatment model in accordance with

guidance from the National Institute for Health and Care Excellence on psychosocial interventions. Clients could access counselling through the staff team. There were links with other services who provided detoxification, bereavement counselling, primary care talking therapies and counselling for sexual and domestic abuse. Staff also provided support for employment, housing and benefits. Clients treatment included acquiring living skills. For example, clients took part in therapeutic duties which included cleaning the service and cooking for each other.

- Stakeholders told us there was good co-working with the service and that they had good working relationships that included open communication and the facility to accommodate and transfer clients who needed it. They described the administration of clients' admission as organised and clear and they said communication was good.
- Clients had physical health assessments by a local GP practice when they began treatment. Staff recorded that this assessment had taken place. Staff supported clients to access ongoing physical health care. Staff prompted clients who needed to take their medicines and documented this. Clients who were taking medicines for epilepsy were automatically prompted.
- Staff supported clients to live healthier lives. For example, an Addaction community nurse visited the service every month to complete testing for blood borne viruses for clients.
- Addaction Chy produced a quarterly provider report that analysed the service outcomes. This was a comprehensive report that looked at successful completions of treatment over time, the interventions provided by the service, and other equality and diversity information. The manager reviewed trends and shared the report with its commissioner. The registered manager used this to see how well the service was performing and learn about what types of clients did well or not so they could develop the service.
- Staff used technology to support clients effectively. The community Addaction service had a web chat and the registered manager told us this had helped clients to access Addaction Chy.
- CCTV cameras were in operation across some areas of the site including interview rooms. This was for the protection of clients and staff. There was appropriate signage and information for clients about the use of CCTV.

Substance misuse services

- Staff participated in a variety of clinical audits. For example, the service took part in a national audit of client involvement in June 2018. This resulted in the team introducing a feedback form for clients to rate staff.
- The provider completed an internal audit of their service in September 2018 and developed an action plan in response. This audit was to prepare the service for our inspection and we saw improvements had been made since the audit. For example, care records we reviewed during our site visit had been more fully completed than reported in the internal audit.

Skilled staff to deliver care

- The team included counsellors, practitioners and engagement workers. There was access for clients to GP services and a psychiatrist.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the client group. The service manager and team leader were qualified counsellors. Some staff had taken specialist training, for example, in conflict management, tackling substance misuse, overdose, working with self-harm and suicide, stress management, identifying high risk domestic abuse, interpersonal group training and acupuncture. Four members of staff had trained in motivational interviewing. Some staff had completed level three Addaction training in drug awareness, key principles and values for working with people who misuse substances and alcohol awareness. Staff were trained in the administration of Naloxone so they could train clients to administer it and they issued Naloxone to clients when they left the service. None of the staff had completed the care certificate. However, one member of staff had completed the national vocational qualification level 2 in health and social care. Two members of staff were working on level 3 gateway qualifications in substance misuse. The registered manager had a level five diploma in leadership in health and social care.
- Staff were trained to provide acupuncture to clients to assist with cravings and promote relaxation.
- There was a formal induction process for new staff. This involved mandatory e-learning and an introduction to policies and procedures.

- Managers provided staff with line management supervision every four to six weeks and annual appraisals that included a mid-year review. Staff also attended clinical group supervision once per month.
- All staff that had had an appraisal in the last 12 months and all staff were having regular supervision. Appraisals we reviewed were generic and lacked individualised goals.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Managers supported staff to obtain the specialist training they needed for their roles.
- The registered manager dealt with poor staff performance promptly and effectively and gave examples of having done this.
- Volunteers were trained and supported in their roles. They completed the same mandatory training as substantive staff.

Multi-disciplinary and inter-agency team work

- Staff held monthly team meetings. These included a review of the outcomes of the service, learning from incidents and national news and alerts.
- The team had good working links with a local GP practice. The service had invited the local GP service to visit the service for a day, to help them understand what the service provided. Staff established links as required with the community mental health teams, social workers and with local recovery fellowships. The service displayed a timetable of meetings of recovery fellowships for clients to attend. The service engaged with an agency that supported clients with mental health, debt management, counselling, and funding for courses and further education. When discharge planning, staff engaged with community teams if required to support clients with onward care.

Good practice in applying the Mental Capacity Act

- Training in the Mental Capacity Act had been completed by 92% of staff.
- The registered manager and staff had a good awareness of the Mental Capacity Act.
- The provider included information about mental capacity in its safeguarding adults policy.

