

# Recovery Project

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

We rated the Recovery Project as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. 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 a range of treatments 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 included or 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, supervision and appraisal. Staff worked well together as a multidisciplinary team and 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.

# Summary of findings

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Good 

# Recovery Project

## Services we looked at

Residential substance misuse services

# Summary of this inspection

## Background to Recovery Project

The Recovery Project provides a residential rehabilitation service for up to 30 people who are recovering from drug or alcohol dependency. 26 bedrooms were provided on site in four shared houses with a further four rooms in the main house which provided shared move on facilities. At the time of our inspection there were 25 clients in the service. All clients had either been through detoxification or were alcohol and drug free on admission.

The service is not staffed overnight or at weekends and an on-call service was provided to deal with any emergencies. There was a system of on call managers to contact in the event of an issue on site which enabled the service to operate safely.

The service operates an abstinence and psychosocial model and all clients are expected to be alcohol and drug free before starting treatment. The treatment model follows the 12-step recovery program alongside cognitive behaviour therapy delivered in a group and on an individual basis.

Clients in the service were funded by Brighton and Hove local authority. Clients signed a licence agreement with the Brighton Housing Trust for their accommodation for the duration of the treatment program.

The Recovery Project is registered to provide: Accommodation for persons who require treatment for substance misuse.

There was a registered manager in post at the time of the inspection.

We have previously inspected this service in 2017. Our last inspection in 2017 found that the service was meeting the essential standards which were inspected. The service was not rated in the 2017 inspection.

The service has good partnership working in the local area and with other agencies, including social services, probation, GPs, pharmacies, education services and homeless charities/services.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, one nurse specialist with experience of working in substance misuse services.

## Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

## 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:

# Summary of this inspection

- visited the service, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;
- spoke with the registered manager;
- spoke with six other staff members; including counsellors and recovery workers;
- looked at five care and treatment records of clients: looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with five clients in a focus group. All of the clients were extremely positive about the service, they felt that staff were kind and caring and responsive to their needs and always treated them with compassion and respect.

Clients told us that staff were easily accessible and provided clients with time to talk, whether on the telephone or in person. Clients had a choice in their treatment pathways and found the group programmes to

be effective as well as positive engagement with staff in their one-to-one sessions. Clients felt relationships were built on trust and felt ownership of their care and responsibility for the management of the service when staff were not onsite.

They told us they felt staff and the service had benefited their lives and they had received the right support at the right time and it had helped change their lives.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- 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. This was in line with guidance from National Institute for Health and Care Excellence.
- 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.
- Records of clients' care and treatment were clear, up-to-date and easily available to all staff providing care.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The Manager 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.

Good



### Are services effective?

We rated effective as good because:

- 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 focussed.
- 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.

Good



# Summary of this inspection

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. The manager made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

## Are services caring?

We rated caring as good because:

- 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. Staffs' approach was person centred, highly individualised and recovery orientated. We also saw that clients reviewed care plans regularly with their keyworker.
- 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.
- Staff informed and involved families and carers appropriately.

Good



## Are services responsive?

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

Good



# Summary of this inspection

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

## Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that the governance processes operated effectively at service level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Good



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards training was covered in the compulsory Safeguarding training undertaken by all Recovery Project staff at induction and subsequently every 2 or 3 years thereafter. All staff had completed the online safeguarding training via the YMCA Safeguarding Awareness training, which further covers issues of capacity, consent and legislation in this area.

Staff were aware that when clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This was so the client would have the capacity to make informed choices about their treatment.

## Overview of ratings

Our ratings for this location are:

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

### Notes

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

#### Safety of the facility layout

We visited all of the residential locations within the recovery project complex. Each building was accessible with a variety of comfortable and well maintained rooms. There were ground floor bedrooms available for clients with mobility issues that had been addressed at their initial assessment. All bedrooms were individual with no shared bedrooms.

A member of staff trained as the health and safety lead carried out weekly health and safety risk assessments of the environment. The service had an externally commissioned, six monthly health and safety and fire risk assessment, plus additional weekly fire checks of random fire alarms. Any actions required were documented and timescales to complete the actions were monitored by the manager.

The service was mixed sex and the accommodation reflected this. When we discussed how this was safely addressed with the manager, it was clear the combination of males and females living together had not been an identified issue up to this point. It was discussed with male and female clients upon admission but there was no formal protocol. The manager immediately addressed this issue, consulting with all clients in the service and recording their views. Then drafting a clear protocol to ensure there were

clearly identified female only areas. The protocol also addressed how the service would manage transgender clients and where the service would support their accommodation during their admission.

