Treatment Direct Limited

Linwood House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The premises were safe, and staff carried out regular safety checks. Staff followed good practice with respect to reporting safeguarding concerns.
- Staff provided all clients with a comprehensive assessment and offered a range of treatments including psychosocial interventions. Feedback from clients about the group therapy was highly positive and care plans were holistic and up to date.
- Staff managed clients' medicines well and had appropriate physical health care plans in place.
- Managers ensured staff were up to date with their training, and received appropriate supervision and appraisal. Staff worked well together as a multidisciplinary team. They co-operated with relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.

However

- The provider's governance processes could not demonstrate that the service was delivered in line with national guidance. Clients were subject to a large number of blanket restrictions, but the provider did not provide a rationale for why they were all necessary. The provider's improvement plans did not always reflect the improvements required.
- There were several occasions where the service did not have the minimum numbers of staff on shift and not all agency staff had been given a proper induction before starting their shift.
- The food on offer was not always of good quality and the service was not as clean as it should have been. Clients smoked in areas where they were not supposed to and this was off-putting for some clients.

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

Contents

Summary of this inspection

Background to Linwood House

Linwood House is a residential substance misuse service provided by Treatment Direct Limited, who have been the registered provider of this service since 1 October 2020. Linwood House is registered to provide residential alcohol and drug detoxification and/or rehabilitation to adults over 18 years of age. At the time of inspection, the service could accommodate 51 clients over two floors but managers told us they were only using 30 of those beds.

Linwood House accepts mainly privately funded clients for a medically monitored detoxification. This means they do not have medical staff on site and cannot accept clients with complex medical needs. Medical input is provided via video call with one of the provider's prescribing doctors. The service is staffed by support workers and therapists who offer a therapeutic programme. The service offers rehabilitation services and aftercare support.

The service was registered by the Care Quality Commission to provide the following regulated activities:

- accommodation for persons who require treatment for substance misuse
- diagnostic and screening procedures
- treatment of disease, disorder, or injury

At the time of the inspection the service had a registered manager in post, but this person was not available for us to interview.

This is the second comprehensive inspection of this service since the new provider took over in October 2020. The first comprehensive inspection was carried out in April 2022 and was rated as requires improvement overall. We issued the provider with 3 requirement notices under Regulation 9, (person centred care), Regulation 12, (safe care and treatment), and Regulation 17, (good governance). We carried out this inspection to find out what improvements the provider had made since the last inspection. We found the provider had made improvements to client risk assessments, environmental checks, and care planning, but there were still improvments required in the overall governance of the service.

What people who use the service say

On inspection, we spoke with 17 current clients. Overall, the feedback about staff was positive. Most clients said staff were caring, responsive and treated them with compassion. However, one client said some staff were not caring and did not respect their privacy by knocking on the door to their room before entering. All but 2 clients said the service was short staffed, especially in the evening and at night. Most clients did not like the fact that there were no nurses on site, and they did not see the doctor face to face, only through video calls. Several clients told us they did not feel safe because of this. All but 2 clients said the house was not clean enough and the rooms were not cleaned properly before new clients were admitted. Most clients did not like the food and complained about a lack of salad and vegetables. Several clients told us food would be left out on a hot plate from 5pm until 9pm and they did not think this was very appetising or hygienic. Most of the clients we spoke with said the service had not met their expectations, but 2 of the clients we spoke with said they were very happy with the service.

How we carried out this inspection

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

Summary of this inspection

- toured the building and looked at the quality of the environment
- observed how staff were caring for clients
- spoke with 17 current clients
- spoke with one of the prescribing doctors
- spoke with 9 other staff members including support workers, therapists, and domestic staff
- observed one morning communication meeting
- observed an assessment for a new client
- observed a therapy group
- looked at 10 care and treatment records of current clients
- reviewed the management of medicines, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The provider must ensure that systems and processes are established and operate effectively to monitor and improve the quality and safety of the service. This includes ensuring the service is operating in line with national guidance, improvement plans are up to date, and restrictions placed on clients are justifiable and proportionate, (Regulation 17).

Action the service SHOULD take to improve:

- The provider should ensure premises are cleaned thoroghly.
- The provider should ensure minimum staffing levels are mainatined at all times.
- The provider should ensure all client risk assessments are documented.
- The provider should ensure all agency staff are given a proper induction before starting their shift.
- The provider should ensure that clients smoke only in designated smoking areas.
- The provider should improve the quality of the food on offer.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Substance misuse services

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

Is the service safe?

Good

Our rating of safe went up. We rated it as good.

