Sefton Park

Quality Report

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

Ratings

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

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 Sefton Park as outstanding because:

- The staff had an overwhelming passion for the work they did. Staff were highly motivated to involve clients in their care and empower clients to have a voice and realise their potential. The culture of care ran throughout the organisation from the provider to the kitchen staff. Clients spoke highly of the care they received from staff, the registered manager and the provider. The provider fostered a caring recovery community amongst clients past and present. They hosted weekly community walks where previous clients, now in recovery, offered hope to current clients. The provider also organised a weekly coffee morning for previous clients to drop in and access peer support around any issues they were facing and to share successes.
- Staff supported clients to plan for their discharge from Sefton Park. Discharge planning began from the beginning of treatment episodes and staff created resettlements plans with clients to ensure there was support in place when they left. The service provided aftercare to all clients. Clients had access to a 28-day intensive support program after discharge from Sefton Park and access to regular support groups indefinitely. Clients could repeat the 28-day program at any time. The provider offered sponsored beds, free of charge, to clients whose funding had run out and had nowhere to go or clients who required longer residential treatment. This prevented any clients from becoming homeless or discharged when they weren't ready.
- Staff managed opiate detoxification safely. Prescribing staff had appropriate qualifications and experience to undertake their roles. Staff assessed clients for suitability for detoxification prior to admission and clients received a full prescribing assessment on the day of admission. Prescribing regimes were in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and relevant National Institute of Health and Care Excellence (NICE) guidelines. Staff monitored withdrawal symptoms effectively and were knowledgeable about what actions to take if a client's health deteriorated during detoxification.
- Clients' individual needs and preferences were central to the planning and delivery of care. Staff fully involved clients as active partners in their care. Care plans reflected clients' individual preferences and clients' voices were intrinsic to the care plan review process. Care plans contained clients' goals and creative solutions to achieve these goals. The service held service user forums to provide clients with an opportunity to give feedback on service delivery and discuss potential changes to the service. Clients could give feedback on the service through formal feedback forms provided at the end of each treatment phase.
- Clients had access to a range of evidence based therapies. This included one to one counselling and eye movement desensitisation and reprogramming (EMDR) and a group program based on cognitive behavioural therapy and dialectical behavioural therapy. Clients could access relapse prevention work and complementary therapies, such as auricular acupuncture.
- Staff managed medicines safely. Medicines were stored at the correct temperature and stock was regularly audited. Staff checked that medicines brought in by clients were prescribed for them. Staff were trained to administer medicines and their competency was regularly assessed.
- The registered manager had suitable governance processes in place. There were effective systems to ensure that staff training was up to date. The system automatically flagged when training was due to expire and populated training requirements by job role. Staff checked the training weekly, recorded additional information, such as when training had been booked, and reported any necessary actions to the registered manager. Effective governance systems were also in place for reviewing policies, procedures, incidents and complaints. Senior staff met regularly in governance meetings and shared actions with the team in wider team meetings. Managers reviewed incidents and complaints for themes and trends and made changes to service provision in response.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	**Outstanding** ☆	Sefton Park is a residential rehabilitation service for substance misuse.

Summary of findings

Contents

Outstanding ☆

Sefton Park

Services we looked at
Substance misuse services

Summary of this inspection

Background to Sefton Park

Sefton Park provides residential rehabilitation services for clients with drug and alcohol problems. It is based within a grade two listed building. It is a standalone service that opened in 1992. The current provider has been in charge since 2003.

The Care Quality Commission (CQC) registered the service in 2010. The CQC registered it to provide accommodation for persons requiring treatment for substance misuse and treatment for disease, disorder or injury. Sefton Park is able to provide treatment for up to 28 clients. At the time of our inspection, 22 clients were receiving treatment. The service accepts clients who are funded privately and by local authorities.

Staff assess clients in person prior to admission and using the information provided to formulate an individual care programme to meet their needs. This includes five stages of treatment and comprises of a comprehensive timetable of activities and psychological therapies. The service provides detoxification from opiates to a small number of clients at any one time. No clients were receiving opiate detoxification at the time of the inspection. Clients requiring alcohol detoxification are supported to access this from other providers before returning to Sefton Park for psychosocial treatment.