The service had appointed staff as health and safety representatives, fire wardens and first aiders. The service carried out quarterly fire drills.

#### Maintenance, cleanliness and infection control

The service had a range of rooms including a large group room and smaller rooms that staff used for one-to-one appointments. All areas were clean, had good furnishings and were comfortable and well maintained. Each individual house had a separate cleaning rota designed and managed by the clients resident on the house and overseen by the manager and staff, this system worked effectively and the clients were proud of their living spaces.

There was an intercom entry system to the service and clients and visitors were expected to sign in and out. Keyworkers would meet clients in the reception room and support them when in the main building.

If clients were required to take medicines, they were stored in individual client's bedrooms in a safe lockable area. There was a list of what medicines were brought into the service when clients were first admitted. Each client that was administering their own medication had a risk assessment and plan agreed with the staff.

The main building had a medical first aid box that contained suitable equipment to administer basic first aid to staff and clients. Staff regularly checked the box to ensure the contents were in-date and restocked. Clients in treatment for opiate detox received a Naloxone emergency pen from their care co-ordinator prior to moving in.

# Residential substance misuse services

Naloxone can reverse the effects of overdose from heroin and other opioids. Clients received training on how to use Naloxone and this meant in the event of a drug overdose, immediate action could be taken. Staff completed a naloxone log which recorded batch number, expiry date, risk assessment, safe storage and a client signature to confirm they had been trained in its use.

Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. The service had a designated health and safety lead. Their role was to ensure compliance with statutory responsibilities and to evidence improvements to the manager. Performance was tracked, and action plans were put into place to address any identified concerns or issues. During the inspection, we reviewed minutes from an operational managers meeting where local health and safety issues were addressed and actions allocated out. Information between staff was communicated effectively and sharing of ideas was encouraged.

## Safe staffing

### Staffing levels and mix

The service did not provide staff cover overnight or at weekends. This was a deliberate strategy to provide a service based on the therapeutic community model. A therapeutic community provides a structured and psychologically informed environment for clients. They are places where the social relationships, structure of the day and different activities are all deliberately designed to help clients' health and well-being. The focus was on using the entire community, including all clients as active components of treatment.

All staff and clients told us there were sufficient staff to deliver care and support to a good standard and on checking the rota there were sufficient staff on each day. Clients said they appreciated the importance of managing on their own overnight and at weekends to actively prepare themselves for independent living. Staff were available to respond in emergencies on an on-call rota.

As of the 3rd June 2019, the service had a total of nine substantive staff. This included the manager, deputy manager, project workers, bank project workers and administration staff. At the time of the inspection, there were no vacancies. The service did not use agency staff and there had been no occasions when shifts had not been filled.

There had been 1 substantive staff leave within the last 12 months, prior to the inspection. The reasons for staff leaving were staff moving to other services. There was a sickness rate of 1.5% amongst permanent staff.

There were enough skilled staff to meet the needs of clients accessing the service. The manager, managed staff sickness and annual leave to ensure the service had enough staff to cover safely.

Staff caseloads were split between the project workers and the deputy manager. Staff we spoke with told us that they received good supervision and support to manage their caseloads. The manager actively monitored the acuity of caseloads with staff through regular complex case reviews, as part of the referral process and during staff supervisions.

The service carried out pre-employment checks on all staff to make sure everyone working in the service was safe to do so. These checks included enhanced disclosure and barring service (DBS) checks, referencing from previous employers, copies of proof of identification and training certificates/proof of qualification.

## Mandatory training

There was a mandatory training matrix for all staff which the manager had oversight of. This enabled him to see which training staff needed to complete and when training updates were required. The service had an action plan in place to address any of the team's outstanding mandatory training.

Mental Capacity Act and Deprivation of Liberty Safeguards training was covered in the compulsory safeguarding training undertaken by all Recovery Project staff at induction and subsequently every 2 or 3 years thereafter. All staff had completed the online safeguarding training via the YMCA Safeguarding Awareness training, which further covers issues of capacity, consent and legislation in this area. Staff we spoke with understood their responsibilities in relation to Mental Capacity Act and ensuring clients were supported to make informed choices about their care and treatment.

## Assessing and managing risk to service user and staff

### Assessment of service user risk

# Residential substance misuse services

We reviewed five care records, including care plans, risk assessments and risk management plans. Areas of risk looked at; risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse.