Safe and clean care environments

All clinical premises where clients received care were well equipped, reasonably well furnished, adequately maintained and fit for purpose. However, premises were not clean in all areas.

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas, but they could not always evidence that they had reduced the risks they identified. The provider had an independent fire risk assessment in October 2022 and a general health and safety assessment carried out in March 2023. The health and safety report concluded the provider was only partially compliant because information was not available to state that the issues, identified on the mains electrical installation test report, had been completed. The fire risk assessment contained a number of outstanding actions that should have been resolved. The provider told us they had completed all these actions, but we could not find evidence of this in their site improvement plan and associated audits.

Staff could not observe clients in all areas of the service, but they had a large television screen in the main office that clearly showed who was present in the communal areas, including meeting rooms. Where clients were in their own bedrooms, staff physically went to their rooms at prescribed times to check their whereabouts.

The service managed risk and client safety where there was mixed sex accommodation. Most clients had their own rooms with en-suite facilities, but there were no separate bedroom corridors for men and women and no women only day spaces. There were 5 rooms that were not en-suite and those occupants had access to a toilet and shower on the same corridor. The provider had a risk assessment in place to manage sexual safety and they monitored any sexual safety incidents. Where they identified concerns, we saw they took appropriate action, including issuing warnings and implementing behaviour contracts with clients.

The service did not admit clients that had a significant risk of self-harm including a history of ligature incidents. Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe. Staff had access to ligature cutters and knew how to use them. During the period August 2022 to July 2023, there were 4 incidents where clients deliberately self-harmed and all of these were rated as low-level incidents with only superficial harm to the client.

Staff did not have easy access to alarms and clients did not have easy access to call systems. Staff carried radios to alert each other in an emergency, but there were no nurse call alarms in client bedrooms. Staff issued clients with a radio where they required this, and there were closed circuit television cameras in all communal areas.

Maintenance, cleanliness and infection control

Not all areas were clean, but they were adequately maintained, reasonably well furnished and fit for purpose. Some of the clients we spoke with told us the premises were not as clean as they would have expected, and 2 clients told us their bedrooms had not been cleaned properly before they moved in. However, they had not raised these issues with the provider and generally, client feedback from provider exit surveys was positive about cleanliness. Clients had complained twice, in the community meeting that the yoga mats had not been cleaned. Following factual accuracy checks, the provider showed us receipts to evidence that the yoga mats had since been replaced. At inspection, we observed in some of the meeting rooms, there was debris on the windowsills and the dining room tables had ring marks where cups and glasses had been. We checked cleaning records and found they were up to date. Cleaning staff told us their staffing numbers had recently increased to 5 and they now cleaned 7 days per week.

Staff followed infection control policy, including handwashing. We observed how staff followed good infection control procedures, for example, when they administered medicines.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. We made a specific check of the clinic rooms when we were on-site.

Staff checked, maintained, and cleaned equipment. We checked the maintenance and cleaning logs for clinical equipment, such as blood pressure monitoring equipment and found these were up to date.

Safe staffing

The service did not always have enough staff who knew the clients but they received basic training to keep people safe from avoidable harm.

Nursing staff

Since our last inspection in April 2022, the service no longer employed any nursing staff. The provider only accepted referrals that were suitable for a medically monitored detoxification, which meant they were assessed as not needing any routine nursing intervention. Instead, support workers were trained to take base-line observations and monitor client's health in consultation with the prescribing doctor who saw clients remotely via video call.

The service did not always employ enough support staff to keep people safe, but, at times of staff shortages, they utilised agency staff to meet their minimum staffing levels. Staff and managers on site did not know what the staffing levels were supposed to be so following the inspection, we asked the provider to clarify the minimum staffing levels. They told us the minimum staffing levels for up to 30 clients, were, 2 support workers on the day and night shifts including weekends, 3 therapists on weekdays and 2 therapists on weekends.

During the inspection, we looked at staffing rotas and spoke with staff. Over the last 4 weeks, we found that there was always at least two support workers on shift, and 1 occasion where there was 2 therapists when there should have been 3, and this was due to unexpected sickness absence.

Good

Substance misuse services

A vulnerable client told us they were sent on their own in a taxi to the local emergency department, because there were not enough staff to accompany them. A member of staff was sent later to be with them, after a relative raised concerns. We asked the provider about this, and they told us that following a risk assessment, the client was deemed safe to travel alone, but we did not see evidence of a documented risk assessment in the client's notes. The provider also told us that a worker was sent to be with the client because of long waiting times at the emergency department and not because the client's relative complained. The provider also submitted evidence to show that there were 3 support workers on duty that night, which was one worker above minimum staffing levels.

