City of Liverpool Young Men's Christian Association (Inc)

RISE Rehab

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

RISE Rehab is a residential substance misuse service offering a psycho-social model of care but does not offer a detoxification service.

We rated Rise Rehab as outstanding overall because:

- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. 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 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. Clients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptionally caring service.
- Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Services were tailored to meet the needs of individual clients and were delivered in a way to ensure flexibility, choice and continuity of care.
- 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 with comprehensive and successful leadership strategies in place to ensure and sustain delivery and to develop the desired culture. Objectives and plans are challenging and innovative, while remaining achievable.
- The leadership team have an inspiring shared purpose and strive to deliver and motivate staff to succeed. Staff are proud of the organisation as a place to work and speak highly of the culture.
- The governance processes are proactively reviewed so ensured that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Residential substance misuse services	Outstanding		We rated this service as outstanding. See the overall summary for further details.

Summary of findings

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Summary of this inspection

Background to RISE Rehab

RISE residential rehabilitation service is based at 1-3 Croxteth road in South Liverpool, close to parks and other community amenities. RISE Rehab delivers a psychologically informed service underpinned by Cognitive Analytic Therapy (CAT). RISE Rehab is the treatment element of the RISE pathway. This is a 33-bed rehabilitation service to support people whose drug and/or alcohol use has become unmanageable. Underpinned by Cognitive Analytical Therapy, the service works with the community to explore how they relate to themselves and others and how that impacts on their behaviours. The 18-week residential programme works to support people out of addiction and into long term, sustainable recovery. RISE Rehab is part of the City of Liverpool Young Men's Christian Association, a registered charity.

The service is registered to provide the regulated activity Accommodation for persons who require treatment for substance misuse. The service has a registered manager.

Rise Rehab was registered on 27 June 2019 and this is the first inspection since registration with the Care Quality Commission.

What people who use the service say

We spoke with five clients during the inspection. All clients felt that the environment exceeded their expectations in terms of the standards of accommodation and facilities. Clients told us the service was safe, clean and there was no mixed sex accommodation. All clients spoke highly of the service and felt that the programme was varied and was helping them in their recovery. All clients highlighted how positive, caring, compassionate and supportive staff at the service were. All clients felt involved in their treatment and able to raise concerns. Many expressed a desire to continue their recovery by becoming peer mentors.

We were contacted by a previous client through the CQC website 'share your experience' who described how their life had been transformed through the rehabilitation and after care programme, the recovery model and approach and support of the staff team.

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?

Summary of this inspection

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

• visited the service and looked at the quality of the environment and observed how staff were caring for clients;

• spoke with five clients who were using the service;

• received feedback from a former client via the CQC website;

• spoke with the registered manager, chief executive officer and member of the board of trustees;

• spoke with six other staff members; including the team leader, recovery workers, data manager, cognitive analytical therapist and trainee cognitive analytical therapist;

• attended and observed one client group therapy session;

• looked at eight care and treatment records of clients:

• 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.

Outstanding practice

We found the following outstanding practice:

The therapeutic model was flexible and adapted to support clients to remain within the rehabilitation programme. This included cognitive analytical therapy, meditation, family therapy, mindfulness and yoga. The rehabilitation programme had been extended to 18 weeks to engage people who might have lapsed in their recovery and could be supported to be reintroduced into the 18-week programme.

The service continually involved clients in reviews of the service through feedback on policies, procedures and practice within the service, so clients were continually involved in shaping the service delivered.

The service continually assessed quality and sustainability and the impact of changes to the budget they received from commissioners. They adapted the service they offered while maintaining the high quality of the accommodation and service delivered, using group work and volunteers. Volunteers were able to continue to support other clients through their rehabilitation by using their own lived experience. For example, in attending appointments, accessing other recovery services and maintaining the vegetable plots.

The service offered several additional support services to clients to continue their recovery. This included a partnership with a local domestic violence charity to support victims through a harm reduction programme and access to an abstinence service, clients could also attend as part of the recovery programme.

Summary of this inspection

The management team had developed the service through support from the board of trustees and succession planning by employing people with a vision to improve the service on offer. Therapists delivered different therapies to support clients, there was a focus on developing the emotional intelligence of clients to make them more resilient.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Residential substance misuse services

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

Are Residential substance misuse services safe?