Staff always recorded risks to clients. Out of the five records reviewed, we found all risk assessments had been updated following changes in risk and were reflective of risks identified during the client's comprehensive assessment. We found full and well detailed descriptions of history relating to substance misuse and all risk assessments had evidence of blood borne virus testing and evidence of harm reduction advice.

On the day of the inspection, we observed risks for clients were discussed as part of the wider team handover and appropriate action and support was put in place on a daily basis to support the client's needs.

In the sets of care records we reviewed, we found detailed staff monitoring of clients' physical and mental wellbeing. We observed a recovery worker discussing risk with clients during a group session. Staff discussed warning signs and any deterioration in clients' health during the group meeting, agreeing actions to respond appropriately.

All the records had a plan for unexpected exit from treatment. Plans were detailed and personalised to the clients' needs and views. Staff clearly recorded discussions with clients about harm reduction and risks of leaving treatment.

In line with National Institute of Health and Care Excellence (NICE) recommendations, staff used a range of tools to assess client's dependence and monitor their withdrawal. If it was appropriate staff used the alcohol use disorders identification test (AUDIT) and the severity of alcohol dependency questionnaire (SADQ) was completed by staff with the client to assess their dependence. Recognised withdrawal tools were also completed to monitor and respond to change in risk. These included the clinical institute withdrawal assessment of alcohol scale (CIWA-r).

## Management of service user risk

Staff were proactive at identifying and managing risk. There were effective systems in place to ensure the management of clients' risks. For example, the manager had a central log of incidents involving high-risk clients and discussed complex cases on a daily basis in handover.

The service had clear protocols in place which staff were aware of and followed if clients disengaged from treatment. Clients who declined to engage with the service were reviewed during complex case reviews, so staff could discuss client risk and the appropriateness of alternative engagement methods and consider referral to other services within the group.

Staff liaised closely with clients' GPs and requested a summary of prescribed medicines.

## Safeguarding

There were effective systems in place to ensure that safeguarding concerns were identified, managed and reviewed.

All staff were required to complete mandatory safeguarding training in safeguarding children and adults. All staff were up to date with their safeguarding training. Safeguarding was fully embedded in staffs' daily work and was a key area of discussion in meetings including daily reviews and referrals, complex case reviews, supervision, regional managers and governance meetings.

There was a safeguarding lead at the service who staff could speak to for advice. Staff discussed and reviewed all clients who were on the safeguarding register during the monthly safeguarding meeting. The provider had an appointed safeguarding lead who attended a monthly multi-agency safeguarding meeting called the 'safeguarding hub'. Safeguarding information was clearly displayed throughout the service for both staff and clients.

## Staff access to essential information

Client care records were stored securely. They were held electronically. Where paper forms were completed with clients, these were scanned and stored on the client's electronic care record. Prescription information was also available via the electronic care records.

All staff had password protected access to electronic systems.

## Medicines management

Staff supported clients to access their prescriptions in the community. Controlled drugs were not stored or dispensed on site. Staff contacted a suitable pharmacy for the client to arrange dispensing. Staff provided the pharmacist with essential information prior to prescriptions starting and updated them with any changes and reasons for the

# Residential substance misuse services

change in prescribing if necessary. Staff had a good working relationship with the local pharmacies who dispensed physical health and mental health medicines. Pharmacy staff contacted the service when clients did not attend to collect their medicines so that staff could check on the client's wellbeing.

There was an overarching policy to safely manage the process and clients had signed their induction checklist to agree which medicines they would administer themselves. Staff maintained a log of which medicine clients' were taking and there was a locked medicine cabinet in the staff office should any medicine need to be temporarily stored for a client. Staff kept a log of naloxone and provided and trained clients how to administer naloxone to reduce the risk of overdose. Naloxone can reverse the effects of overdose from heroin and other opioids

Staff reviewed the effects of medicine on clients' physical health in line with National Institute of Health and Care Excellence (NICE) guidance

Medicines incidents were reported, investigated and lessons were shared in monthly governance meetings. The provider's governance and quality team shared trends from incidents across the organisation to help improve practice.

## Track record on safety

There had been no serious incidents reported by the service in the last 12 months, prior to the inspection.