CQC inspected Sefton Park on 30 November 2016. There were no regulatory breaches. However, it was found that the service did not have effective systems in place to ensure staff training was completed in a timely manner.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one with a background of substance misuse services, and an assistant inspector.

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 unit, looked at the quality of the physical environment and observed how staff were caring for clients,
- spoke with the registered manager and the provider of Sefton Park,
- interviewed seven members of staff,
- spoke with nine clients,
- reviewed six client care records,
- observed a group therapy session,

Summary of this inspection

- looked at a range of documents, policies and procedures relating to the running of the service.

What people who use the service say

Clients were overwhelmingly positive about the care they received, right from the beginning of the assessment process. Staff met with them face to face prior to admission and clients could visit Sefton Park before making a decision. During their first week, clients had an allocated peer mentor for extra support which they said was helpful. Clients also found the first stage of treatment, designed to support clients to settle into Sefton Park, a valuable way of preparing for the more intensive stages of treatment.

Clients told us that their care plans were individualised and gave examples of how they had been tailored for their personal recovery journeys. This included care plans involving outside organisations and services near the client's homes in preparation for discharge. Clients were positive about the therapeutic program and thought it was effective. The majority of clients were happy with the therapeutic relationship with their counsellor. Although one client felt that they had not been fully listened to by their counsellor, they felt comfortable raising this with them.

We were told by some clients that access to the community was restricted as clients are required to go out in the community in groups of three. Clients said this was difficult if others do not want to go out or want to do something different. However, we were given examples of individual care plans which allowed access to the community and a client told us that staff tried to be flexible and support clients in the community themselves if someone wants to go out.

We were told that the culture of caring started with the provider of Sefton Park and ran throughout the organisation. Clients described staff as insightful, understanding and amazing. One client told us that without the support of the staff at Sefton Park, they thought they would be dead or still misusing substances.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Staff ensured the safety of clients during opiate detoxification regimes. Prescribing staff assessed clients for suitability prior to commencing detoxification regimes. Staff monitored clients for withdrawal symptoms and were aware of what actions to take if a client's health deteriorated during a detoxification.
- Staff managed medicines safely. They were stored at the correct temperature, audited weekly and medicines errors were reported and dealt with internally. Clients' own medicines were checked on arrival. Staff were confident and competent when discussing the medicines policies and procedures.
- Staff assessed clients risks at initial assessment and completed risk assessments on admission. Staff completed risk management plans if there were any identified risks. All records we reviewed contained risk assessments and risk management plans where appropriate.
- There were effective systems in place for safeguarding. Staff were confident with identifying and reporting signs of abuse. Managers reviewed all safeguarding referrals and maintained oversight of safeguarding concerns. Staff supported clients, where appropriate, to contact safeguarding authorities themselves.
- Staff knew what incidents to report and how to report them. Staff were aware of their duty of candour responsibilities. The manager reviewed and investigated all incidents. Incidents were also reviewed at the governance meetings and necessary changes were made to service provision.

However:

- Although some blanket restrictions remained in place, such as witnessed urine samples, the provider was undertaking an ongoing review of restrictions that were in place.
- Rooms did not have emergency call alarms, apart from the accessible bedroom.

Are services effective?

Good

We rated effective as good because:

Summary of this inspection

- Prescribing staff supported clients in line with “Drug misuse and dependence: UK guidelines on clinical management (2017)” and relevant National Institute of Health and Care Excellence (NICE) guidelines. Prescribers had appropriate qualifications, training and support for their roles.
- Staff completed holistic, person centred and goal orientated care plans with clients on admission. All client care records contained a care plan. Staff and clients conducted high quality reviews of care plans and used these reviews to formulate to inform subsequent care plans. This ensured care plans were meaningful and helped work towards their goals.
- Counselling staff delivered evidence based psychosocial treatment. Clients could access one to one counselling and group therapy based on cognitive behavioural therapy and dialectical behavioural therapy. The service also offered mindfulness and eye movement desensitisation and reprocessing therapy for clients with post traumatic stress disorder.
- Staff offered complementary therapies such as auricular acupuncture, drumming workshops and art therapy.
- Staff completed face to face assessments of all clients prior to admission. Nurses conducted assessments of clients with complex physical or mental health needs. Admissions were agreed as a team on an individual basis. GP summaries and blood tests were obtained for all clients before agreeing admissions.
- Staff were trained to do their jobs. Counselling staff were trained in specific therapies and had training to deliver the group therapeutic program.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- A strong recovery ethos ran throughout service delivery and all staff shared a clear definition of recovery. Staff were motivated to deliver care that is kind and foster strong therapeutic relationships with clients. They spoke with overwhelming passion about their work. Clients described staff as insightful, understanding and ‘amazing’.
- There was a visible person-centred culture. Clients were treated as active partners in their own care. Care plans reflected clients’ individual preferences and clients’ voices were intrinsic to the care plan review process. Client’s individual needs were always reflected in how care was delivered.
- The provider fostered a caring recovery community amongst clients past and present. They hosted weekly community walks