Good

Safe and clean environment

During the COVID pandemic, RISE Rehab continued to provide a service to clients. A COVID 19 risk assessment was in place with a variety of control measures to manage infection prevention and control, including regular testing, cleaning procedures, and additional staff training. The service used one of the flats as an isolation pod for clients entering the rehabilitation programme.

The accommodation comprised of six self-contained flats over three floors, which were fully furnished. Each flat had single sex bedrooms with an en-suite to meet with guidance on same sex accommodation. Staff checked each flat daily to ensure they were safe and clean, for example checking fire doors were working and completed a weekly safety audit of each flat.

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Clients were responsible for keeping their bedrooms and shared areas of the flats clean and clients produced their own cleaning rotas and a cleaner was on site five days a week.

Annual environmental risk assessments were completed which included ligature risk assessments, fire risk assessments and appliance testing. We saw evidence of weekly checks of the fire alarm system, annual maintenance checks on the fire safety system and fire drills. Closed-circuit television was used to cover all the external grounds, car park, entrance/exits and internal public spaces, including the flat corridors only.

Safe staffing

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

All staff had completed mandatory training. The provider had determined the safe staffing levels, for the number of clients accommodated. Where staff were absent the provider used its own bank staff to cover. Clients told us they knew all the bank staff and had established relationships with them.

Assessing and managing risk to patients and staff

Outstanding

Residential substance misuse services

Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. For example, a client accessed the relapse bed for a short stay following a short relapse and was then brought back into the service after two days. Another client was supported by the community diabetic service.

We reviewed eight clients' records, and these were completed with the involvement of each client that reflected their views of identifying and managing their individual risks. Staff completed a full risk assessment for each client before and after admission. Assessments were continuously reviewed, and all records contained risk management plans and were up to date.

Clients were given advice on harm reduction including reduced tolerance and reducing the risk of overdose. There was a clear process for staff to follow to reduce the risk of harm following an unexpected discharge, including provision of accommodation through The City of Liverpool Young Men's Christian Association. Risk management plans included a plan for clients unexpectedly dropping out of treatment.

The group work was supported within RISE Rehab by a Cognitive Analytical Therapist and staff who had completed CAT training for the delivery of the therapeutic group sessions. Clients were supportive of each other as a way of managing risk, they were encouraged and wanted to look out for each other, providing a safety net.

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.

There were comprehensive systems to keep clients safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. RISE Rehab also had a staff member who was the safeguarding champion and delivered training to clients on safeguarding issues.

Staff received training in safeguarding adults and children and the staff we spoke with were knowledgeable about recognising signs of abuse and knowing when and how to refer to social care services. Compliance for both safeguarding adults and safeguarding children training was at 86%. The level of safeguarding training for staff was at level 2 and level 3 for safeguarding champions. Two staff had completed advanced safeguarding awareness for the role of safeguarding champions.

Staff understood how to protect clients from harassment and discrimination including those with protected characteristics under the Equality Act 2010 such as gender, disability, race and religion. They worked in a way that was non-judgemental and showed respect for the clients they supported.

The service had made no safeguarding reports in the previous year however, we saw evidence in records that staff were aware of ongoing safeguarding issues that existed prior to admission. Clients told us they felt safe and able to disclose safeguarding information.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records. Assessments, recovery plans and risk assessments were completed on the electronic system and a paper document was available for clients and staff to refer to during the rehabilitation process.

Residential substance misuse services

Medicines management

The service used systems and processes to safely record and store medicines prescribed by their GP or a specialist doctor for general physical or mental health needs. Staff regularly reviewed the effects of medicines on each client's physical health. The service used an electronic system to record medicines brought into the service and processes to safely store medicines.

For the first two weeks, all clients' medicines were held by the service to enable staff to undertake a risk assessment for self-administration of medicines. Assessment of a client's ability to manage their own medicines includes seeking information from their GP or the referring agency. Clients could then self-administer if appropriate and had access to a locked safe in their room to store their medicines . Staff completed weekly room audits and room checks with clients to identify and account for any stock piling of medicines. This was agreed to as a set of expectations prior to admission to maintain their safety.

Scheduled or controlled drugs were stored and disposed of safely. A separate controlled medicines log was kept. A community pharmacist visited the service weekly to provide clients with blister packs and remove any unused medicine. Medicines audits were completed regularly.

Clients were encouraged to remain with local doctors' surgeries or could register with the local doctor's surgery next door. Clients confirmed that all their physical health needs were met.