## Reporting incidents and learning from when things go wrong

All staff had access to the electronic incident reporting tool and completed reports based on all significant accidents, incidents, near misses and acts of aggression. Critical Incidents were thoroughly investigated and analysis and learning from these were shared effectively. The electronic incident report was signed off by senior management and notifications made to the CQC and local authority safeguarding leads and any immediate actions fed back to the team. Incidents were used as an opportunity to review and learn as a staff team about any blind spots in work practices linked to the incident, and to ensure clients were given any information needed to increase their safety.

Managers reviewed incidents during weekly complex case reviews and monthly clinical governance meetings.

Managers discussed incidents and shared learning during managers meetings, group supervision, and staff team meetings. The manager completed and submitted required notifications to the CQC.

The Duty of Candour regulation explains the need for providers to act in an open and transparent way with people who use services. It sets out specific requirements that providers must adhere to when things go wrong with people receiving care and treatment. Staff we spoke with understood the need to be open and transparent when they had made mistakes and to make written apologies when required. At the time of our inspection, we did not see any examples of its use as none of the incidents that had taken place had needed a written apology. However, we saw in incident records that all incidents had been discussed with clients at the time.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

Staff completed a thorough assessment of needs with all clients. Staff triaged initial referrals for urgency, but all clients received a full assessment.

Assessments included information about substance misuse history, physical and mental health, social needs and criminal justice history to ensure that client needs could be met. This was in line with guidance from National Institute for Health and Care Excellence. Assessments were completed within seven days of referral. All referrals were discussed daily in the team allocation meeting to ensure clients' needs were met quickly. Staff liaised closely with clients' GPs and requested a summary of prescribed medicines.

Care records contained meaningful and holistic care plans, including physical and social needs. We saw evidence of care planning tools such as the recovery STAR being used to inform care planning and include patients.

# Residential substance misuse services

Information relating to identified risks and management of those risks was recorded in care plans. The service was aware of the need to link care plans and risk management plans and this was in place in the five care plans we reviewed.

Care plans were completed with clients during their initial assessment and then on an ongoing basis, a minimum of at least every three months. Staff told us they did not routinely offer clients a copy of their recovery plan, although they would provide a copy if requested. This was in line with guidance from National Institute for Health and Care Excellence.

Staff worked with clients on a one-to-one basis to develop their care plans and in groups where clients were able to share their goals with each other and offer peer support.

Significant Events Sheets (SES), were completed every day by all clients and are read each morning in the staff team's morning meeting, enable staff to actively review and adjust the therapeutic direction according to risks and issues raised, on a daily basis. All actions arising from SES's were logged daily in the Project's SES Action Log with a named staff member responsible for addressing each action point. These points were reviewed on subsequent days to ensure the issues had been addressed and actions had been completed.

Staff were proactive at identifying and managing risk. All the care plans we reviewed had information recorded should a client exit the treatment programme unexpectedly.

## Best practice in treatment and care

We reviewed five client records. The records detailed interventions and practice which were in line with National Institute of Health and Care Excellence (NICE). The treatment offered ranged from brief advice and information through to more structured clinical and group interventions. Interventions offered included one-to-one appointments with the client's allocated recovery worker, following a cognitive behavioural therapy model, mindfulness sessions and harm reduction groups.

Staff followed the provider's policies and procedures, which were adapted from relevant National Institute of Health

and Care Excellence (NICE) guidelines and best practice. For example, recovery interventions and treatment pathways, including group work and psychosocial interventions.

Blood borne virus testing was routinely offered by clients' GPs. This was in line with guidance from National Institute for Health and Care Excellence.

The service had links with nurses who provided hepatitis C testing to clients. The service had strong links with their hepatitis C operational delivery network and supported clients with pre-testing and post-testing consultations. The service focused on promoting hepatitis testing as their local area had been highlighted as a high-risk area. This was in line with guidance from National Institute for Health and Care Excellence.

Staff supported clients with a range of issues including their physical and mental health, including information around health issues impacted by substance misuse such as leading healthier lives.

## Monitoring and comparing treatment outcomes

Staff completed a 'Treatment Outcomes Profile' (TOPs) with all clients every three months throughout their treatment. This is a measure of treatment effectiveness for each client where substance use, mental health, physical health, criminal activity, housing issues and overall wellbeing are scored. This was in line with guidance from National Institute for Health and Care Excellence.

The service contacted all clients who had dropped out of their treatment programme prior to completing. Clients were asked to complete a questionnaire, so the service could better understand the client's reasons for exiting treatment early and requesting feedback on the client's experience of the service, to monitor how responsive, caring and supportive the service was. Information was also given to the clients on how they could re-refer to the service if they wished. The questions in this exit questionnaire are kept under review by the management team to ensure they remain current and valid to the client group.