Substance misuse services

- Staff felt confident they could approach managers and access information through the intranet about the Mental Capacity Act and their responsibilities. Staff could consult with the community Addaction psychiatrist or the local GP if advice required.
- The registered manager gave examples of times when clients had lacked capacity and they had sought medical support for them.
- The registered manager had a good understanding of the Mental Capacity Act.
- Staff recorded clients' consent to their treatment and to sharing information.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Through our interactions with staff, we found that staff treated clients with empathy, respect, dignity and professionalism. Staff were hard working and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did. Stakeholders told us staff were empathetic and dedicated to their clients. They described staff as professional, courteous and well informed.
- Clients told us that most staff were empathic, caring and approachable.
- Staff directed clients to other services, for example, recovery fellowships and specialist counselling services. Staff supported clients to access those services.
- Clients said that in general, staff treated them well and behaved appropriately towards them. However, during our focus group with clients, they raised some concerns about how some staff spoke to them and said some staff did not listen to them. The manager was aware of these concerns and was acting upon the feedback. In general, both staff and clients reported that there were good relationships between staff and clients.
- Staff understood the individual needs of clients, including their personal, cultural, social and religious needs and these were discussed during recovery planning.

Involvement in care

Involvement of clients

- Staff involved clients in care planning and risk assessment.
- Staff facilitated and monitored clients' involvement in the day to day running of the service. Clients attended the mandatory workshops and activities within the daily structure set out by the provider. Clients planned meals and menu choices and cooked for each other. Clients also cleaned the service on a rota. The aim was for clients to learn basic life skills.
- Ex-clients had been included in interview panels for new staff for the service.
- Staff enabled clients to give feedback on the service they received through a feedback forms or face to face. They were regularly invited to complete a feedback form to rate staff on their compassion, commitment, approachability, determination and professionalism. The registered manager held quarterly feedback sessions with clients in May 2018 and September 2018. In response to feedback, the provider introduced some new activities, started a review of the current workshops and replaced some of the carpets. In addition, every morning the clients had a meeting in which they could talk about their opinions of the service and the environment.
- Staff ensured that clients could access advocacy services and displayed information about a local advocacy service on a noticeboard.

Involvement of families and carers

- Families and carers were involved in clients' care, if appropriate and with the client's permission. Every six weeks staff ran a workshop attended by clients and families together. Clients could have visited from their families in a dedicated space, a summer house which provided privacy.
- The service did not have a procedure for providing carers with information about how to access a carer's assessment.

Substance misuse services

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- When clients were discharged from the service this happened at an appropriate time of day unless the client wanted to leave or there was police involvement. The provider arranged suitable overnight accommodation for clients who needed to be discharged because of non-compliance with the service expectations.
- The service had criteria for which clients would be offered a service but also assessed individuals for their suitability. For example, it could accommodate people with disabilities requiring adjustments but they assessed the individuals' ability to self-care.
- There was no waiting list for the service. However, staff staggered client admissions to prevent clients forming smaller social groups within the house and therefore not interacting with a wider range of clients and to ensure they could provide a timely assessment. The service was rarely full.
- Staff rarely cancelled appointments and workshops and only when necessary and when they did, they explained why and helped clients to access treatment as soon as possible.
- The programme ran on time and the structure of the day was part of the treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients had their own bedrooms with the exception of one room which was for two people.
- Clients could personalise their rooms and had locking storage facilities.
- The facilities were adequate for staff to support the clients. There were enough private meeting rooms. Although the service did not admit clients with high risk of self harm, there were two rooms that had fewer ligature points. There was a workshop space, exercise equipment, a garden and activity equipment such as a pool table, games and TVs.

- Clients could prepare their own drinks and snacks. The kitchen was closed at 10.00pm to encourage clients to have a bedtime routine but they could request refreshments during the night from the member of staff if required.

Clients' engagement with the wider community

- The service encouraged clients to engage with the wider community. Once a month all the clients went on an outing, for example, they went bowling, kayaking or to the cinema. Staff encouraged clients to go shopping for the house and to engage with other external agencies.
- Staff helped clients to access work and education opportunities.
- Through partnerships with other organisations, staff could support clients to access education and work opportunities.
- To encourage dog owners to attend rehabilitation, the service had kennels for client's dogs so they could bring their dog with them. Dogs were risk assessed and there was a dog kennels policy and dog owners' agreement.
- Staff supported clients to maintain contact with their families and carers and provided a space for them to meet.

Meeting the needs of all people who use the service

- The service made adjustments for disabled clients. There was a lift and ramps and some mobility equipment.
- Staff completed a diversity assessment with clients to gain information about their protected characteristics so they could support them better. This included questions about each of the protected characteristics and specific questions about clients' physical health and forensic history.
- Staff helped clients with communication, advocacy and cultural support.
- Staff monitored clients' mental health through observations and one to one sessions. Physical health was monitored primarily through the GPs.
- Staff informed us that they could tailor workshops and literature to clients' needs, such as in a different language, or easy read format.
- The provider accepted clients straight from prison and sex workers if they were suited to a mixed gender environment.

Substance misuse services

- The service catered for dietary requirements of religious and ethnic groups. For example, they had a supplier of Halal food.
- Staff invited clients to express their spiritual needs and supported them to access spiritual support.

