

Ark House Rehab Ltd

Ark House

Inspection report

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Date of inspection visit: Thursday 03 March - Friday
04 March 2022
Date of publication: 22/04/2022

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?		Good	

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good.

- The service provided safe care. The premises where clients lived was safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided treatment suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training and supervision. Staff worked well together as a team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively 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.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The service had further environmental improvements to make. The service had an improvement plan and schedule of works to complete. We saw evidence that the service recorded and responded to maintenance issues quickly.
- The new service user guide was not yet implemented so several restrictions remained within the current guide.
- Not all staff had had a yearly appraisal.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to Ark House

Ark House is a residential substance misuse service operated by Ark House Rehab Limited. The service is owned by the EA & W Muxlow Charitable Trust. The service provides treatment to rehabilitate people with drug or alcohol dependency. Ark House is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Ark House has a registered manager and a nominated individual. (A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have the legal responsibility for the service meeting the requirements of the Health and Social Care Act 2008 and associated regulations.)

The service can accommodate up to 20 clients. Ark House accepts self-funded clients or clients funded by an appropriate authority, for example a local authority. At the time of our inspection, there were 20 clients in treatment. All clients must be free of any substance use before admission. Ark House does not offer detoxification or clinical or prescription medicine treatments. It delivers psychosocial interventions based on the 12-step principles of Alcoholics Anonymous.

There have been six previous inspections carried out at Ark House. We last completed a comprehensive inspection in June 2021. We rated the provider overall Inadequate and Inadequate in the Safe and Well-led domains; and as Requires Improvement in the Effective, Caring and Responsive domains. The service was issued with a notice of proposal to impose conditions which meant the service had to take immediate action to improve medicines management and training, risk assessment of the environment and make other environmental improvements, ensure safe and effective risk assessments of service users and meet the needs of service users and ensure suitable recruitment checks are in place for members of staff and volunteers.

What people who use the service say

We spoke with 15 of 20 clients using the service and seven family members.

All clients and family members spoke highly about the quality of the 12-step programme offered and were happy with the information provided about the service.

Most clients and family members told us that the staff were kind, caring and respectful. Family members told us that staff went above and beyond for clients.

Clients told us that the food had improved, that the menu was good, and they had a choice. One family member fed back that they thought the food was basic.

Most clients told us that the environment had improved and that their rooms were comfortable and acceptable. Some clients and family members told us that the environment was basic. One client was very happy with the room they had but told us that they felt it was cold. There were no concerns raised about the safety of the environment and all clients and family members we spoke with told us that the environment was clean.

We also reviewed client survey feedback between 01 July 2021 – 01 March 2022 which reflected the same feedback as above with an average score for the 12-step programme 9.6 out of 10.

Summary of this inspection

How we carried out this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with 15 out of 20 clients who were using the service;
- spoke with the registered manager;
- spoke with seven other staff members; including the chief executive officer, a counsellor, two support worker / administrators, the training officer and lecturer, the finance officer and the outreach director;
- spoke with seven family members of clients
- received feedback about the service from seven external agencies;
- attended and observed two group sessions and a counsellor meeting;
- looked at 12 care and treatment records of clients
- carried out a specific check of the medication management; 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 **SHOULD** take to improve:

- The service should ensure that work continues with the environmental improvements to the premises.
- The service should ensure that the new service user guide is implemented, and restrictions are proportionate and individually assessed, where appropriate.
- The service should ensure that the appraisal policy review is completed, and all staff have a yearly appraisal.
- The service should consider reviewing the processes and protocols in place when communicating with referring services regarding clients' progress and in the event of a client's early leaving or discharge to ensure they are effective and appropriate.

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	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse services

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

Are Substance misuse services safe?

Good 

Our rating of safe improved. We rated it as good.

Safe and clean environment

The premises where clients received care were mostly safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Since the last inspection the service had conducted an environmental risk assessment and identified potential ligature anchor points. The service had made alterations to one bedroom to make it an anti-ligature room and managed risk with individual risk assessments and management plans.

The service had an up to date health and safety and fire policies and risk assessments in place. All actions and recommendations had been undertaken by the service following a fire risk assessment in July 2021 carried out by a senior health and safety risk advisor for North Yorkshire County Council. The service had undertaken regular tests of the fire alarm and the most recent fire drill was documented in February 2022. The service also had a fire grab bag which included emergency documents.