The service had low vacancy rates. At the time of our inspection there was 1 vacancy for a support worker, 2 vacancies for bank support workers and 1 vacancy for a bank cook.

The service had low rates of bank and agency staff, but agency staff were not trained to the same standard as substantive staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers did not always make sure all agency staff had a full induction and understood the service before starting their shift. On inspection, we spoke with an agency support worker who, because of staffing pressures, had not had a proper induction, and was not shown the emergency exits and evacuation procedures. This worker had previously worked in the service but not for a significant period of time.

The service had low turnover rates. We looked at data from the 12 months prior to our inspection to confirm this. Most staff had been with the provider for between 4 and 5 years.

Levels of sickness were low. We looked at data the provider sent to confirm this. The staff we spoke with told us staff were rarely off sick.

Managers calculated the number health support workers and therapists required for each shift, but the staff we spoke with on inspection did not think there were enough staff to deal with 30 clients and many of them could not take breaks because they were too busy.

Clients had regular one to one sessions with their named therapist. We saw evidence of this in client records, and the minimum frequency was 1 session per week.

Staff shared key information to keep clients safe when handing over their care to others. We observed a handover meeting which was noted and shared with staff who were not at the meeting.

Medical staff

The service had enough daytime medical cover but there was no doctor available to attend the service quickly in an emergency. Medical cover was provided by a small team of doctors employed by the provider, but they were not on-call. They did not attend the service routinely to see clients. Instead, they saw clients remotely via video call.

Staff called the emergency services where clients needed urgent help with a medical need. During the period August 2022 to July 2023, there were 51 occasions where a client was referred to the local emergency department and, of those 51, 39 were admitted to hospital. This represented 7.4% of the total admissions for that period.

The medical team covered for each other when on annual leave or during other absences. The admissions criteria had not been reviewed since the provider stopped employing nursing staff, but the admitting doctor made the final decision on whether to admit or not.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The staff we spoke with told us they were up to date with their mandatory training and the provider supplied us with data to show that compliance with mandatory training was high. Many courses showed 100% compliance rate.

The mandatory training programme was comprehensive and met the needs of clients and staff. There were over 60 mandatory training courses that staff had to complete. All support and therapy staff had basic training in working with people with a learning disability and/or autism.

Managers monitored mandatory training and alerted staff when they needed to update their training. We spoke with staff and looked at training records to confirm this.

Assessing and managing risk to clients and staff

Staff screened clients before admission and admitted them if the doctor decided it was safe to do so. The service did not always assess and manage risks to clients well, but staff responded to sudden deterioration in clients' physical and mental health.

Assessment of client risk

Staff completed risk assessments for each client on admission. They reviewed this when needed, including after any incident. We looked at the risk assessments for 10 current clients and found that staff asked for consent to obtain a medical summary from the client's GP before prescribing began. However, sometimes clients refused consent or the GP did not send the medical summary, and in the absence of this, the doctor had to rely on client's self-report. Baseline observations were taken for all clients prior to being admitted, and were told the doctor could assess clients face to face if they deemed this necessary. We saw evidence that the doctor had refused admission on a number of occasions because the client's physical and/or mental health needs were too complex. However, a number of clients were admitted to the local accident and emergency department for treatment during their stay at the house. There was no evidence that the provider had carried out a risk assessment to ensure that medical support was commensurate with the complexity of clients' substance use and comorbid mental and physical health issues.

Staff used a mixture of recognised risk assessment tools, and a bespoke risk assessment template stored on the client's electronic record. The provider used recognised tools to monitor client's withdrawal symptoms, but they did not use a nationally recognised early warning scoring system for physical observations. However, there was no requirement for them to do so. We saw evidence in client's records that physical observations were taken when needed and client's withdrawal symptoms were monitored.

Management of client risk

Staff knew about any risks to each client and acted to prevent or reduce risks. We looked at care records and spoke with staff to confirm that substantive staff knew about the risks to each individual client. However, we spoke with 1 agency

support worker who did not know about any specific risks to any of the clients. This worker had been asked to check the location of all clients at intervals appropriate to each one and to document this on a tablet computer. Following the inspection, the provider told us that all agency workers attended the morning handover and were aware of all client risks.

Staff identified and responded to any changes in risks to, or posed by, clients. We looked at care records and spoke with staff to confirm that clients had basic risk management plans in place, and these were updated regularly. However, we did not see a risk assessment in place for 1 client that had been sent to the local accident and emergency department without a chaperone.