Staff regularly reviewed care plans with the clients and updated them when required. Information was clearly presented on a white board in the office which notified staff and managers when documents such as care plans and risk assessments needed to be updated.

# Residential substance misuse services

## Skilled staff to deliver care

All staff received a comprehensive induction when they commenced employment at the service, which included mandatory training, orientation to the service and shadowing of staff. Staff also completed competencies to ensure they were skilled to carry out their roles.

Staff had a significant level of knowledge and experience with qualifications in substance misuse and counselling. The team comprised of staff from a range of backgrounds and who all had lived experience of addiction, which meant they had a high level of empathy to the client group.

The service manager and deputy manager carried out supervisions, identified the learning needs of staff in their supervision sessions and provided opportunities for them to develop their skills. For example, management training was available for senior recovery workers to support their development into future management roles.

Data provided by the provider showed that as of the 20 March 2019, 100% of staff received supervision and had a named lead supervisor and 95% of staff had received an annual appraisal.

All staff received regular, four to six weekly, clinical and managerial supervision and annual appraisals. Recovery workers also attended a fortnightly group supervision. The local managers told us all staff were encouraged to attend a quarterly staff forum where concerns and issues could be discussed. Any concerns raised would then be responded to by the managers. Staff we spoke with, were all positive about the support they received.

A number of staff had lived experience of addiction and using substance misuse services, including the Recovery Project and were in recovery. Clients told us how strong and powerful the message of recovery was for them, to have the opportunity to be cared for and supported by and work with these staff.

The manager received support from the providers' human resources department to address staff performance issues promptly, where appropriate.

## Multi-disciplinary and inter-agency team work

Staff requested GP summaries from clients' GPs to help inform their treatment and care, prior to and after prescribing medicines.

Staff worked with a range of external agencies and professionals including GPs, police, pharmacies, district council, probation, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.

The service held regular meetings where clients' key workers were clearly identified, and any necessary shared care protocols agreed. We observed one complex case review and reviewed minutes of another meeting and saw evidence of good leadership from the manager. There was clear identification and plans made to manage client non-engagement and safeguarding concerns.

Clients recovery plans were mostly detailed and clear pathways to other supporting services where additional or next stage support was required was well recorded and specific to the client's needs and wishes. For example, it was not always appropriate for clients who were using a very low level of alcohol or drugs to come into the service. Staff worked closely with a partner agency to ensure such clients could access their service and support.

The managers attended quarterly contract reviews with the commissioning team to ensure the service performance against both national and locally set targets.

## Good practice in applying the Mental Capacity Act

Mental Capacity Act and Deprivation of Liberty Safeguards training was included in the induction for all staff working at the service. All staff had completed this training. The provider had a Mental Capacity Act policy which staff were aware of and could refer to when needed.

Staff were aware that when clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This is so the client would have the capacity to make informed choices about their treatment.

## Are residential substance misuse services caring?

Good 

**Kindness, privacy, dignity, respect, compassion and support**

# Residential substance misuse services

We spoke with five clients. Clients were very positive about the service. They felt staff were kind, caring and responsive to their needs and always treated them with compassion and respect. Clients told us staff were easily accessible and provided them with time to talk, whether on the telephone or in person. Clients had a choice in their treatment pathways and found the group programmes to be effective as well as positive engagement with staff in their one-to-one sessions. They told us they felt staff and the service had benefited their lives and they had received the right support at the right time and it had helped change their lives.

We observed staff discussions regarding client care. Staff were compassionate and keen to maintain clients' dignity. Discussions included considerations about other support available to meet the clients' needs, where appropriate. For example, for one client, support to move them back to their local home town and closer to their family as per their wishes, was discussed.

Staff provided information to clients throughout their engagement with the service to support them in understanding and managing their care and treatment or condition. For example, harm reduction advice.

The service had clear confidentiality policies in place. Staff we spoke with understood and adhered to them. Staff maintained the confidentiality of information about patients.

## **Involvement in care**

### **Involvement of service users**

Staff communicated with clients so that they understood their care and treatment. We observed staff speaking clearly and respectfully with clients, making sure they understood what had been discussed.

Care plans and risk management plans showed active involvement and collaborative working between clients and staff and recorded the client's strengths and goals.