Clients did not have easy access to a call bell system however since the last inspection the service had purchased some personal alarms and these were available for clients or staff who required them. Staff risk and needs assessed clients and recorded in individual client notes if an alarm was provided. Staff were available to respond to emergencies.

Most areas were clean, well maintained, well-furnished and fit for purpose. The service had made environmental improvements since the last inspection; replaced carpets, beds and mattresses in all rooms and chairs in the lecture rooms. The service did have further redecoration and cosmetic improvements to make which was captured in a service improvement plan and a schedule of works. We saw evidence that the service recorded and responded to maintenance issues quickly. The management team met weekly on a Monday morning to discuss relevant topics and emerging issues, including maintenance.

Substance misuse services

Staff made sure cleaning records were up-to-date and the premises were clean. Clients accessing the service were asked to contribute to housekeeping duties. Clients were asked to look after their own bedroom space and launder bedsheets weekly. Staff completed cleaning records and a monthly audit of these records was completed. The service also completed a kitchen audit, bedroom cleaning and mattress audit tool monthly. The service was in the process of recruiting a cleaner for the service.

Staff followed infection control guidelines, including handwashing. The service had handwashing signs in communal bathrooms and toilets. A monthly hand hygiene audit had been implemented for the staff team. There were donning and doffing areas in the building with face masks available and at the front entrance. All staff wore face masks and hand gel was available.

Staff made sure equipment was well maintained, clean and in working order.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.

The service had enough staff to keep clients safe. There was sufficient staff on duty to meet the identified needs of clients.

The service had low vacancy and sickness rates. The service had undergone several staffing changes since the last inspection to improve leadership, efficiency and effectivity of the staff team. At the time of inspection individual counselling sessions were provided Monday to Friday for a minimum of one hour per client per week. The service was currently recruiting another counsellor, a cleaner, and a chef to complement the existing staff team. During the inspection we spoke with 15 clients using the service and no issues, regarding staffing, were raised. All clients knew how to access staff at night-time.

The service did not regularly use agency staff however at the time of inspection one agency member of staff was in post and the service ensured they had a full induction and understood the service.

There was a verbal handover at shift change and daily notes written within the client files. The service had plans to introduce an electronic patient record system to further improve communication between staff. One relative we spoke with told us there was some miscommunication between staff regarding a visit however the remaining five relatives and 15 clients we spoke to told us communication between staff was effective.

Staff shared key information to keep clients safe when handing over their care to others. When clients exited the service early relevant people were informed such as the client's care coordinator and family, if the client consented.

Nursing and Medical staff

The service did not employ qualified nursing or medical staff. Access to medical care was via a local GP practice and emergency services.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. At the time of inspection compliance was above 90% for all mandatory training courses and for those courses that required completing for four staff it had either just expired or staff were booked on to the course[GH5] [SH6] . Since the last inspection the service had improved how

Substance misuse services

training was identified, recorded and managed. A member of staff had been identified as the training officer and kept an up to date spreadsheet of all training courses, inductions and recruitment checks. Managers monitored mandatory training and alerted staff five weeks before they needed to update their training. Training was discussed in team meetings and supervision.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Outreach staff completed risk assessments for each client prior to admission, in collaboration with clients and their families and carers where appropriate. We reviewed 12 client files, and all contained a pre-admission assessment incorporating risk. This enabled the service to understand the needs of the client and whether the service could meet those needs. Clients often required interventions prior to accessing the facility and the service also supported this preadmission.

A risk assessment on admission was completed in all 12 client files we reviewed. The risk assessment formulated ongoing risk assessments and risk management planning, which involved the client and was regularly reviewed. Plans were personalised, for example, we saw personal emergency evacuation plans for clients who required this.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. The service had a good working relationship with a local GP practice where clients would be registered, if they agreed. The service also had good links with mental health services and safeguarding teams. During our inspection we spoke to clients who told us the service would contact the GP surgery if they had any physical health concerns. External agencies and previous client testimonials also confirmed that support was provided for clients with more complex physical health needs.

The service did not have an active waiting list, however outreach staff continually monitored clients who were waiting for a bed for changes in their level of risk and responded when risk increased. Clients, relatives and staff told us about regular, sometimes daily, contact prior to accessing the service and support to access other services or intervention prior to admission.