Staff followed procedures to minimise risks where they could not easily observe clients. Client bedrooms were over 2 floors but there were closed circuit television cameras in all the communal areas including the meeting rooms. Staff checked clients' locations on a large television screen in the team office. Where a client was in their bedroom, they physically went to the room to check on their well-being. We looked at a small sample of observation records and saw they were completed correctly.

Staff followed the provider's policies and procedures when they needed to search clients' belongings or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Staff did not use restrictive interventions. Staff were trained in basic conflict management techniques, but they were not allowed to restrain clients. However, there were 44 rules that clients had to agree to before being admitted. For example, all client's personal mail had to be opened in front of a member of staff and clients could not use their mobile phones except between 7pm and 9pm on weekdays and between 3pm and 9pm at weekends. Clients could not leave the grounds of the service unless accompanied by a member of staff, and they could not purchase certain products like energy or protein drinks. Clients had to sign a contract agreeing to these rules before being admitted. Some of the clients we spoke with said they did not understand why some of the rules were in place, for example, mobile phone time restrictions and not being able to use the gym during their detoxification period.

Safeguarding

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 received training on how to recognise and report abuse, appropriate for their role. Support workers received training in both adult and child safeguarding.

Staff were kept up-to-date with their safeguarding training The compliance rates for both these training courses were 87%.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff received training in equality and diversity and clients had to sign contracts which specified how they should behave towards each other.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff gave us examples of how they had liaised with social care about protection plans for a client's children.

Staff followed clear procedures to keep children visiting the service safe. Clients were only allowed family visits after they had completed their detoxification period, and visits had to take place off site. The client handbook that was in use at the time of our inspection referred to visiting not being allowed due to Covid-19. This had not been updated to reflect current practice.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. One of the senior managers of the company acted as the safeguarding lead. Staff told us they were accessible when they needed to make a referral, and there was an on-call manager out of hours.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Client notes were comprehensive for the level of intervention that was being offered. All staff, including agency staff could access them easily. The records were electronic and could be accessed either remotely or through portable tablet computers that staff had access to.

When clients transferred to a new team, there were no delays in staff accessing their records. The provider had several locations which clients could be transferred to. They all used the same electronic system which meant records were accessible to different teams provided the client consented.

Records were stored securely. Each staff member had secure log-in details to access electronic care records.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. We checked client medicine administration records and observed staff administering medicines to confirm this. During the period August 2022 to July 2023, the service had 13 medicines errors and all of these were classed as low severity.

Staff reviewed each client's medicines regularly and provided advice to clients about their medicines. Clients were prescribed medicines for short periods of time while they completed their detoxification programme. The doctors could review medicines administration remotely, but some clients did not feel that medical staff were available enough to provide advice and there were no medical staff on-site to provide this.

Staff completed medicines records accurately and kept them up-to-date. We looked at a sample of medicines administration records to confirm this.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check clients had the correct medicines when they were admitted or they moved between services. Where clients gave permission, staff checked with the client's GP what medicines they were prescribed. However, if clients refused permission, staff had to rely on client's self-reporting what medicines they were taking. Medicines that clients brought in with them was checked in, and any repeat prescriptions had to be ordered through the client's own GP.

Good

Substance misuse services

Staff learned from safety alerts and incidents to improve practice. The doctors received safety alerts by email and cascaded these as appropriate.

Track record on safety

In the period January to August 2023, there had been 1 serious incident at the service, where a client had suffered harm. The provider was in the process of investigating this to identify if any lessons could be learnt.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Where appropriate, the provider notified the Care Quality Commission, and in the period August 2022 to July 2023, they made 6 notifications where clients had been admitted to the local emergency department.

Staff raised concerns and reported incidents, serious incidents and near misses in line with provider policy. We looked at the provider's incident log and incident reporting forms to confirm this.

Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong. We looked at a copy of a serious incident and saw the client's family had been informed about the incident and subsequent investigation.

Managers debriefed and supported staff after any serious incident. We confirmed this when we spoke with staff.

Staff received feedback from investigation of incidents, both internal and external to the service. We looked at team meeting minutes and saw that lessons learned was a standing agenda item. Most meeting notes contained evidence that lessons had been learned and shared. Staff confirmed they would also receive emails from the provider about lessons learned from other locations in the provider's portfolio.

There was evidence that changes had been made as a result of feedback. Staff told us that a new camera had been placed on the side of one of the therapy pods because staff had identified an area where clients were not visible.

Is the service effective?

Good

Our rating of effective went up. We rated it good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop personalised, individual care plans and updated them as needed.