Staff did not administer medicines and only supported clients to access their medicine if stored in a separate storage room. Staff were trained in medicine administration. Staff were trained in administering and training others to administer naloxone. Naloxone is an emergency medicine that can reverse the effects of opiates. Staff were first aid trained and there was a protocol in place to contact emergency services.

Track record on safety

The service had a good track record on safety.

There had been no serious incidents in the 12 months prior to our inspection. In the daily community meeting, we saw evidence staff knew clients well and were discussing the slightest change in behaviour and discussed support strategies. All the previous day's activities were debriefed ensuring learning was shared and absorbed around any issues that had arisen.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately, for example when a client's mental health deteriorated, a referral to mental health services was made and the client received an assessment and treatment in an NHS service. Managers investigated incidents and shared lessons learned with the whole team and the wider service. The service had a duty of candour policy. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are Residential substance misuse services effective?

Residential substance misuse services

Outstanding

Outstanding

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to 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.

There was an integrated approach to assessing, planning and delivering care and treatment to all clients, which put them at the centre of their care.

Staff worked with clients to develop individual care plans and updated them as needed. The care plans we saw were personalised entirely to the individual person, detailed and there were clear links between the assessment and management of risks which included personal development.

We reviewed eight records and found each record had a completed assessment and recovery plan which had been regularly reviewed. Staff used a recognised risk assessment to review treatment and care plans. Staff developed care plans that met the needs identified during assessment. For example, clients who had been homeless before entering the rehabilitation services could bring their dogs with them. The service consulted the Dog's Trust for their guidance in developing a policy to ensure best practice and working within legal frameworks were followed in allowing animals to stay in the building.

Clients felt that staff had considered their needs during the assessment process and that this was regularly discussed in key work sessions and groupwork.

Systems were also in place to provide post discharge support. Those who had a planned discharge could access housing within the nearby step-down service for up to 6 months and continue to attend meetings after graduation as peer support workers or volunteers. If clients graduated before they completed their CAT therapy, they were still able to access any outstanding sessions. Clients could also access accommodation through the YMCA network in Liverpool and Sefton.

Staff worked closely with anyone identified as being at risk of leaving the service and supported anyone who left the service unplanned to access accommodation and services back in their local area.

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. All staff were actively engaged in delivering therapeutic activities to monitor and improve quality and outcomes for clients.

The service offered several choices to clients as part of the rehabilitation programme.

Outstanding

Residential substance misuse services

Evidence-based psychological treatment was facilitated through a CAT therapist in groups and individual therapy. Clients were offered 18 individual therapy sessions as part of their rehabilitation. CAT is a relational approach that focuses on the relationship with yourself and with others and is concerned the way a person thinks, feels and acts, and the events and relationships that underlie these experiences. SMART goals were linked to client's support plans and reviewed at 6, 12- and 18-week intervals, so clients assessed their progress throughout the rehabilitation programme.

In 2020 the service changed the rehabilitation programme from 12 to 18 weeks to support people who had left the programme at an early stage to opt back in and complete this. Commissioners told us this had a significant impact upon clients being able to re-engage with the programme and complete it. This had a positive impact on relapse rates within the City of Liverpool. For example, commissioners reported there was a limited number of clients in registered services within Liverpool, involved in the trail in spring 2021. RISE Rehab supported three clients to reengage and complete their rehabilitation.

RISE Rehab also used a relapse bed off site, for clients who had a short relapse and were supported to recover without dropping out of the rehabilitation programme. The use of the relapse bed reduced the risk to other clients who remained within the rehabilitation programme. Liverpool City Council who commissioned the rehabilitation service told us this approach to risk had reduced the risk of client relapsing back into addiction. Clients were offered a variety of complimentary therapies such as Reiki, aromatherapy massage, yoga and Recovery Dharma.

The service provided family therapy through an external organisation for clients who wanted to improve their family and other personal relationships. It also offered a gender awareness group.

Clients accessed one-to-one sessions to improve their health, which included growing vegetables on site, developing cooking skills with the chef and use of the onsite gym with a qualified gym instructor. Staff were proactive in their approach to health promotion and were trained to deliver smoking cessation.

Staff delivered blood borne virus training and clients were assessed prior to admission with arrangements made for testing. Staff worked with other services, such as the Liverpool Diabetes Partnership to deliver sessions on site focusing on health and wellbeing.