Summary of this inspection

where previous clients, now in recovery, offered hope to current clients. The provider also organised a weekly coffee morning for previous clients to drop in and access peer support around any issues they were facing and to share successes.

- Clients' social needs were highly valued by staff and were embedded in care and treatment. Clients were encouraged to maintain positive relationships with their families. Clients could involve their families in their care plans and staff supported clients to go on home leave to visit their loved ones.
- Staff listened to and respected clients' views. There were regular service user forums to provide clients with an opportunity to give feedback on service delivery and discuss potential changes to the service. Clients told us they felt able to challenge the rules through this forum.

Are services responsive?

Outstanding ☆

We rated responsive as outstanding because:

- Staff supported clients to plan for their discharge. Staff created discharge and resettlement plans with clients and community staff from the start of treatment to ensure clients had support in place when they left. The service provided aftercare to all clients. Clients had access to a 28-day intensive support program after discharge from Sefton Park and access to regular support groups indefinitely.
- The provider offered sponsored beds, free of charge, to clients whose funding had run out and had nowhere to go or clients who required longer residential treatment. This prevented any clients from becoming homeless or discharged when they weren't ready.
- The chef worked to actively involve clients in their diet and menu planning. Whenever a new client was admitted, the chef sat with the client to discover their likes and dislikes. The chef trained clients in knife and general kitchen skills. Clients said the food and menu were "incredible".
- The provider worked to provide clients with education and employment opportunities in the later stages of treatment and during the aftercare program. There were links with the local college and the provider offered paid employment to clients within the service.
- Staff had worked with clients whose first language was not English. The provider had purchased educational materials to enable staff to teach clients to read and write and provided a Dictaphone to clients who found handwriting therapeutic assignments challenging.

Summary of this inspection

Are services well-led?

Outstanding 

We rated well led as outstanding because:

- Leaders and managers were visible and accessible to staff and clients. Managers were experienced in substance misuse and provided clinical leadership to staff. Staff spoke highly of the leadership within the team.
- Staff morale was high and staff were passionate about the work they did. The manager actively monitored staff passion and enthusiasm and addressed any concerns in supervision.
- There was an effective governance system in place for reviewing policies, procedures, incidents and complaints. Senior staff met regularly in governance meetings and shared actions with the team in wider team meetings.
- The manager had access to information relating to incidents, safeguarding referrals, sickness and complaints. Learning from these was shared with staff in team meetings, during supervision or to individual staff.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The service did not admit clients who did not have capacity to consent to treatment but were clear on what actions they would take in the event of fluctuating mental capacity after admission. Staff were confident and competent when they spoke about the impact substance misuse can have on mental capacity.

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Substance misuse services

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

Are substance misuse services safe?