Staff completed a comprehensive mental health assessment of each client on admission to the service. Where possible information was gathered from the client's GP or other professionals involved with the client. However, in many cases, the information gathered was self-reported. The admitting doctor had extensive experience with the client group and assessed all clients prior to admission.

All clients had physical health observations taken prior to admission and regularly reviewed during their detoxification period. We observed a new admission and saw how support staff took physical observations such as blood pressure, pulse, respirations, oxygen saturation and urinalysis. The doctor made the final decision on whether the service could meet their needs.

Staff developed care plans for each client that met their mental and physical health needs. They regularly reviewed and updated care plans when clients' needs changed. However, we identified a client with safeguarding needs, and although staff had acted to safeguard the client involved, they did not update the client in a timely manner to let them know what was happening and how they would be supported.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group, but these were not always consistent with national guidance on best practice. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the clients in the service. The therapy programme was based on the 12-step model, which is a recognised peer based mutual help programme for people with addictive behaviours. Clients were provided with 1-1 and group therapy based on both the 12-step model and cognitive behavioural therapy principles. We attended one of the therapy groups, which was facilitated by one of the qualified therapy team. The session was well run and feedback from clients was positive.

Staff did not always deliver medical care in line with national guidance. According to guidance issued by National Institute for Health and Care Excellence, (NICE), inpatient and residential detoxification should be conducted with 24-hour medical and nursing support commensurate with the complexity of the service user's drug misuse and comorbid physical and mental health problems. We could not see that the provider had carried out an assessment to determine whether the lack of on-site medical input was in line with this guidance.

Clients did not have routine access to physical health care or physical healthcare specialists on site because this was not part of the provider's treatment model. However, clients could see the provider's doctor privately, at an additional cost. Usually, clients were referred back to their own GP or staff referred them to the local emergency department for physical healthcare needs.

Staff helped clients live healthier lives by supporting them to take part in programmes or giving advice. Staff could signpost clients to services such as quit smoking, although clients could smoke tobacco or use electronic cigarettes in the garden areas. There was an on-site gym that clients were encouraged to use once they had completed their detoxification.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. For example, we saw that staff used recognised tools to monitor clients' experience of withdrawals from alcohol and other drugs.

Staff used technology to support clients. Staff had access to a tablet computer where they could directly input client observations. This was synchronised to the client's care record.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The provider had a comprehensive audit schedule with details of which audits should be carried out when.

Managers discussed results from audits, but did not always make improvements. We saw that staff discussed the results from audits in their clinical governance meetings. However, staff noted in June 2023 that physical healthcare interventions were not being recorded in care plans, but this had not improved by the time we carried out our inspection.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to trained therapists and support workers to meet the needs of clients. Where required, the doctor could see clients face to face but usually would only see them remotely via video call. The service no longer employed nursing staff.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care, However the provider used agency staff regularly, but they were not trained to the same standard as substantive support workers.

Managers gave each new member of staff a full induction to the service before they started work. We confirmed this when we spoke with staff, but we spoke with 1 agency worker who had not had an induction before starting their most recent shift. They had worked for the service previously, but not for over 6 months.

Managers supported staff through regular, constructive appraisals of their work. We spoke with staff and looked at records to confirm that all staff who should have had an appraisal had received one.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Managers and seniors made sure support workers were supervised every 6-8 weeks and therapy staff received external clinical supervision. Staff told us supervision was supportive and took place at agreed regular times. They could request additional supervision where they needed this.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Team meetings were held weekly, followed a standard agenda, and were noted. When we reviewed the meetings notes, we found they did take place, but the notes were very brief.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had completed training in care planning and risk assessment. Therapists attended dialectical therapy training.

Managers made sure staff received any specialist training for their role. Support workers had been trained to administer medicines and had to be signed off as competent by the senior support worker. Support workers and therapists had been trained in physical health monitoring.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had policies in place to deal with poor performance and support was provided corporately by specialist staff.

Multi-disciplinary and interagency team work

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.

Staff held regular meetings to discuss clients and improve their care. Staff met with the doctor weekly to review clients. They also met with each other every day following the handover from the night staff. They discussed clients and any issues affecting their treatment and care.

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings. We observed a handover meeting and looked at the notes that were made at the time.

Teams had effective working relationships with other teams in the organisation. Staff collaborated with other similar locations operated by the provider.

Teams did not have many working relationships with external teams and organisations, because most clients were generally only in the service for a short period of time. However, in their handbook, clients were given contact details for local medical and dental services in the area. Staff told us how they had liaised with local mental health teams for clients with mental health issues.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received, and were consistently up to date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. We spoke with staff who showed a good understanding of how the Mental Capacity Act applied in their day-to-day work.