Staff used recognised rating scales to assess and record severity and outcomes. Clients felt involved with their recovery plans and undertook self-assessments, such as assessment of their anxiety on admission and leaving the service.

The service used feedback from clients to assess the impact of the rehabilitation model and different options within it, as well as the health promotion and educational groups. Feedback from the gender awareness groups resulted in sessions on the benefits of exploring previous relationships, their roles in relationships and skills and strategies for the future. Feedback from a session on International men's day resulted in work on preventing male suicide, easy read information on testicular cancer and prostate cancer testing. Client's feedback was how the session raised awareness of male suicide and the risk of testicular and prostate cancer; issues male clients would not have previously considered.

The service took part in mental health awareness week, world mental health day and black history month. An outcome of mental health awareness week was the service introduced sound relaxation at RISE, focusing on sound and instruments to facilitate relaxation

All staff were actively engaged in activities to monitor and improve quality and outcomes. For example, they also participated in a clinical audit of CAT, benchmarking and quality improvement initiatives. There were weekly referral and

reflective practice meetings where outcomes were reviewed and plans for the following week formulated. The service used national tier four substance misuse completion rates to measure treatment outcomes. Key workers used treatment outcome profiles to structure recovery focused conversations with clients. The service sent data to the National Drug Treatment Monitoring System (NDTMS) and the treatment outcome profiling system.

The service regularly updated its policies and processes for using volunteers to help improve outcomes for clients. The service had developed the role of the volunteer and peer support workers who had a lived experience. These roles were used to support clients to access therapeutic events such as community and home visits in the first weeks of the recovery programme and later recovery festivals, gay pride, the homeless games, community outings and volunteering to create a memorial garden for homeless people who had died throughout the covid pandemic.

Skilled staff to deliver care

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

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. All staff, including volunteers were provided with a comprehensive induction.

Staff could access CAT training and the number of trainee CAT therapists was due to increase and include a consultant psychiatrist. Staff who undertook the training had regular support on reflective practice and formulation strategies to support clients, as well as their own personal development.

Robust recruitment processes were in place and all staff had a current disclosure and barring service check in place. Managers identified the learning needs of staff through supervision and annual appraisals. All staff received regular supervision and at the time of the inspection 100% of staff had received an appraisal.

There was a strong volunteer ethos within the service with ex-clients encouraged to continue their development through volunteering within the service or within the community. Over 50% of staff and volunteers working at RISE Rehab had a lived experience. The service recognised the extra responsibility it had towards those employees. Within the appraisal and supervision process staff were supported to talk about their recovery and offered support.

Multi-disciplinary and inter-agency team work

The service worked collaboratively to deliver more joined-up care with a holistic approach to planning discharge and managing transition.

The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. The service was innovative in developing partnerships with other local charities, social enterprises and statutory agencies so there was a holistic approach to rehabilitation, recovery and discharge. The service empowered and supported access to advocacy and mutual aid in the community.

Outstanding

Residential substance misuse services

Staff had regular contact with each client's care coordinators from their local mental health or substance misuse team where this was applicable. The service worked closely with social services, mental health services and criminal justice services. The skin care team provided treatment for leg ulcers and skin conditions, within the service twice each week.

They worked in partnership with other organisations to deliver support on harm reduction, abstinence and family therapy. Clients told us that these links had made the service more effective and was assisting their recovery. The service had relationships with a social housing provider outreach support team to help clients with the transition into living independently in a tenancy. They also had access to a charity providing sexual health and support to the LGBTQ+ community and HIV awareness and support.

Staff worked in partnership with the alcohol-free bar in Liverpool to undertake assessments and supported clients to access a day centre for treatment and support. Clients could also volunteer to work at the alcohol-free bar to gain work experience.

In addition, a training provider visited the service to offer and help clients to access adult literacy and other skills-based courses. This included courses tailored to the individual to access employment or training courses toward obtaining qualifications and skills toward employment. Courses included remote learning and were accredited by education and skills bodies.

Good practice in applying the MCA

Staff supported clients to make decisions on their care for themselves. They understood the provider'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 assumed clients had capacity and they supported clients to make their own decisions. Staff told us that clients who lacked capacity would not be suitable for the service. Clients capacity was reviewed throughout their stay and related to specific decisions. Staff understood fluctuating capacity should clients become under the influence of substances or alcohol and had clear guidelines to follow.