Good

Safe and clean environment

- The environment was clean and tidy throughout. Clients kept the house clean through 'therapeutic duties'. Staff supported clients to develop these skills and supported clients in fulfilling their therapeutic duties. Clients cleaned the house together daily and had a 'big clean' monthly. The atmosphere during the 'big clean' was light and jovial and they took pride in the work they did.
- Male and female bedrooms were on separate floors. The female floor was only accessible by a key coded door. Bedrooms on the first floor were of either gender and were generally used for clients with mobility issues. There was one bedroom with a fully accessible en suite bathroom on this floor. The communal bathroom on this floor was also fully accessible.
- The majority of the bedrooms were shared, with some single rooms. Staff carefully considered the mix of clients sharing bedrooms and were proactive in resolving concerns.
- The clinic room was clean and well maintained. Staff stored medicines appropriately and monitored emergency equipment, such as oxygen cylinders and an automatic external defibrillator (AED).
- Rooms did not have emergency call alarms, apart from the accessible bedroom. Staff carried mobile telephones for use in an emergency and spoke confidently about the emergency procedures. However, it was not clear how clients could call for help in an emergency or staff could access help if they could not use the mobile telephone.
- The registered manager had completed a risk assessment of ligature points. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff were trained in ligature awareness and carried ligature cutters. The service did not admit clients with current suicidal ideation but were aware of how mental state can fluctuate during treatment. There was an observation policy in place to keep clients safe if risks occurred during treatment. Staff were clear around what actions they would take in the event of deteriorating mental state.
- The registered manager had purchased an outdoor charging facility for electronic cigarettes and 'vapes' following a local care home fire caused by a vape whilst charging.

Safe staffing

- There was a permanent staff team of 30, including nine qualified counsellors, two nurses (who were non-medical prescribers) and 14 recovery support workers. There were no staff vacancies and there were bank staff to manage sickness and staff annual leave. There were five volunteers.
- The service had an agreement with a local GP surgery to provide medical support in the event of sickness or annual leave amongst the nurses.
- All staff and volunteers had criminal records checks through the disclosure and barring service. Staff were not appointed until these were received and checked. The manager was aware where there were positive disclosures and assessed the risks before confirming employment but had not documented risk assessments relating to any disclosures.

- The manager had sufficient autonomy to increase the numbers of recovery support workers on shift depending on the acuity of the unit.
- There was an on-call system to provide support to recovery support workers during the evening and overnight. Staff were aware of this procedure and were confident accessing support from on-call counsellors and managers.
- Staff were up to date with mandatory training. This was completed through online and face to face training. Induction training was completed in a timely manner for new members of staff. Training was monitored for expiry on a weekly basis. Mandatory training included health and safety, Mental Capacity Act, Mental Health Act and safeguarding adults. Although staff did not receive standalone training in safeguarding children, they were able to identify and respond to children's safeguarding concerns competently.

Assessing and managing risk to clients and staff

- Staff assessed clients risks at initial assessment. For clients requiring detoxification, this included an assessment of physical and mental health needs by the non-medical prescriber. Appropriate blood tests were taken and GP summaries were obtained and reviewed before staff decided if Sefton Park could meet the needs of an individual. The registered manager was very clear that they did not admit clients to the service who could be high risk during opiate detoxification.
- A non-medical prescriber conducted a comprehensive assessment on the day of admission, prior to starting a detoxification regime. Staff monitored clients for withdrawal symptoms during opiate detoxification. Staff used withdrawal scales to monitor progression of any occurring withdrawal symptoms and escalated any concerns to a non-medical prescriber. Staff had access to a detailed detoxification policy, explaining potential complications of opiate detoxification and what actions they should take in response.
- Staff completed risk assessments with clients on admission and completed risk management plans if there were any identified risks. All records we reviewed contained risk assessments and risk management plans where appropriate.
- We were told that "specific intervention care plans" were used when crisis planning was necessary for a client. However, we did not see any in place.
- Staff responded to deterioration in client's health and changes to risk levels. We saw evidence of supporting clients to access physical health services and regular contact with mental health services. Staff were very clear on what actions they would take if a client became a risk to themselves or others.
- Staff completed unexpected discharge plans with clients. The manager had just reviewed the forms they completed and created a new form which contained much more detail. We saw evidence that this had been signed off in the governance meeting in the days prior to our inspection but was not yet in place.
- Although there were blanket restrictions in place, the provider was undertaking a review of these restrictions. The provider had successfully completed a pilot of giving clients access to mobile telephones and the internet via tablets and laptops and was reviewing how access to social media could be delivered safely. Restrictions that remained in place included witnessing urine samples and clients had to seek authorisation for visitors. There were restrictions in place that prevented clients from accessing the community on their own in the earlier phases of treatment. Clients told us they found this frustrating as other clients did not always want to go to the same places or they would not be able to go out if no one else wanted to. However, we did see evidence of individual planning for extra access to outdoor exercise and staff supporting clients to access the community.