Staff followed personal safety protocols, including for lone working. Staff had access to personal alarms and the service had an on-call system in place. Staff we spoke to told us that they felt safe and they knew who to contact for support and in an emergency.

Use of restrictive interventions

The service did not seclude or restraint clients. Staff would contact the police if there was an incident that required support. 93% of staff had completed behaviours that challenge training so that staff could deescalate clients and keep themselves and others safe. The service had reviewed and implemented the aggression and violence towards staff and unacceptable behaviour policies since the last inspection.

Substance misuse services

There were several blanket restrictions in place that clients were expected to adhere to during their stay in the service. Providers should ensure that they abide by the Human Rights Act and, where possible, do not have blanket restrictions in place. Where these are considered necessary, providers should have a clear policy in place and ensure that the reasons are communicated and justified to people who use services, family members and carers. We found that most blanket restrictions in place supported recovery and were appropriate for the therapeutic programme and other restrictions were in place for the health and safety or safeguarding of clients. The service provided clients with a service user guide which explained the restrictions in place and clients signed a contract on admission. The guide had been updated since the last inspection and co-produced with clients although at the time of inspection it was still in draft form. We spoke with 15 clients and seven family members during the inspection and they confirmed they knew about the restrictions prior to accessing the service and the reasons explained. One client told us they had queried a restriction in a community meeting and the justification for the restriction had been explained and understood.

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 had up to date accredited safeguarding training for both vulnerable adults and children and young people, the staff were 100% compliant with this training at the time of inspection.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Safeguarding information was visibly displayed for clients to refer to if needed and there were plans to include safeguarding information in the new service user guide.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. From 01 July 2021 to 01 March 2022 the service had made one safeguarding adults' referral and two safeguarding children referrals.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive and all staff could access them easily. Client notes were paper based records and stored in a secure filing cabinet within the staff office. Staff made sure they were up-to-date and complete throughout the day which we observed during inspection.

If information was required by other services or agencies, there were no delays in staff accessing their records, as long as consent had been given by the client.

Medicines management

The service used systems and processes to safely 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 support the administration of medicines safely.

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At the time of inspection all client's medication was stored in a lockable cabinet within the main staff office. Medication was stored in individual boxes with client's names on each box. The service also had a lockable temperature-controlled medicines fridge to use as required. All medication prescribed by the GP was brought to the service by the client in a clearly labelled and named box.

Medication needs were assessed as part of the admission process and risk assessments completed according to the client's needs. The service had recently bought four medication safes for individual rooms and had plans to improve the options for self-administration of medication.

All clients were invited to register with a local GP. Client's medicines could be reviewed by a GP during their time at Ark House and arrangements were made for safe travel to and from GP appointments. All medication was recorded on a medication administration record sheet which was completed by staff when medication was administered.

All staff had undertaken medication management training and practice had been observed. The service had a medication lead who undertook weekly medication audits and the service had support from a pharmacist who gave some positive feedback regarding the improvements that the service had made since the last inspection.

The service also had Naloxone on site (medication to reverse the effects of narcotic drugs), in line with public health England guidance, and staff had been trained to use this. In a medical emergency staff would contact emergency services in line with policy.

Staff learned from safety alerts and incidents to improve practice. Any incidents were reported and during inspection we reviewed the medication audits and could see that any errors were recorded and addressed.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider 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 in line with the service's procedure. From 01 July 2021 to 01 March 2022 the service had recorded 36 incidents and accidents. We reviewed the incidents and accidents log during inspection and found that appropriate action was taken and escalated to external services when appropriate.

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.

Managers debriefed and supported staff after incidents.

The service had an investigation procedure in place. Staff met to discuss any feedback following an incident or accident and looked at improvements to client care.

Substance misuse services

There was evidence that changes had been made as a result of feedback, for example, due to the refurbishment of the service the sleep-in member of staff had moved rooms and this was raised by clients in a community meeting. We spoke with clients who could describe where to locate the night staff and a sign had been introduced on the communal notice board which informed clients the bedroom where the staff member slept at night.

Are Substance misuse services effective?

Good 

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive assessment of each client. The service completed a need assessment tool that promoted recovery and met the individual needs of each person. This included physical and psychological health and social needs and we saw evidence in the 12 care records we reviewed that they were personalised, holistic and recovery orientated.

Staff made sure that they knew about any physical health problems and encouraged clients to register with a local GP practice.