Listening to and learning from concerns and complaints

- The provider had received one complaint in the previous 12 months. The complaint was upheld and was not referred to the ombudsman. The provider had taken appropriate action to resolve the complaint.
- Clients knew how to complain or compliment. There were feedback forms that clients could use and clients were also able to raise any concerns in one to ones and through informal meetings. The complaints policy was on display on the noticeboard.
- Staff knew how to handle complaints appropriately and they encouraged clients to raise any concerns they may have and voice their opinions of the service.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings.

Are substance misuse services well-led?

Good 

Leadership

- The registered manager had the skills, knowledge and experience to perform their role including a level five management qualification. The registered manager had a good understanding of the services they managed. They were based in the service.
- The registered manager was visible in the service and approachable for clients and staff.
- Staff felt that the leadership was good. Managers and team leaders were approachable. Staff felt that they could raise any concerns and that they were well supported by management.

Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The vision and values had been renewed by Addaction recently and the focus was on services being more effective and accessible.
- The service had a definition of recovery which was to enable people to be abstinent and live meaningful and purposeful lives, free from addictive behaviours.

Culture

- Staff we spoke to told us they felt respected, supported and valued. The 2017 staff survey showed 100% of staff understood how their work contributed to the success of Addaction. The number of Addaction Chy staff that said they felt valued was 62% and the number of staff that said they were treated with fairness and respect was 69%. Staff and managers had met to discuss these results.
- Staff were aware of the whistleblowing procedure.
- Managers dealt with poor staff performance when needed. There were examples of managers actively supporting staff to improve their performance.
- Teams worked well together. There was a supportive culture among the staff. Staff felt that stress was managed well by supporting each other.
- Staff appraisals were generic and conversations about career development seemed to lack individual exploration. However, there were examples of staff being supported to complete training.
- Staff had access to support for their own physical and emotional health needs through an employee assistance programme.

Governance

- Addaction Chy had an effective governance structure. There were systems and procedures to ensure that the premises were safe and clean. There were sufficient trained and supervised staff to ensure clients were provided with good care. Clients were assessed and treated well and in a timely manner. There was no waiting time for the service. Incidents were reported, investigated and staff learned from them.
- Managers ensured essential information, such as learning from incidents and complaints, was shared and discussed at regular team meetings.
- Staff had implemented learning from incidents to continually improve the quality and safety of the service.

Substance misuse services

- There were a range of audits of the service and actions were taken in response to them to develop the service effectiveness.
- Staff understood arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients. This included developing relationships with a local GP practice and other local services.

Management of risk, issues and performance

- The service had a risk register and staff could escalate concerns when required.
- The service had brief plans for emergencies, for example, adverse weather or a flu outbreak. They also had a business continuity plan.

Information management

- The service used systems to collect data for use in audits of the service that did not burden frontline staff.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure worked well but there was a problem with the IT system losing access to the network that had been escalated but had not been put on the risk register.
- Information governance systems ensured confidentiality of client records.
- Team managers had access to information to support them with their management role. This included information on the performance of the service, and outcomes of client care. These reports were compiled and reviewed by managers on a quarterly basis.

Engagement

- Clients and carers had opportunities to give feedback on the service and could do so face to face or by completing feedback forms or anonymous feedback cards.
- Managers and staff had access to the feedback from clients, carers and staff and used it to make improvements.

Learning, continuous improvement and innovation

- Staff had opportunities to participate in research and innovation, for example, the service was taking part in a research project with a local university.
- Innovations were taking place in the service. The provider has developed a twice-weekly, eight-week treatment program called recovery and aftercare from formative trauma that was validated by the University of Bath. Recovery and aftercare from formative trauma provided clients with a bespoke treatment plan that aimed to treat trauma underlying addiction. The program aimed to bring the client to terms with the trauma, give them the tools to cope with the trauma and enable them to overcome the addiction. During the inspection visit we attended a seminar for clients to introduce them to the recovery and aftercare from formative trauma and heard from clients that had successfully completed the programme and found it helpful. There was ongoing research into the efficacy of the recovery and aftercare from formative trauma intervention.
- The service was taking part in a research study with the university of Plymouth into functional imagery training. Functional imagery training was a personalised electronic health intervention to prevent relapse in drug and alcohol addiction. The study aimed to develop a new way of supporting behaviour change using mental imagery.

Outstanding practice and areas for improvement

Outstanding practice

- To encourage dog owners to attend rehabilitation, the service had kennels for client's dogs so they could bring their dog with them. Dogs were risk assessed and there was a dog kennels policy and dog owners' agreement.
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Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure both paper and electronic records are kept up to date to ensure staff always refer to the most up to date clinical records of clients.
- The provider should consider providing information to carers of clients about accessing carers support.
- The provider should review its annual appraisals to include staff setting individualised goals.
- The provider should develop its plans for emergencies to mitigate disruption to the service and clients' treatment. It should share comprehensive protocols with staff about what to do in an emergency.
- The provider should review their policy on conducting searches of clients and their belongings and consider giving more detail about safety, for example, instructions for staff on how to avoid needle stick injuries.