Safeguarding

- Staff were confident with identifying and managing safeguarding concerns. Staff gave examples of how to safeguard adults and children from harm, harassment and abuse. Staff knew what to report to the local authority safeguarding team and how to report it. Staff empowered clients to seek support of the safeguarding team themselves, but also made referrals on their behalf when clients were not able to do so.
- Staff also reported safeguarding concerns internally by completing an incident form. The registered manager reviewed all safeguarding incidents and completed investigations in conjunction with the safeguarding team when required.

Staff access to essential information

- All staff had access to the information required to do their jobs.

Outstanding ☆

Substance misuse services

- The service was transferring from paper to electronic records. All information remained accessible during this process.

Medicines management

- Staff stored medicines at the correct temperature. There was a medicines refrigerator and the temperature was checked daily. Staff monitored the temperature of the room and there was an air conditioning unit for use if the temperature of the room exceeded safe storage temperatures.
- There were medicines administration management system and detoxification policies in place. Staff were confident and competent when talking about the medicines policies and procedures.
- Staff checked that medicines brought in by clients were currently prescribed for them.
- Medicines were either prescribed by the non-medical prescribers or the local GP surgery. Prescriptions were electronic and medicines were delivered by the local pharmacy.
- Staff audited medicines weekly and there was an external audit every six months.
- Staff reported drug errors as incidents. The nurse reviewed all drug errors and medicines incidents for themes and trends.
- Staff were trained in medicines management and had their competency to dispense medication checked every six months. New members of staff had their competency reassessed after three months and all members of staff were reassessed following a medication error.

Track record on safety

- There was one serious incident in the last 12 months. A client cut their hand by accident whilst preparing food in the kitchen requiring hospital treatment.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. Staff were aware of their duty of candour responsibilities.
- The manager reviewed and investigated all incidents. Incidents were also reviewed at the governance meetings. Feedback, learning and improvements were fed back to the team during team meetings. For example, the chef now undertook knife skills assessments and training with staff and clients to reduce the number of accidental cuts in the kitchen.

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

Good

Assessment of needs and planning of care

- Staff completed face to face assessments of all clients prior to admission. This was to assess suitability for admission and opiate detoxification, if required. A non-medical prescriber reviewed assessments for clients requiring opiate detoxification to see whether Sefton Park could meet their needs. A non-medical prescriber reviewed blood test results and GP summaries for all clients and conducted assessments of clients with complex physical or mental health needs. All care records we reviewed contained a comprehensive assessment.
- A non-medical prescriber assessed clients requiring opiate detoxification on the day of admission. This included an assessment of physical and mental health needs as well as a full assessment of substance misuse.
- Staff completed holistic, person centred and goal orientated care plans with clients on admission. All client care records contained a care plan. Staff and clients conducted high quality reviews of care plans and used these reviews to formulate and inform subsequent care plans. Clients with identified physical and mental health needs had corresponding care plans.

Best practice in treatment and care

- Prescribing staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and relevant National Institute of Health and Care Excellence guidelines. Prescribers conducted high quality assessments and reviews of clients and appropriately monitored clients undergoing detoxification regimes. The local GP surgery offered support and clinical supervision to prescribers.
- Counselling staff delivered evidence based psychosocial treatment. Clients could access one to one counselling and group therapy based on cognitive behavioural

therapy and dialectical behavioural therapy. The service also offered mindfulness and eye movement desensitisation and reprocessing therapy for clients with post traumatic stress disorder. Staff completed relapse prevention work with clients as part of the therapeutic program.
- Staff offered complementary therapies such as auricular acupuncture, drumming workshops and art therapy.
- Staff offered health education about the transmission of blood borne viruses including Hepatitis A, Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV). Staff supported clients to access testing and vaccinations in the community.
- Staff offered take home naloxone to all clients and carers of people using opiates. This is an essential injectable medication that can reverse opiate overdose. Staff were trained to administer this medication and to train others how to use it.
- Staff supported clients to live healthier lives, for example through healthy eating and supporting access to smoking cessation at the GP surgery.