Are Residential substance misuse services caring?

Outstanding

Kindness, privacy, dignity, respect, compassion and support

Feedback from clients was overwhelmingly positive about the way staff treated clients. Clients thought staff went the extra mile and their care, accommodation, facilities and support exceeded their expectations. The five clients we spoke with said staff treated them with dignity and respect. They stated that staff showed them understanding and were kind to them.

During our inspection, we saw consistently positive interactions between clients and staff, with staff always being polite and respectful. Relationships between clients and staff were observed to be strong, caring, respectful and supportive.

Clients described the service as being lifesaving, life changing and a place of safety. Clients told us staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Clients said they were treated as

equals and not as service users. Two clients told us about their admission to the service and how shocked they were at the staff approach, and that they had been received with kindness, empathy and treated with dignity. Both said staff had helped them to deal with longstanding issues and they had settled into the service, were attending groups and felt part of a community.

One client told us about how the service had helped them to maintain a relationship with their children and family, despite complications around relationships and lifestyle, and said staff were always there to support them when needed. Another client said how the chef helped them improve their cooking skills and while doing so had talked about their previous life experience, which they had never done before and the chef helped encouraged them share their experiences with their key worker and in groups.

Clients completed a feedback questionnaire and the ratings in the questionnaire were based on the Care Quality Commission ratings, instead of a numbered scale. In all the questionnaires we saw clients rated the service as good or outstanding, highlighting a detailed and helpful induction process, a positive model of care and a variety of therapies being on offer. Accommodation, facilities and the quality of food was another key positive feature. Exit questionnaires highlighted clients were feeling safe, accepted and not being stigmatised. Clients highlighted the offer of having somewhere to move onto, attending after care groups at the service and the stepdown service offering CAT as positive in continuing their recovery. As a result of clients' feedback, the service introduced the 'meet the service manager' meeting and created the onsite gym.

Staff respected client's privacy and dignity. RISE Rehab had clear policies on confidentiality and staff knew what these were and used them to protect the information about their clients. Information was shared with clients' consent or in circumstances when significant concerns about a client's safety had been raised. This was explained to clients during their initial assessment and induction to the service. We saw consent forms in all the records we reviewed.

During our inspection, we saw consistently positive interactions between clients and staff, with staff always being polite and respectful. Relationships between clients and staff were observed to be strong, caring, respectful and supportive.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind, compassionate and promoted client's dignity. Staff spent time explaining things to clients and ensuring they had the information they needed to understand the treatment offered and how to remain safe and well. There was also access to an interpreter service.

We saw feedback from professionals who had been involved in the review of client's placements at RISE and their feedback to the service was being humbled by the professionalism of staff involved in client's care.

Involvement in care

Clients and their families were active partners in their care. Staff always empowered clients to have a voice and to realise their potential.

Client's individual preferences and needs were always reflected in how care was delivered. For example, staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Clients told us they were always given options about their treatment and all aspects of their care were explained. Clients said they could also access other services for support with addictions to drugs, alcohol and gambling.

Outstanding

Residential substance misuse services

Clients' feedback was gathered through a variety of methods including surveys, meetings and exit questionnaires. We saw evidence that clients' feedback had influenced service change. Clients had identified early in the covid pandemic that access to fitness was limited, so a proposal and business case was made for a gym in the basement. This was agreed, equipment purchased and decorated by clients.

Clients gave positive feedback on the groups provided by the service. The gender awareness group was described as empowering and helped clients feel assertive, strong, positive and increased self-esteem. Clients gave positive feedback on the services approach to indiscriminatory attitudes and a zero-tolerance approach.

The service followed therapeutic community principles, by involving clients in producing their own stories which they had shared by attending the board of trustee meetings and being involved in interview panels to appoint staff.

Community meetings were held weekly to give clients an opportunity to talk about any issues that affected the community and to air their views and ideas.

Clients were active partners in their care and the running of their community. Clients were involved in deciding the day to day running of the premises and were responsible for maintaining in house rules outside of staff core hours.

Staff displayed a range of information for clients around the service about other organisations and supported clients to access other support such as housing and benefits when needed.

The service empowered and supported access to advocacy, support networks and mutual aid in the community. Each client had a recovery plan and risk management plan in place that demonstrated their preferences, for recovery goals. Recovery plans demonstrated client involvement.