There was a high level of client involvement throughout the service. Clients could get involved through a number of initiatives. One of the clients had a lead role as client involvement co-ordinator. A client involvement meeting took place fortnightly. Weekly community meetings took

place where clients could raise any issues, ideas or concerns. Complaints are an agenda item at all community meetings in order to use client feedback for any project changes needed/requested

Every client filled out a daily "significant event sheet" where they could raise any issues or concerns, the forms were looked at by staff every day.

Local advocacy services were advertised widely, both on the information board in the large meeting room and in the client handbook.

All clients received information about the Recovery Project before they started treatment and they were encouraged to attend weekly drop in sessions which were provided. After moving in to the project clients received an information pack and a very detailed induction was delivered by both staff and other clients. The induction process was co-produced and developed by clients and staff.

The information pack welcomed clients and included information about their health needs, health and safety at the project, the various therapy and groups available, arrangements for cooking and cleaning and a lot of additional and useful information. In addition, the rules and restrictions in place at the project were clearly described with the rationale of why they were in place. We found the information pack and induction process helped to orientate clients to the service and clients we spoke with had received a copy and commented on it positively.

Clients could complete feedback forms and questionnaires about their experience of the service to help improve and develop the service. The service carried out targeted surveys to help identify gaps in care and treatment or delivery in service. There was a suggestion and feedback boxes where visitors to the service could leave any comments, complaints or compliments.

### **Involvement of families and carers**

Carers were fully involved in clients' care if clients gave permission for this. Input from carers and family members, where appropriate, was evident in care plans. For example, in one care plan we saw a family member had stated what they felt the client's strengths were and what they needed support with.

Carers were fully involved in clients' care, with support from the carers' lead, if clients gave permission for this.

# Residential substance misuse services

The drop-in service was open to carers for support and advice, although staff ensured that they maintained client confidentiality.

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

Good 

## Access and discharge

The service was commissioned to accept referrals for people who lived in the Brighton and Hove area.

Clients referred themselves to the service or could be referred by other professionals, such as GPs, probation, prisons, rough sleeper teams, hospitals and social services. These services refer via Pavilions Partnership, the local gateway service for all drug and alcohol treatment.

The service offered a drop in so that people meeting the service's entry criteria could view the service without an appointment to see if it was appropriate to their needs.

Staff conducted assessments to prioritise clients based on risk. All referrals were discussed regularly and were assigned to an appropriate recovery worker. Staff contacted clients within 24 hours of allocation and arranged an appointment to complete a comprehensive assessment within seven days, where appropriate.

Staff considered a wide variety of treatment pathways at assessment. The service worked with clients who misused any drugs or alcohol. Pathways were based on the substance's clients had been using. Clients had to have a commitment to ongoing abstinence, be alcohol and drug free for at least a few days before start date, be willing to attend meetings with alcoholics and narcotics anonymous, for clients to be willing and able to participate in and benefit from the therapeutic programme and to have a level of support needs that the service was able to safely meet.

Staff completed discharge planning with their clients. All discharges were discussed as part of the daily team

meetings to ensure discharge was safe and appropriate. Recovery workers completed a checklist of actions before discharge, including ensuring the client was aware of any aftercare arrangements and support.

Staff assessed potential clients prior to move in and they told us that they were given sufficient time to complete the assessment. Risk was assessed thoroughly pre-move in to ensure that clients did not require a higher level of security and containment than the project was able to offer.

## Discharge and transfers of care

Risk management plans reflected the diverse/complex needs of clients and included clear care pathways to other supporting services. Staff told us how they supported clients throughout referrals and transfers, for example to housing, the community mental health teams and social services. Where clients were referred onwards for additional support, staff recorded this.

The acceptance and referral criteria for the service was agreed and set with the commissioners.

Staff completed discharge plans with clients as they were nearing the end of their treatment. There was evidence of good liaison with care managers and other professionals prior to discharge. All the care records we reviewed contained a plan for unexpected exit from treatment.

Good links had been established and staff at the acute hospital could contact the service for advice or referrals when needed.

41 clients had been discharged from the service in the 12 months prior to the inspection, 33 service users progressed to Brighton's Move On (aftercare) service; two moved into private rented accommodation; two returned to their previous home, two returned to family, one took up a Local Authority Tenancy and one returned to staying with friends.

## The facilities promote recovery, comfort, dignity and privacy

The service had a full range of rooms available for clients to be seen in, including private rooms for one-to-one consultation and group rooms. There was a comfortable reception and waiting area with access to a water dispenser.