Skilled staff to deliver care

- The service offered all new staff a comprehensive induction which included mandatory training and shadow shifts with experienced members of staff.
- Staff received training appropriate to their roles. Counselling staff received training to deliver the psychosocial program. Prescribing staff had appropriate qualifications and experience to undertake their roles.
- Staff received regular clinical supervision and line management supervision. Counselling staff had access to external supervisors and all staff were able to attend group supervision.
- Managers appraised staff yearly and conducted six monthly performance reviews where development and training needs were identified.
- We saw evidence that managers addressed issues of poor performance amongst the staff team promptly and effectively.
- Volunteers had induction training and regular supervision.

Multi-disciplinary and inter-agency team work

- Staff worked closely with other organisations where necessary. The service had good links with criminal justice teams, community mental health teams, the safeguarding team and physical health providers such as district nurses. Staff worked to ensure clients were referred to required services prior to discharge.
- The provider had a strong working relationship with the local GP surgery. The nurse told us that they worked closely with doctors and the specialist nurses based at the surgery. All clients were registered with the surgery as a temporary patient to ensure they were not closed to their support services at home.
- Managers held regular multidisciplinary team meetings. Staff discussed client's treatment plans and managers fed back items from governance meetings.

Good practice in applying the Mental Capacity Act

- Staff received training on the Mental Capacity Act and were confident and competent when discussing issues around mental capacity, including how substance use can impact mental capacity.
- Staff ensured clients consented to treatment and knew what actions to take if a client arrived at the service intoxicated.
- Staff gave examples of clients who had lost capacity during their treatment and described good practice in response. For example, a client who had lost capacity due to a physical health illness.

Are substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

- A strong recovery ethos ran throughout service delivery and all staff shared a clear definition of recovery. Staff were hard working, caring and committed to delivering a good quality service. They spoke with overwhelming passion about their work. We observed staff throughout the organisation treating clients in a respectful and compassionate manner. Staff were sincere when offering support and we felt there was genuine care and concern for clients' welfare.
- There was a strong person-centred culture. Staff were motivated to deliver care that is kind and foster strong therapeutic relationships with clients. Clients described

staff as insightful, understanding and amazing. One client told us that without the support of the staff at Sefton Park, they thought they would be dead or still misusing substances.

- Staff demonstrated experience and confidence in one to one and group settings. Staff maintained professionalism, warmth and kindness when dealing with challenging situations. Clients told us staff were supportive and treated them with respect and dignity.
- To ensure clients were not left unsupported at the beginning of treatment, managers arranged a volunteer to sit with them on the first day. Clients were then not left on their own on their admission day, which can be a worrying time.
- The provider fostered a caring recovery community amongst clients past and present. They hosted weekly community walks where previous clients, now in recovery, offered hope to current clients. The provider also organised a weekly coffee morning for previous clients to drop in and access peer support around any issues they were facing, and share successes.

Involvement in care

- Staff fully involved clients as active partners in their care. Care plans reflected clients' individual preferences and clients' voices were intrinsic to the care plan review process. Care plans contained clients' goals and creative solutions to achieve these goals. Families were involved in care planning at the client's request.
- The service held service user forums to provide clients with an opportunity to give feedback on service delivery and discuss potential changes to the service. Clients felt able to challenge house rules through this forum.
- Clients could give feedback on the service through formal feedback forms provided at the end of each treatment phase. These were reviewed by the manager for any actions or improvements to the service.
- Staff encouraged clients to maintain positive relationships with families and carers. Families were encouraged visit Sefton Park. Staff supported clients to visit their families at home and to take home leave.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Outstanding ☆