Staff regularly reviewed and updated care plans when clients' needs changed.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided care and treatment based on the 12-step recovery programme. This included access to a counsellor, support for self-care and the development of everyday living skills and meaningful occupation.

All clients were issued with a 12-steps recovery workbook which they completed. Clients were guided through the 12-steps programme. They were supported to complete each of the assignments of the workbook which supported the therapeutic Alcoholics Anonymous approach. The workbook was the basis of a person's care and remained with the person after discharge.

Staff made sure clients had support for their physical health needs, either from their GP or community services.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Clients could smoke in a designated area outside however the service would provide support for smoking cessation. Since the last inspection the quality and variety of food had improved to support clients with healthy food choices.

Substance misuse services

Staff used technology to support clients. Clients used tablets to attend virtual appointments or speak with families. The service had ordered two audio workbooks to support clients experiencing poor cognition or confusion/disorientation, especially in the early stages of admission.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers completed regular audits in relation to health and safety, hygiene, medication and client files. Feedback from the audits would be discussed in team meetings or supervision sessions. We reviewed team meeting minutes during inspection and saw evidence of this. Managers used results from audits to make improvements, such as introducing a mattress audit tool which ensured mattresses were replaced as required. Since the last inspection the service has undergone several external reviews and audits led primarily by the local council and the clinical commissioning group. External reports were produced, and the service acted upon recommendations made within these reports.

Skilled staff to deliver care

The teams included or had access to a range of services 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 supervision and opportunities to update and further develop their skills, although not all staff had received an appraisal. Managers provided an induction programme for new staff.

The service had access to a range of services to meet the needs of each client. For example, the service had good working relationships with the local GP practice, pharmacy, support groups within the area and links with mental health teams and safeguarding teams.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. We viewed a spreadsheet containing staff HR checks and inductions. Risk assessment forms were also completed for staff, when required.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through constructive supervision of their work. Since the last inspection the supervision policy had been reviewed, updated and signed off. The supervision matrix showed that compliance with supervision from 01 July 2021 to 01 March 2022 was 87.5% in line with policy of six supervision sessions per year.

Managers were starting to support staff through appraisals of their work. The appraisal policy was yet to be reviewed as part of the policy schedule. From 01 July 2021 to 01 March 2022 compliance with a yearly appraisal was 22% however other members of staff had their appraisals booked. During inspection we spoke with seven members of staff and managers who told us that they felt supported and able to raise concerns with their managers at any time. The registered manager also engaged in regular external supervision.

Managers held monthly team meetings and gave information to those staff who could not attend. The counselling staff also had weekly meetings to discuss clients and provided support to each other. The managers within the service had a weekly manager meeting to discuss relevant topics and emerging issues.

Managers identified training needs and gave staff the time and opportunity to develop their skills and knowledge. Staff had access to service specific training which met the needs of clients and managers made sure staff received any specialist training for their role and this included courses such as Naloxone training, risk assessment training, hepatitis C awareness and mental health first aid. One member of staff told us that the service had supported them to undertake an NVQ level 5 in Health and Social Care management.

Substance misuse services

Managers recognised poor performance, could identify the reasons and dealt with these.

At the time of inspection there were no volunteers working at the service but managers told us that they expected two previous volunteers to return and one had attended the most recent team meeting. Volunteers had to undertake the same HR checks and training as staff and were supported to work with clients in the service.

Multidisciplinary and interagency team work

Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The staff had effective working relationships with other relevant teams and services outside the organisation.

Staff held regular meetings, such as daily handovers, weekly managers meetings, counsellors meetings and monthly staff meetings, to discuss clients and improve their care.

The service had established some close links with services in the community, social services and other community teams and adult services. One external agency we spoke with felt that the service could improve on process as information received on progress of clients was received via adhoc phone calls. We received feedback from four other external agencies who were positive about the joint-working and liaison between themselves and the service.

The service were reviewing policies to ensure appropriate processes were in place for the unexpected exit from treatment of clients to ensure people are not left unduly at risk. As part of the inspection we received feedback from referring agencies regarding the communication and handover process in place between services. One referring service told us that they felt there could be some improvements regarding notification of clients who have exited early from treatment. However, another referring service told us that they have had clients discharged early and they felt the risks were managed well and the referrer was informed. The service supported out of area clients to return home safely.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up-to-date with training in the Mental Capacity Act. There was a policy on the Mental Capacity Act, which staff could describe and knew how to access.