Clients valued their relationships with the staff team and felt that they often exceeded expectations when providing care and support. We interviewed 5 staff and they referred to their work as vocational saying they were inspired by the clients.

Staff informed and involved families and carers appropriately. Clients were supported to maintain contact with families and in many cases to regain contact after relationships had broken down. Visits were encouraged with facilities for children to visit. A client told us they had become anxious about how to engage with their child and that their support worker had helped them to access family therapy sessions which had led to progress in re-building their relationship

A client told us they intended to volunteer as a peer support worker because they were so inspired by the support clients received and wanted to give their own time back to help other people in their recovery.

Are Residential substance misuse services responsive?

Outstanding

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.

Outstanding

Residential substance misuse services

Client's individual needs and preferences were central to the delivery of a tailored recovery programme. There were integrated person-centred pathways of care. The services were flexible, provided informed choice and ensured continuity of care.

The service had clearly documented admission criterion and clients needed to be abstinent to access the community. RISE Rehab was working with commissioners to take clients towards the end of their detox programme, which commissioners told us had resulted in a smooth transition from detox to rehab for clients, enabling them to remain in the programme. The service worked with other stakeholders, for example care coordinators in their local teams to ensure that clients were prepared for the rehabilitation programme before being accepted. The service actively engaged with commissioners, social care and the voluntary sector to ensure that services delivered and met the needs of clients using the service.

The service discharged clients after 18 weeks if the client and staff agreed that this was suitable. Clients could access a step-down service located near to RISE rehab for a further 6 months or were supported to find accommodation. The service was responsive to the client's progress and often extended the programme to 18 weeks to prevent an episode of relapse or to help the client re-engage with the programme. If a client had a short relapse, they could access the lapse bed and re-join the programme.

There were clear policies in place should a client discharge themselves unexpectedly. Staff supported those clients who left in an unplanned way to access services in their local community. This included drug and alcohol treatment services, housing services, mental health services and treatment for physical health.

The type of support offered included further budgeting support, addressing any fears or concerns clients had over managing their own tenancy, and any other support which led clients closer to their goal of securing their own permanent accommodation. The accommodation was also close to community support services clients could access. A volunteer told us about how the service had supported them to attend the after-care groups and helped them access their own tenancy. They were now employed and spoke about how life changing RISE Rehab had been.

The service had alternative care pathways and referral systems for clients whose needs it could not meet. RISE Rehab was firmly embedded within the recovery community. Recovery and risk management plans reflected the diverse and complex needs of clients.

The facilities promote recovery, comfort, dignity and confidentiality

The facilities and premises were innovative and met the needs of a range of people who used the service. The design, layout, and furnishings of RISE Rehab supported clients' treatment, privacy and dignity. Each client had their own en-suite bedroom and could keep their personal belongings safe. There were quiet areas for privacy. Male and female flats were on separate floors. Flats on the ground floor were equipped to accommodate disabled clients.

During the day, clients accessed the onsite group and therapy rooms, which were named after the values of recover, inspire, support and empower (RISE). This was a substantial building with several therapy rooms, dining room, kitchen, gym and flats.

Outstanding

Residential substance misuse services

Staff delivered a range of groups for clients. These varied depending on the stage of a client's treatment and on the client's addiction. Therapy rooms were named after values chosen by clients for example, empathy, hope and create rooms. The create room contained a range of high-quality arts equipment, music, musical instruments, DVDs, CDs, books, jigsaws and board games. There was Wi-Fi throughout the building so clients could access mindfulness apps and meditation videos on YouTube.

There was information available or displayed by posters relating to support groups, local services, health-based information, medicines and current drug warnings.

Patients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Clients were encouraged to maintain relationships with families and carers.

There was a family support service which offered family therapy to clients and their families, carers or significant other and data showed this service was well accessed by clients. As part of the family therapy programme, families and carers were invited to write impact statements to clients. Clients discussed the impact statements during family therapy sessions. The aim was for clients to understand the impact their addiction had on others as part of their recovery journey.

We saw feedback from families who had been supported to access loss and bereavement services following the grief they experienced related to addiction. Families thanked RISE for understanding their grief and loss and referring them onto services which had helped the healing process.

Staff encouraged clients to access positive and meaningful opportunities in the community with social, recreational and educational activities. Staff worked on this throughout their involvement with clients so that they could have the networks and meaningful activity to support their recovery in the longer term.