Access and discharge

- Staff worked alongside local community care providers to deliver preparation for rehabilitation groups to clients working towards residential treatment.
- The service was part of a local group of rehabilitation providers. If a client was unable to remain at Sefton Park, an alternative placement was sought within the group as an alternative to discharging the client.
- Staff ensured that clients were transferred to other services during treatment, such as hospital or a mental health unit, if they were unable to meet the client's needs.
- The service had a provision for sponsored beds so that if a client's accommodation fell through or broke down shortly after discharge they would not be made homeless. The provider also offered sponsored beds to clients whose funding had run out and had nowhere to go or clients who required longer residential treatment. Clients were able to access the aftercare program at any time following discharge and were considered for readmission if this was necessary.
- Staff communicated with care managers and other organisations to ensure clients were supported after discharge. Staff created discharge and resettlement plans with clients from the start of treatment to ensure clients had support in place when they left.
- The service provided aftercare to all clients. Clients had access to a 28-day intensive support program after discharge from Sefton Park and access to regular support groups indefinitely. Clients could repeat the intensive aftercare program at any point after discharge if they felt they needed extra support.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms available, including a lounge, dining room, one to one and group therapy rooms. Therapy rooms were sound-proofed and all rooms were comfortably furnished. There was a tidy garden with smoking area and outdoor exercise equipment.

- The building was across several floors with lift access. There was an accessible bedroom with en-suite wet room. The room had its own fire escape and emergency call alarms.
- Bedrooms were shared, with a few single rooms. Each client had their own safe for storing valuable items. Bathrooms were shared, but were single sex. Female bedrooms and bathrooms were only accessible by coded doors.
- Clients had access to mobile telephones, laptops and tablets and could use these to make calls and access the internet.

Clients' engagement with the wider community

- Staff supported clients to access the recovery community in the local area. For example, groups such as Alcoholics Anonymous (AA).
- Clients were encouraged to have contact with families and carers. Families, including children, could visit the unit and clients applied for home visits in the later stages of the therapeutic program.
- The provider worked alongside the local college to provide clients with education opportunities in the later stages of treatment and during the aftercare program.
- The service offered paid employment to clients to do jobs in the house, such as working in the kitchen or the laundry. This enabled the service to provide clients with a reference when seeking employment in the future. Staff supported clients to consider employment opportunities when planning for discharge.
- Clients could access the local amenities and there were regular outdoor social activities, such as walks on the beach.
- Clients told us they were supported to access their faith groups in the local community. Staff had compiled a list of all local faith groups and when they met and facilitated client's access. Clients had choice about when and where they would like to go, and were not restricted to only attending a service one day a week.

Meeting the needs of all people who use the service

- The provider was committed to meeting the needs of all clients who used the service. There were necessary adaptions to ensure clients with mobility issues could access the service. The service had just successfully discharged a blind client who brought their guide dog to treatment with them.
- Staff had worked with clients whose first language was not English. The provider had purchased educational materials to enable staff to teach clients to read and write and provided a Dictaphone to clients who found handwriting therapeutic assignments challenging.
- Religious needs were accommodated for in the service. The registered manager told us they had previously turned rooms into prayer rooms for clients and the chef was able to accommodate any specific dietary requirements such as halal meat.
- Staff understood the clients' needs, encompassing their different social and cultural needs including those with protected characteristics such as people from the lesbian, gay and bisexual community. The service had also supported transgendered clients during transition. Staff demonstrated an understanding of the issues facing vulnerable groups of people, for example sex workers or people experiencing domestic abuse and were able to offer appropriate support.
- The chef worked to actively involve clients in their diet and menu planning. Whenever a new client was admitted, the chef sat with the client to discover their likes, dislikes and requirements and plan menus accordingly. The chef trained clients in knife skills and helped clients to develop their skills in the kitchen. Clients said the food was "incredible" and the chef really took on board their preferences.

Listening to and learning from concerns and complaints

- Staff informed clients how to make a complaint. Complaints procedures were posted in notice boards throughout the building and staff explained the procedure on admission. If a client wanted to make a complaint, a staff member supported them to complete a complaint form which was passed to the manager for investigation. Managers discussed complaints in the governance meeting and shared feedback and learning with the wider team in the team meeting and on an individual basis in supervision.
- There had been one formal complaint in the past 12 months. Although the provider did not uphold the complaint, actions and learning were identified. The complainant was given a detailed response, explaining reasons for the outcome and actions taken by the provider.

Outstanding ☆

Substance misuse services

Are substance misuse services well-led?

Outstanding ☆

Leadership

- Staff spoke very highly of the leadership within the team. Staff told us communication was good between managers and staff teams and that there was positive and proactive leadership from the registered manager and the provider.
- Leaders and managers were visible and accessible to staff and clients. Managers were experienced in substance misuse treatment and care and provided clinical leadership to staff. Staff reported that supervision from their managers was good, and liked that there was a focus on their wellbeing.
- Staff were aware of budget constraints and worked within those budgets, but felt the emphasis from the provider was on high quality care not hitting financial targets at any cost.