Capacity was discussed with clients during the initial assessment and was reviewed on admission. Staff explained that if a client was disorientated or confused on arrival at the service due to substances capacity was reviewed again. All 12 of the care records we reviewed contained signatures to confirm the clients understood the service.

Staff assumed clients had capacity and gave clients all assistance to make specific decisions for themselves before they were assumed to lack the mental capacity to make it. If staff had concerns regarding capacity they would speak to the GP surgery or refer to mental health services to undertake a capacity assessment.

Substance misuse services

Are Substance misuse services caring?

Good 

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff gave clients help and emotional support when they needed it and all clients had access to a minimum of one hour of counselling per week.

Staff supported clients to understand and manage their own care treatment or condition. The ethos of the 12-step programme is about the individual; self care, self-discipline and self respect and the service staff worked alongside the client to support them in their recovery. Clients were fully involved in regularly reviewing their progress and outcomes as part of the 12-step programme.

Staff directed clients to other substance misuse services and supported them to access other services if they needed help. Staff helped clients to relocate in the area, if the client made this decision, and supported clients to establish contact with 12-step programmes in the community. One social worker we spoke with told us that the service supported a client prior to admission by accessing groups online for six weeks whilst inpatient in hospital.

Clients said staff treated them well and behaved kindly. During inspection we observed staff demonstrating a compassionate understanding of the impact peoples' care can have on their emotional and social wellbeing. We spoke with the mental health team in the area who told us that a single point of access was established so that the staff can call to discuss any concerns regarding a client. Feedback from the mental health team was positive regarding the services decision making and also said that any action taken was very patient focussed. Family members we spoke with told us that staff went above and beyond for the clients.

Staff understood and respected the individual needs of each client. Staff showed an understanding of peoples' needs regarding their gender, ethnicity, religion, sexual orientation, age and disability and how these might relate to their substance misuse.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential unless this was detrimental to their care and would take into consideration relevant guidelines. Each person using the service had a discharge plan in place that included planning for unexpected exit from treatment. We saw completed forms during inspection which included who the client would like the service to contact.

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.

Substance misuse services

Involvement of clients

Prior to admission to the service clients, families and carers were provided with general information about the options available in terms of duration of treatment and they were informed of any delays.

Staff made sure clients understood their care and treatment and all clients were given a service user guide that provided information about the service. New clients were shown around the premises by a peer on arrival. We spoke with 15 clients and 14 clients told us they were provided with information about the service. One client told us that they didn't know it was a 12-step programme until admission. All clients told us they were given the service user guide. Staff would make adjustments for clients when required, such as, using different coloured paper, large print and using audio books and videos to deliver the 12-step programme.

Staff involved clients and gave them access to their care plans. We reviewed 12 client records during inspection, and all indicated that the client had been offered a copy of their care plan. All clients had their own folder that they completed for the 12-step programme.

Staff involved clients in decisions about the service, when appropriate. Staff had lived experience of addiction and the 12-step programme. One client we spoke with told us the staff gave them inspiration and hope. Prior to the COVID-19 pandemic several previous clients had returned as volunteers to the service.

Clients could give feedback on the service and their treatment and staff supported them to do this. From 01 July 2021 to 01 March 2022 the service had received 33 written compliments which we looked at during inspection. We also reviewed client survey results between 01 July 2021 and 01 March 2022 and the average score for the 12-step programme was 9.6 out of 10. In addition to this the service held regular meetings, lectures and group sessions, as part of the 12-step programme, and clients could feedback during these times. One client we spoke with told us they would write down what was discussed in the client's morning meeting and feedback to staff, examples included maintenance issues, cleaning supplies required and request for pen and paper for the suggestions box. We saw evidence that clients had done this and that these were being actioned by the service.

Clients could access advocacy services. One client we spoke with told us they were able to access their phone to make calls for legal advocacy.

Involvement of families and carers

Staff informed and involved families and carers appropriately prior to admission, during and post admission. The outreach workers were the families point of contact. We received feedback from seven relatives who all told us that communication with the service was positive when they visited or phoned the service.

Staff helped families to give feedback on the service. The service provided a time on a weekend for relatives to visit their loved ones.