There was a policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Following our inspection, we looked at this policy and found it had been reviewed in line with the stated timescales.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. We observed a new client admission and saw how staff gave enough time for a client to demonstrate capacity. Where appropriate and safe to do so, clients could be requested to leave the building and return later to resume the assessment.

Good

Substance misuse services

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Clients without the mental capacity to consent to treatment were not admitted to the service. The support worker and the doctor ensured clients capacity was clearly recorded in the care notes at admission. We spoke with staff, looked at care records and the provider's policies to confirm this.

The provider did not routinely monitor or audit how well they followed the Mental Capacity Act, but they did audit case notes and check that consent to treatment forms had been completed.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for clients. Most of the clients we spoke with told us staff were as responsive as they could be, given that there was not many of them and they were often busy with other tasks. 1 client we spoke with said staff did not knock on their bedroom door before entering, but no-one else we spoke with reported that.

Staff gave clients help, emotional support and advice when they needed it. There was evidence in client records that therapists often had more sessions with clients than the minimum stated in the provider/client agreement, and most clients spoke highly of the quality of the therapy on offer. Support workers also provided emotional support and practical help.

Clients said most staff treated them well and behaved kindly. However, 1 client had complained about the way a staff member had behaved towards them. The provider was in the process of investigating this particular incident.

Staff supported clients to understand and manage their own care treatment or condition. Much of this was done through the structured group work, which was facilitated by trained therapists. We looked at a recent client feedback report to confirm that most clients thought the therapy on offer had helped them to understand their condition and the steps they needed to take to avoid relapse.

Staff directed clients to other services and supported them to access those services if they needed help. We saw examples of this in client records and there was a dedicated aftercare service to support people once they had left the programme.

Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients. All the staff we spoke with told us they would feel confident to raise concerns and could give examples of the types of behaviour they would report to their manager.

Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff introduced clients to the house and the services as part of their admission. There was a buddy system in operation where new clients were assigned an existing resident to support them in their first few days.

Staff involved clients and gave them access to their care planning and risk assessments. Clients were required to sign all their assessment and planning documents and were offered a copy. We checked this when we looked at files though we did not see any examples where clients had requested copies of their care planning documents.

Staff made sure clients understood their care and treatment. Staff went through a variety of different treatment documents that clients had to sign prior to admission. They gave clients time to process the information and were available following admission to clarify anything they did not understand.

Staff involved clients in decisions about the service, when appropriate. All clients had access to a weekly community meeting where they could have their say about issues like food, cleanliness, and maintenance. Staff had also provided a 'you said, we did board' in the reception area of the house. In response to client suggestions, the provider had, for example, created a multi-faith room and identified time slots where only female clients could use the gym.

Clients could give feedback on the service and their treatment and staff supported them to do this. The provider gave clients a feedback survey to complete on discharge from the service. We looked at a recent sample of these and many clients did complete the questionnaire and provide additional feedback about the service.

Staff made sure clients could access advocacy services. There were posters around the house and the aftercare service provided had details of appropriate advocacy for clients with substance use issues.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We observed a new admission and saw that families were involved where this was appropriate. Staff kept client's families informed where they had the relevant permissions.

Staff helped families to give feedback on the service, where appropriate.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Good

Substance misuse services

Access and discharge

The service was easy to access. Staff planned and managed discharge well. The service had alternative services available for people whose needs it could not meet.

Bed management

The service had 51 beds, though the provider was only using up to 30 of these at any one time, and found this was sufficient to meet the need. During the period January to August 2023, there was an average of 47 new admissions per month. Each client determined their own length of stay as they were mostly privately funded placements.

Typically, clients would stay for between 7 and 10 days for an alcohol detoxification, but it could be up to 28 days for a detoxification from drugs. Following the detoxification period, clients could also stay for several more weeks or months rehabilitation if that was what they chose.

The service had an admissions criteria, but this was a very general document which had not been reviewed since the provider's decision not to employ any nursing staff in the service.

Discharge and transfers of care

Staff planned clients' discharge and worked with client's families, where appropriate, to make sure this went well. Each client had a discharge plan, which was completed collaboratively with them, either, on the day or shortly before discharge. At the start of treatment, clients knew how long they would be staying, but they could increase their length of stay if they were funding that themselves, or alternative funding was in place to enable this.