# Residential substance misuse services

Clients were able to make private phone calls on a payphone in each of the houses. Their own mobile phones were stored in the staff office and clients in the secondary treatment programme were able to freely use their phones when they wanted to.

Clients could access two computers for supervised use of the internet and to enable the clients to print out documents and forms as they required them.

The clients had access to a large courtyard garden which they maintained themselves with staff support.

All clients were self-catering and were able to have hot and cold drinks and snacks throughout the day. Staff assisted clients with budgeting and, if required, planning meals, shopping and cooking. The clients took it in turns to cook for each other and managed this with minimal interventions from staff unless required.

Clients' bedrooms were personalised with their photos and personal items on show. Clients accessed their bedrooms at any time. Clients had a key to their room and could ensure their possessions were securely stored.

A daily activity and therapy programme was in place for those clients on both the primary and secondary treatment programmes. Alongside the therapy and treatment programmes additional activities were available and included Taekwondo, yoga, gardening and a recently formed choir.

The service holds ceremonies, attended by all residents, when clients complete the primary phase of treatment and again on completion of the programme. This helps to build client confidence and pride in their achievements.

## **Clients' engagement with the wider community**

Where appropriate staff ensured that clients had access to education, training or volunteer opportunities. This was in line with guidance from National Institute for Health and Care Excellence.

## **Meeting the needs of all people who use the service**

Staff at the service worked closely with staff at another recovery project to ensure a safe space was available for everyone to use. Staff told us it was not always appropriate for clients who were less dependent on drugs or alcohol to come into service as their needs could be better met in the community. We observed staff actively discussing this with clients as part of their continued support.

The service had made adjustments to support people with disabilities. One room in one of the houses had full disability access including adapted toilet accessibility and access to the bedroom area which was on the ground floor. Staff told us clients with a physical disability, which affected their mobility, would be seen in a downstairs room at the service due to the steep and narrow stairs.

The service worked to reconnect parents with children, and undertook specialist work in liaising with children's services, to support clients to gain contact with, or custody of, their children on successfully completing treatment.

Staff were aware of the local demographic and demonstrated an understanding of the potential issues facing vulnerable groups. They supported clients in ways that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and clients' individual, social and mental health needs.

Information about a variety of topics was available to all clients. These included; harm reduction, safeguarding, and risks related to alcohol and substance misuse was clearly displayed in the waiting area. Information about improving physical health, including smoking cessation was also displayed.

Staff told us they would support clients to access treatment when their first language was not English. Staff were able to access interpreters for appointments and to translate letters if required.

The service had effective systems in place to identify and support vulnerable and at-risk clients through interagency working and links with the local police and independent domestic violence support services.

Staff at the service worked closely with staff at another recovery project to ensure a safe space was available for everyone to use. Staff at the service worked closely with their Detox Support Project to ensure clients have access to a safe drug detox prior to progressing entering the Recovery Project.

## **Listening to and learning from concerns and complaints**

# Residential substance misuse services

Clients knew how to make complaints, raise concerns and provide feedback to the service. Information was displayed in each of the waiting areas and was clearly visible. Posters were displayed inviting feedback and suggestions from clients', families and carers.

There had been no complaints at the Recovery Project in the preceding 12 months to the inspection. Minor concerns were dealt with on an ongoing basis and these were either raised by clients with staff individually or via a client's buddy or via the significant event sheets.

The provider encouraged staff to manage informal complaints at a local level. Clients were invited to come and speak to staff if they had a concern or issue if they wished. A database tracked the complaints process to monitor timeliness of response and trends. Complaints were reviewed at service level and across the organisation.

Complaints about the service were thoroughly investigated and reviewed. Records showed a full audit trail of each complaint received and the response given from the manager. The service investigated complaints in line with their complaints policy.

The service fed back the outcomes of complaints openly and acknowledged when mistakes had been made and where the service needed to improve and develop. Staff we spoke with told us complaints were discussed as part of the daily team meetings, so they could reflect upon the incident and any learning that was identified.

## Are residential substance misuse services well-led?

Good 

### Leadership

The service had a clear staff and management structure. The manager was the lead for the service and provided strong managerial leadership across the staff team. Staff reported that support from the manager was good and guidance and advice with complex cases was easily accessible.

The manager had the skills, knowledge and experience to perform their role and maintained clear oversight of the

staff and service provided. They could both explain clearly how their team worked to provide high quality care and treatment. Staff said the registered manager was visible, approachable and supportive.