The managers we spoke with also had plans to develop the service in relation to relatives and carers. The registered manager was in the process of developing a fact sheet for relatives and carers and we saw this during inspection. The service's improvement plan included an action to convert the outside decking area into a permanent marquee for family visits and to provide family therapy.

Are Substance misuse services responsive?

Substance misuse services

Good 

Our rating of responsive improved. We rated it as good.

Access and discharge

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service liaised with services that would provide support during the clients stay such as the GP and local mutual aid groups. Since the last inspection the service was also actively engaging with the local authority, social care, mental health, the voluntary sector and other relevant services to ensure the service planned, developed and delivered to meet the needs of the client group.

Clients came to the service from a wide geographical area. The service planned new admissions well and had a dedicated member of staff who liaised with referring organisations and privately funding clients. The service would support clients prior to admission to access any services or interventions that they required and would support them to join mutual aid groups in their area. The service also supported clients to access funding for their treatment. The service had a clear criteria to describe which clients they would offer a service to.

Staff supported clients when they were transferred between services, for example if they needed physical health care. Feedback we received from external services and clients confirmed this and we were told that the service managed doctors' appointments and hospital admissions well.

Managers reviewed the length of stay for clients, which varied depending on the client's individual circumstances. In some circumstances a clients stay could be extended and the service helped some clients to source charitable funding streams.

Prior to discharge the service planned aftercare for clients, the service supported them to find appropriate housing and contact mutual aid groups in their locality. Clients were offered further support online or via the telephone and they had a regularly monitored Facebook page which provided an additional form of support.

When clients were ready to be discharged from the service this would be at an appropriate time and the service would ensure that clients had transportation home and would contact family members and care coordinators. Even when a clients exit was unplanned we were told by one external agency how alternative accommodation was sought so that plans could be put in place for the client to return to their home area safely.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. It had a large open plan living area which included a lounge area, dining room and small kitchen. There were two smaller meeting rooms and the service had replaced desks with chairs with a folding side table which gave clients more space and were able to be moved more easily. When clients were in the extended care part of their recovery they had access to a separate lounge and kitchen area.

Substance misuse services

The service had nine double bedrooms and two single bedrooms that clients could personalise. Eight of the bedrooms had en-suite facilities. There were shared bathrooms and toilets for other clients on the male and female floors and a shared laundry room.

Clients could keep personal belongings or possessions of value in the safe in the staff office and the staff give clients a receipt for any belongings that were stored for safe keeping.

Clients could make phone calls from the payphone during evenings and weekends and clients we spoke with confirmed they were able to make phone calls privately. In order to focus on recovery the service requests that clients wait until the fifth evening following the day of admission before using the payphone.

The service had an outside space that clients could access easily and a designated smoking area.

All meals were provided by the service. Since the last inspection the food preparation and choice had improved. Clients we spoke with told us that the food was good, they had a daily choice [JJ1], healthy options and different diets catered for. Clients could use the small kitchen to make drinks and snacks within the allotted times given.

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 communication support needs.

The service could not support and make adjustments for all people with disabilities as the service was unable to offer a service to clients who are wheelchair bound. This was stated clearly in the service user guide and the service supported people to access a service that met their needs. However, the service did make reasonable adjustments for people in response to their needs e.g. communication needs or other specific needs, faith support and young visitors.

The service had a choice of good quality food including access to special dietary requirements for example kosher or halal meat, vegan, diabetic and liquid diets. Clients we spoke with told us that the food was good. We observed special diets being catered for and mini fridges in client's rooms, if required.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats so the clients could understand more easily, for example by using different coloured paper, large print, audio books and videos to deliver the 12-step programme.

The service could provide information leaflets in languages spoken by the clients who used the service and managers made sure staff and clients could get hold of interpreters or signers when needed. Individual needs would be established as part of the initial assessment prior to admission.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns, this information was included in the service user guide and this included how to complain to independent organisations such as CQC. Clients and relatives we spoke with confirmed that they understood the complaints procedure and knew how to access it.

Substance misuse services

Staff understood the policy on complaints and knew how to handle them. The service had recently reviewed the complaints policy and introduced an informal and formal complaints procedure. Between the 01 July 2021 and 01 March 2022, the service had received six complaints, one of which was a formal complaint. Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. We saw evidence that complaints were dealt with appropriately and a client told us they had raised a concern which had been listened to and resolved.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The service received feedback from clients on a regular basis in relation to the food, lectures and counselling sessions and completed an exit survey with all clients at the end of their stay.