Clients had access to other recovery services with the YMCA together network. This included access to social and recreational groups for playing football, growing vegetables, walking and creating a memorial garden. Clients from RISE Rehab helped create the homeless memorial garden at Liverpool's Dutch Farm, built by the YMCA. The garden provides a space for friends and family to mourn the loss and celebrate the lives of homeless people.

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. There was a proactive approach to understanding the needs of a diverse groups of clients and to deliver care in a way that met those needs and promoted equality. This included clients who were vulnerable and/or had complex needs.

The provider demonstrated an understanding of the potential issues facing vulnerable groups and offered appropriate support.

Staff had access to interpreters and signers for clients with hearing loss. Clients completed feedback questionnaires on equality and diversity after each programme completed. Feedback information we saw was positive about how clients

protected characteristics were supported, with clients commenting how their religious, gender identity and cultural needs were recognised and accepted. The service supported clients to access the LGBT plus community, places of worship and any faith-based organisations. We spoke with one client who had been supported to attend a weekly faith group. Clients' needs were individually assessed, and support provided from staff to access services in the community.

The service had reviewed its restrictive practices with clients and the feedback survey confirmed clients understood and agreed with arrangements for the use of mobile phones for the first two weeks of their recovery and not using them during the group and individual sessions. The service had removed the restriction on clients having exclusive relationships with each other, recognising that clients had capacity to make their own decisions and still maintained the policy for the protection of vulnerable clients.

Clients achievements were celebrated by the service. Clients who had successfully completed their recovery programme were invited to attend graduation ceremonies. Clients had the opportunity to share their recovery journey with staff, peers, family members and carers.

Listening to and learning from concerns and complaints

There had been approximately 40 compliments and 1 formal complaint to the service in the previous 12 months. The formal complaint was responded to appropriately, an apology made, and a process changed as a result. Informal complaints from clients were dealt with as quickly as possible and those raised within the community meeting were recorded within those minutes.

We saw a wall in the service which contained hundreds of thank you cards from clients since the service opened. In addition, clients wrote thank you letters and poetry expressing their compliments and thanking staff for supporting their recovery.

The provider had a clear complaints system and policies to ensure lessons were learnt. There were set time limits to respond to complaints and policies to ensure that lessons were taken forward at a local level. Complaints were collated and reviewed in team and management meetings on a quarterly basis. The provider ensured that recommendations to implement changes in response to complaints were embedded in practice.

Clients knew how to complain or raise concerns. All comments, complaints and feedback were recorded locally and monitored centrally, with all clients receiving feedback. There was a complaints champion in the service, and they shared feedback from progress on matters raised in community meetings.

Clients had regular opportunities to meet the service manager, to discuss any changes within the service. Minutes of a recent meeting showed client's views had been heard and the manager had been able to explain some recent decision making, which showed how the community supported one another.

Are Residential substance misuse services well-led?

Outstanding

Leadership

Outstanding

Residential substance misuse services

The service was very well led with comprehensive and successful leadership strategies in place to ensure and sustain delivery and to develop the desired culture. Objectives and plans were challenging and innovative, while remaining achievable. 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.

The manager was well supported by a service manager and chief executive. As a team they had a clear understanding of issues, challenges and priorities in their service, and beyond.

When we spoke with the manager, chief executive and a board of trustee member, they demonstrated an in-depth knowledge of the client group and the impact supporting clients with complex issues could have on staff. The management team were visible and approachable for clients and staff. On inspection we saw them speaking to clients on first name terms.

They ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients. The service was supported by the provider's local organisational structures to ensure the safe running of the service.

Staff told us the management team were all strong leaders with a clear focus on service delivery.

RISE Rehab had a clear definition of recovery and how clients can achieve this. The staff team understood how this was delivered through their service. They worked to the principle that with the right support anyone can recover.

Vision and strategy

The leadership team have an inspiring shared purpose and strive to deliver and motivate staff to succeed. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Strategies were in place to ensure and sustain delivery and to develop a positive open culture.

Culture

Staff were proud of the organisation as a place to work and speak highly of the culture. 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.

The staff had high levels of satisfaction. They were proud of the organisation as a place to work and spoke highly of the culture.