Vision and strategy

- Managers and staff described the organisational values and service visions. Staff spoke with passion and pride about the services they delivered.
- Managers and staff were flexible to change and proactive in making improvements to service delivery.
- Staff told us they had opportunity to contribute to service delivery and changes to the service. Staff felt well informed if changes affected their roles or responsibilities and that any concerns about changes would be taken seriously by the registered manager.

Culture

- Staff morale was high and staff were passionate about the work they did. Staff passion and enthusiasm was monitored by the manager and was discussed during supervision.
- Managers supported staff to progress in their careers. Several members of staff told us they had progressed from clients to volunteers and then recovery support workers. Staff told us they had access to training, professional development and leadership training.
- Staff told us they felt confident whistleblowing and raising concerns to any senior manager within the organisation. Staff felt able to do so without fear of repercussions and that they would be taken seriously.
- The registered manager told us that they dealt with poor performance when needed. We saw evidence of this in staff files and discussions of performance in staff supervision and appraisal records.

Governance

- The manager had mechanisms in place to ensure staff were appraised and received regular supervision. This ensured staff had received the necessary specialist training they needed to support the client group and deliver the treatment programme.
- The manager ensured staff updated their mandatory training. There was an effective system in place for monitoring training which automatically flagged when training was due to expire.
- Managers collected outcome data from client's treatment episodes. There was an ongoing audit into the reasons for unplanned discharges.
- Staff reported required data to the national drug treatment monitoring system (NDTMS) via electronic client records. National statistics around drug and alcohol use are produced through this system.
- The registered manager reviewed all incident forms. Incidents were monitored for themes and trends and any required changes to service provision.
- The registered manager held regular governance meetings with other senior members of staff. Staff reviewed incidents, safeguarding, complaints and other risks to the business. Good practice and service improvements were also discussed. Actions from the governance meeting were shared with the wider staff team in the team meeting.

Management of risk, issues and performance

- The provider had an emergency plan to mitigate potential obstacles to business continuity such as loss of amenities and adverse weather.
- The manager maintained a risk register. We saw evidence that this was reviewed within the governance meeting.
- Managers evaluated the effectiveness of treatment and client progress by using client feedback forms, submitted regularly throughout treatment. These were reviewed to inform improvements.

Outstanding ☆

Substance misuse services

Information management

- The manager had access to information relating to incidents, safeguarding referrals, sickness and complaints. Learning from these was shared with staff in team meetings, during supervision or to individual staff.
- The paper and electronic care records system was accessible to staff and helped to protect clients' confidentiality. The registered manager told us that they were in the process of moving to an electronic record keeping system for all records. There were enough computers and staff had access to equipment to help them provide care to clients.

Engagement

- Managers collected feedback from clients through regular surveys. Clients could also attend regular service user forums to give feedback. The provider and registered manager were accessible to clients, families and carers to receive feedback.
- Staff had access to up-to-date information about the work of the provider through electronic communication.

Learning, continuous improvement and innovation

- The provider, registered manager and staff were open to continuous improvement and innovation. For example, the service was in the process of introducing an alcohol detoxification pathway.

Outstanding practice and areas for improvement

Outstanding practice

- The provider fostered a caring recovery community amongst clients past and present. They hosted weekly community walks where previous clients, now in recovery, offered hope to current clients. The provider also organised a weekly coffee morning for previous clients to drop in and access peer support around any issues they were facing and to share successes.
- The provider offered sponsored beds, free of charge, to clients whose funding had run out and had nowhere to go or clients who required longer residential treatment. Clients could access the aftercare program at any time following discharge and were considered for readmission if this was necessary.
- Staff completed holistic, person centred and goal orientated care plans with clients on admission. Staff and clients conducted high quality reviews of care plans and used these reviews to formulate to inform subsequent care plans. This ensured care plans were meaningful and helped work towards their goals.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they are assured staff and clients can call for help in all circumstances.
- The provider should ensure that they continue their work around reviewing restrictive interventions.