Staff told us they had a good relationship with the local NHS, social services, third sector and police.

The provider had a clear definition of recovery and this was shared and understood by all staff we spoke with. Staff were clear that their main aim was to reach out to as many individuals as possible, support them to be happy and safe and help them to achieve their life goals.

### Vision and strategy

All staff we spoke with described the organisational values and service visions. Staff spoke with immense passion and pride about the services they delivered.

The manager and staff were flexible and accepting of change and proactive in making improvements to the service delivery. The internal quality meetings showed that the service was considering its practices and regularly making changes to improve the client experience.

Staff had the opportunity to contribute to discussions about the strategy for their service and influence service developments. To improve service provision, some of the staff visited other similar services to see how they could improve their service model.

The manager and deputy manager communicated well and shared best practice. They met regularly to ensure continuity of services offered remained their focus with an emphasis on driving improvement and development across the staff team and service.

### Culture

Staff we spoke with told us they were happy in their jobs, motivated to attend work every day and proud of the service they offered and the positive impact they had on peoples' lives.

There was a good working relationship between members of the team. Discussions observed between colleagues were respectful and supportive in nature.

The manager supported staff to progress in their careers. Several members of staff told us they had progressed in areas of interest to them, such as taking on lead roles in

# Residential substance misuse services

health and safety, safeguarding and family liaison. Project workers could access management training to support career progression.

Staff told us the service was open to change and improvement. Staff had been encouraged to develop their roles within the team. Staff felt their ideas for changes to service delivery were taken seriously and felt encouraged and empowered to make suggestions.

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.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The service promoted equality and diversity. They had a multi-cultural team which reflected the diversity of the local community.

## Governance

The service used key performance indicators set by their organisation and the commissioners to monitor service performance and productivity.

The provider had a clear governance structure to ensure the safe and effective running of the service. Policies and procedures were regularly reviewed to make sure they were relevant and in line with national guidance. Staff had easy access to all policies and procedures and were kept updated when changes were made.

The governance systems ensured a comprehensive review of incidents was carried out within set timeframes and to help prevent future occurrence. The organisations managers met quarterly in governance meetings. All governance and risk assurance procedures were structured with data readily available.

The service had an agreed, planned schedule of clinical and non-clinical audits. This included missing or outstanding care plans and staff files. The manager also audited the quality of work completed, such as checking information was linked between care plans and risk management plans. Where issues or concerns were identified, immediate action was taken to make improvements.

## Management of risk, issues and performance

There was clear quality assurance management and performance frameworks in place that were integrated across all policies and procedures. The service worked closely with the provider's quality and assurance team to ensure consistency across the staff and service.

The service maintained a risk register. Staff concerns matched those on the risk register and all staff were able to escalate issues to the risk register. Risks were regularly discussed, actions and timescales agreed. The management of risk was embedded into the teams' daily work.

The service had plans in place to deal with any emergencies that could affect service delivery. The Business Continuity Plan identified what actions should be taken to in the event of adverse weather, fire, flooding and loss of premises.

## Information management

Client records were stored using an electronic system. Staff monitored and reviewed all relevant clinical data on a regular basis and the manager had oversight of the service. The electronic system provided comprehensive oversight and data relating to client risk and outstanding data.

## Engagement

The service had regular open days and had recently won awards regarding the attention taken in the courtyard gardens.

Staff had access to up-to-date information about the work of the provider through electronic communication, discussions at team meetings, supervision and daily meetings.

## Learning, continuous improvement and innovation

The provider recorded client outcomes with the National Drug Treatment Monitoring Service, which also provided access to national statistics about effectiveness of alcohol and drug treatment. The provider submitted quality contract monitoring reports four times a year to commissioners. An annual project review report was carried out, with client feedback and a client's account of their journey through the service and was published on the provider's website.

## Residential substance misuse services

Staff were focussed on reducing the stigma of substance misuse and reducing social isolation. Care plans demonstrated staff discussed social inclusion, the client's goals for social interaction and services available to clients.

The manager had recently completed training in Psychologically informed environments (PIEs). PIE's are services where the day-to-day running of the location have been designed to take the psychological and emotional

needs of people into account. The manager was planning to train the team in further ways to integrate PIE into the daily programme and project culture, using regular training and brainstorming sessions.

In the year preceding our inspection three quality visits had been made by the provider's chief executive officer and other members of the organisation's board and an engagement meeting from the CQC.

# Outstanding practice and areas for improvement