Clients could discharge themselves before treatment had been completed, but staff had contingency plans in place to ensure clients were safe if they discharged themselves early. In the period January to August 2023, 9 clients discharged themselves and 18 were discharged by the provider before they completed treatment. This meant that, during this period, the majority of clients did complete their treatment.

Staff supported clients when they were referred or transferred between services. For example, if their needs changed, staff would support them to attend one of the provider's other locations if that met their needs better. Following discharge, clients were offered an aftercare package that included access to support from therapists and people with lived experience.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each client had their own bedroom, which they could personalise. Not all clients were aware they could personalise their bedrooms and 1 client we spoke with said the rooms lacked a homely feel.

Clients had a secure place to store personal possessions.

The service had a range of rooms and equipment to support treatment and care. Staff and clients could access the rooms. For example, there were enough large rooms for groups and several smaller spaces for 1-1 therapy. There were additional rooms in the garden which were used for small meetings and clients had access to a well-equipped gym.

Family visits were not allowed on-site and the provider told us this was for the privacy and confidentiality of other clients. However, the provider had not updated their client handbook since the pandemic when no visits at all were allowed, even if they took place off-site.

Clients could make phone calls in private. Clients were allowed access to their mobile phones at specified times and could use their phones in their rooms or other private spaces. Clients had access to Wi-Fi.

The service had an outside space that clients could access easily. The house had a large garden and clients could smoke or vape in the outside smoking shelter. However, clients tended to congregate immediately outside the dining area in the garden and would smoke there. One client who did not smoke said they found it off-putting that clients could smoke or vape so close to the main house. Staff had mentioned this as a concern in the one of the community meetings, but this did not seem to have discouraged clients from smoking in that area.

Clients could make their own hot drinks and snacks and were not dependent on staff. There were two dining areas where clients could make hot drinks and where there were some healthy snacks, like fruit.

The service did not always offer a variety of good quality food. Most of the clients we spoke with told us they did not like the food and there was not enough salad and vegetables. Some clients said there was not enough choice, although the chef would make them a sandwich if they did not like what was on the menu. Clients raised the issue at the community meeting in August 2023, and staff told them their feedback would be raised with the chef. Staff also said the provider had changed one of their food suppliers and that could have accounted for the dip in quality. Following the inspection, the provider submitted exit survey data from January 2023 to show that from over 230 clients, in response to "was the food sufficient" over 80% answered 'always' or 'often'.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with some communication needs.

The service could support and make adjustments for disabled people and those with communication needs. The house had 3 accessible bedrooms on the ground floor, that could be used for people with limited mobility. There was also a communal bathroom on the ground floor that had been adapted to be more accessible.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. There were information boards located in the communal areas of the house and clients were provided with information about how to complain in their admissions pack.

The service did not have information leaflets available in languages spoken by the clients and local community. Clients needed a good grasp of the English language to participate in the therapy programme.

Clients had access to spiritual, religious and cultural support. The provider had a dedicated room that could be used as a multi-faith space.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results. Managers provided feedback to whole team.

Good

Substance misuse services

Clients, relatives and carers knew how to complain or raise concerns. Clients were provided with information about how to complain in their induction materials. In the period August 2022 to July 2023, the service received 33 formal complaints.

Staff understood the policy on complaints and knew how to handle them. Staff knew the procedure for handling formal complaints, which were passed onto a complaints manager at provider level. Staff invited clients to raise concerns and informal complaints at the weekly community meeting.

Managers investigated complaints and protected clients who raised concerns or complaints from discrimination and harassment. The provider had a clear equality and diversity policy that addressed these issues and staff received additional training during their induction.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. We looked at a sample of written complaint responses to confirm this.

Managers provided feedback from complaints with staff, and learning was used to improve the service. The staff we spoke with said they did not receive feedback about complaints. However, the provider gave us evidence of a report that was sent monthly to all managers to cascade to staff, which included learning and themes from client complaints. We also saw some evidence of improvements made to the service, documented in the provider's complaints log.

The service used compliments to learn, celebrate success and improve the quality of care. All clients were encouraged to complete an exit survey following discharge from the service. We looked at a sample of exit questionnaires from the previous 8 months and found the majority of feedback was positive with some compliments about individual staff and the quality of the group therapy on offer. The provider sent staff 'thank you' cards and vouchers for their outstanding contribution.

Is the service well-led?

Requires Improvement

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Some leaders had the skills, knowledge, and experience to perform their roles, and senior managers visited the service frequently. Senior staff were visible in the service and approachable for clients and staff.

The registered manager was not available for interview when we inspected the service, but other senior managers from the provider organisation were available and, one was on-site during our inspection. Staff told us that senior managers were regular visitors to the location and approachable for staff.