Are Substance misuse services well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles

Since the last inspection the service had undergone some changes to the leadership of the service. The service was owned by the EA & W Muxlow Charitable Trust and a new director and chief operating officer had been appointed. The service maintained the current registered manager and outreach director and appointed a finance officer to the team to support the operational delivery of the service. This leadership was robust and had brought about a number of positive and effective changes.

The service had reviewed and written numerous policies and procedures and were in the process of signing off and embedding these policies as part of a policy schedule. During inspection we spoke with all members of the management team who had a good understanding of the services they managed and were visible in the service and approachable for clients and staff. Staff we spoke with felt the leadership and management of the service encouraged an open, supportive and honest culture.

Vision and strategy

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

All staff had experience of the 12-step programme and lived by the ethos. The organisation had a clear vision and set of values that had been developed in consultation with relevant stakeholders with quality and safety as top priority.

Culture

Staff felt respected, supported and valued.

Substance misuse services

Staff spoke positively about communication within service and described a supportive environment

Team meeting minutes showed that staff regularly discussed safeguarding, feedback, a policy of the month and had a learning session, i.e. mental health and infection control as part of the staff meeting agenda. Staff reported that the service promoted equality and diversity in its day-to-day work. They were supported with further education and provided opportunities for career progression. Staff felt able to raise concerns without fear of retribution.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.

Local governance arrangements supported the delivery of good quality care. Since the last inspection the service had developed systems and processes to assess, monitor and improve the quality and safety of the service and mitigate risks relating to the health, safety and welfare of clients and others who may be at risk.

Environmental risk assessments including ligature risk assessments, fire risk assessment and regular health and safety checks were in place. The service had developed regular checks and audits were in place to ensure the cleanliness and maintenance of the service met a good standard.

Individual risk management plans were in place to ensure client safety and minimise risk. An audit of care records and documentation was undertaken and discussed with the team in meetings or supervision sessions. The service met all the nutritional and hydration needs of clients and obtained daily feedback from clients regarding the menu and involved clients in meal choices.

The medicines policy, management procedures and training ensured that staff were safely storing, managing and administering medication to clients. Medicines were audited weekly, incidents recorded and appropriate action taken.

The service had effective recruitment procedures, training procedures and support mechanisms in and kept an up to date spreadsheet of all training courses, inductions and recruitment checks.

The service had implemented a system to review, evaluate and improve the services policies and procedures. The service had introduced several audit tools, which were undertaken on a regular cycle. The team had a good understanding of complaints, incident management and safeguarding procedures and good links with external teams to ensure the appropriate action was taken. The service had processes in place to use the findings from audits, reviewing incident and complaints and feedback from surveys to develop the team and make improvements to the service.

The service had an improvement plan and maintenance records which identified improvements that were required and improvements which would enhance the environment and the service delivery such as a permanent marquee for family visits, plans to provide family therapy, updated website and improved social media presence.

At the time of inspection managers were working on introducing key performance indicators (KPIs) to gauge the performance of the team. We spoke with the registered manager regarding the service plans and improvements and reviewed a draft KPI breakdown document.

Substance misuse services

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had easy access to client information, we reviewed 12 sets of clients records during inspection and found staff were maintaining good records. All clients had an individualised risk assessment and care plan in place that was reviewed and updated as clients' needs changed. Management we spoke with told us they were planning to move to an electronic system but wanted to ensure that this was an informed and collective decision aimed to improve the quality and efficiency of record keeping.

The service had a risk register in place which identified four current organisational risks and this was reviewed regularly by the management team.

Information management

Staff collected analysed data about outcomes and performance.

The service had several regular audits, collected data on incidents and accidents, safeguarding concerns, complaints and gained feedback from clients and staff. We saw evidence during inspection that this was being used to improve the service for example changes to the environment were made following accidents, feedback from clients led to improvements in communication and feedback from relatives had led to plans to improve the support and service offer to families and carers.

Managers were actively engaging with other local health and social care providers to ensure that an integrated health and care system was provided to meet the needs of the clients accessing the service. Since the last inspection the service had developed good links with the local authority, mental health services, safeguarding teams and had good external links with other community substance misuse providers and mutual aid groups.

The service raised statutory notifications to CQC in line with guidance.