Staff we spoke with told us they were supported by the manager and felt they worked within a very caring and supportive staff group. All staff were fully engaged and often did extra volunteer hours to support clients. There was a strong sense of community.

YMCA Together secured sixth place in the best companies' charity's 30 best organisations to work for national list for 2021 and staff spoke positively about the support they had to perform in their role. This included staff identifying their wellbeing as a priority. Staff could take 15 wellbeing hours a year in addition to annual leave.

Staff appraisals included discussions about professional development. We saw in the personnel files that these were detailed with actions to be undertaken by managers and the staff member. Staff were supported for their own physical and emotional health needs.

Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff told us the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.

Governance

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

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and were all up to date. There were systems in place to check performance and compliance with the assessment, planning and evaluation of clients care and treatment.

There were effective ways of monitoring the service and routes for raising concerns. All staff had received the appropriate training and regular supervision. Staff had a good understanding of safeguarding and the Mental Capacity Act, they used these to ensure clients received safe care.

There was a clear framework of what had to be discussed at team and management meetings that ensured essential information, such as learning from incidents and complaints, was shared and discussed.

Management of risk, issues and performance

There is a strong demonstrated commitment to best practice performance and risk management with problems identified and addressed quickly and openly. There was a clear quality assurance and performance framework in place. This included a local risk plan and actions relating to this and how they would be achieved. Staff could raise concerns around risk for the service with managers who could escalate these to the risk register through to governance meetings of the audit committee.

Staff concerns matched those on the risk register. There were 11 concerns on the risk register. Risks reflected concerns of staff and managers. These concerned environmental and safety risks. Risks were mitigated and were regularly reviewed.

The service had plans for emergencies such as business continuity. They were clear about how cover would be provided and gave information to clients by phone and through the website about how they could access support if they needed to

Information management

Information used in reporting, performance management and delivering quality care is was used to drive and support internal decision making as well as system-wide working and improvement.

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff felt confident in using the systems and could demonstrate an awareness of information governance. Information was in an accessible format, and was prompt, accurate and identified areas for improvement. All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

Outstanding

Residential substance misuse services

The service had developed information sharing processes and joint working arrangements with other services where appropriate to do so. The service ensured confidentiality agreements were explained including in relation to sharing of information and data.

Staff collected and analysed data about outcomes and performance. Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

We saw that the manager had access to data about the service's performance. Staff took part in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed. Audits completed included case notes, medicines, health and safety.

Data and notifications were given to external bodies and internal departments as required including notifications to the CQC. For example, commissioners were informed of client's progress and any incidents in contract meetings.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients.

Engagement

Services are developed with the full participation of clients, staff and external partners as equal partners. Innovative approaches are used to gather feedback from clients, the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback. Challenges from clients, the public and stakeholders was welcomed

Staff, clients and carers had access to up to date information about the work of the service though the internet, notice boards, leaflets and social media platforms.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Client, staff and stakeholder consultations were completed as well as joint events held when the service model was changed. Clients were represented at the board of trustee meetings through sharing their experiences through recovery.

Clients and staff held weekly community meetings at which they could give feedback about the service.

Managers engaged with external organisations such as the commissioners for the service and local safeguarding committees. They also had effective partnerships with the police, probation service, domestic violence groups and close links with the area substance misuse service.

Learning, continuous improvement and innovation

The service had a stong established approach and committtment to improvement. Improvement was the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. The therapeutic model was flexible and

adapted to support clients to remain within the rehabilitation programme. This included cognitive analytical therapy, meditation, family therapy, mindfulness and yoga. The rehabilitation programme had been extended to 18 weeks to engage people who might have lapsed in their recovery and could be supported to be reintroduced into the 18-week programme.

The service continually involved clients in reviews of the service through feedback on policies, procedures and practice within the service, so clients were continually involved in shaping the service delivered.

The service continually assessed quality and sustainability and the impact of changes to the budget they received from commissioners. They adapted the service they offered while maintaining the high quality of the accommodation and service delivered, using group work and volunteers.

The service offered several additional support services to clients to continue their recovery. This included a partnership with a local domestic violence charity to support victims through a harm reduction programme and access to an abstinence service, clients could also attend as part of the recovery programme.

The management team had developed the service through support from the board of trustees and succession planning by employing people with a vision to improve the service on offer. Therapists delivered different therapies to support clients, there was a focus on developing the emotional intelligence of clients to make them more resilient.