The senior support workers and senior therapists did have a good grasp of the issues facing the service and were both experienced and knowledgeable in the field of addictions. Although they were busy, they were approachable for staff and clients. All the staff we spoke with confirmed they could access support and guidance from senior workers and higher managers. Most of the staff we spoke with did not feel supported by the registered manager, but the provider told us that no staff had raised these concerns with them. Following the inspection, the provider confirmed that a new manager had been appointed.

Good

Substance misuse services

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

The provider had a written set of core values, which staff gave to clients at induction. The staff were also introduced to the vision and values of the provider at their induction. We spoke with many of the staff at different levels who understood the provider's vision and could identify with the values. **Some staff told us that they had experienced behaviour from a senior manager, which was not in line with the provider's overall ethos and values. The provider told us the registered manager had not been under investigation concerning allegations from staff, but had been suspended from the service and then resigned.**

Culture

Staff did not always feel respected, supported, and valued. However, they said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise concerns, but were not sure whether they were always acted on.

We spoke with a number of staff who raised concerns that they did not always feel supported and valued because they often missed out on their breaks and didn't always finish when they were supposed to because of the pressure of work. They felt there were too few staff, and 1 staff member was expected to be on-call out of hours when they were not contracted to do this. Senior managers told us that they had an open- door policy, but staff had not raised these issues directly with them.

Most staff said the training and development on offer was good and there were opportunities for promotion into senior roles. They confirmed the provider had appropriate whistleblowing policies in place and they knew how to access these.

Staff had access to a health and wellness programme and a range of other benefits.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at service level. However, managers monitored key performance indicators and most of the clients admitted did complete their course of treatment.

Not all agency staff were given an induction prior starting their shift in the service. Staff did not always feel supported by higher managers and did not always get their breaks or finish work when they should have done.

Although the provider had made improvements to care planning and risk assessments, we found that physical healthcare interventions were not recorded in client care plans. This had been highlighted by the provider's own audit in June 2023, but this had not been addressed and was not on the provider's service improvement plan.

Clients were subject to a large number of restrictions which they agreed to on admission to the service. However, some of the clients we spoke with did not understand the justification for some of the restrictions. For example, clients were not allowed to purchase protein drinks or to use their mobile phones, except between specified hours. Clients were not allowed to use the gym during their detoxification period, but 1 new client was told by the doctor that they could use the gym during this time. However, staff did not allow this client to use the gym while undergoing detoxification. The provider did not keep a record of why certain rules were in place so we were not assured that all the restrictions clients were subjected to could be justified or were proportionate.

Good

Substance misuse services

The client handbook that was in use at the time of our inspection referred to visiting not being allowed due to Covid-19. This had not been updated to reflect current guidance, but the provider's practice had changed so that clients were allowed off-site visits. The admissions criteria had not been reviewed since March 2021, despite the provider opening an in-patient detoxification wing, utilising nursing staff from the end of 2022 to May 2023. Some clients had been admitted for emergency treatment to the local accident and emergency department. Other policies and procedures we looked at were up to date and appropriate for the service.

Although cleaning records were up to date, we observed a lack of attention to detail when we toured the building and looked at cleanliness.

Most of the clients we spoke with on inspection did not like the food. They had raised these issues in their community meeting and the provider told them they would make improvements.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care, but they did not always use that information to good effect.

For example, managers had access to a spreadsheet with information about key performance indicators, but the spreadsheet did not include information about whether minimum staffing levels had been met. We found some occasions where staffing numbers were below what the provider said they should have been. We looked at a copy of a colour coded performance report but found it was incomplete because no comments had been added to indicate why some performance areas had not been completed. The provider was required to make a number of health and safety improvements, which they told us they had done, but we could not find a record of this on their site improvement plan or internal audit.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The provider had improved the way they dealt with client feedback and complaints by appointing a customer service manager. They had improved the way clients could leave reviews about the service on-line and a quality assurance manager had been appointed to oversee audits and support staff to improve their practice.

Engagement

Managers engaged with other local health and social care providers to meet the needs of clients in their care. For example, they worked with local safeguarding teams and referred clients to the local emergency department when required.

Learning, continuous improvement and innovation

In May 2023, the provider introduced a portal for staff to assist them to do the job to the best of their ability and enable them to easily find the information they required.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure that systems and processes were established and operated effectively to monitor and improve the quality and safety of the service. This included ensuring the service operated in line with national guidance, ensuring service improvement plans were up to date and restrictions placed on clients were justifiable and proportionate.