The Recovery Lodge

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff knew, and put into practice, the service's values. Staff were positive about the leadership and management of the service. Staff felt supported and morale was good.
- The environment was clean, welcoming and of a good standard. Clients and their families were encouraged to visit the service prior to admission.
- Staff discussed incidents during handovers and team meetings. Following an incident, the service had installed CCTV in communal areas, apart from the lounge and dining area.
- The psychiatrist completed a comprehensive assessment when clients were admitted to the service. Medicines prescribed followed recommendations by the National Institute for Health and Care Excellence (NICE) guidelines. NICE provides national guidance and advice to improve health and social care.
- Care records contained a photograph of the client so that staff could clearly identify them when administering medicines.

Summary of findings

- Staff encouraged family and carer involvement and the service offered family intervention support. Clients told us that the service had helped repair relationships with their partner and family.
- We received positive feedback from professionals who told us the service was responsive and communicated well.
- Staff treated clients with kindness, dignity and respect and were enthusiastic and passionate about supporting clients in their recovery.
- Current and previous clients were overwhelmingly positive in their feedback about the service. None of the clients we spoke with at the service had any concerns to report. Feedback received from carers and relatives was equally positive.
- The service provided opportunities for client feedback to develop and improve the service. Clients were involved in planning menus, therapeutic duties and weekly activities.
- Clients completed a continued recovery plan (CRP) prior to discharge to ensure a smooth transition home. There was a fortnightly aftercare group and clients were invited to attend group therapy after discharge.
- The service had made adaptions to accommodate wheelchairs. The service had worked closely with social services to organise and facilitate appropriate specialist support to ensure that a client's needs had been met.
- The service completed regular audits including medicines and quality assurance. The quality assurance audit considered a range of subjects including environmental risk assessment, fire checks, care plans, incidents, staff training and graduation questionnaires.

However, we also found the following issues that the service needs to improve:

- The service had a detox protocol which clearly listed inclusion and exclusion criteria. The protocol referred to use of the alcohol use disorders identification test (AUDIT) to assess inclusion criteria. However, staff did not complete an AUDIT or severity of alcohol dependence questionnaire (SADQ) prior to admission to assess the severity of dependence or alcohol related problems.
- The service did not include information on admission documentation that they may ask clients to move bedrooms to ensure same sex accommodation.
- Staff rotas did not record the attendance on site of the manager and director. This meant that the rotas did not accurately reflect staffing levels.
- The manager told us that the service ensured staff competency, including administering medicines. However, there was no documentation to evidence this.
- All staff had completed the care certificate which included training in safeguarding adults and safeguarding children. However, only three of the seven staff had completed specific training for safeguarding adults at risk and safeguarding children and only four of the seven staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Risk assessments consisted of tick boxes to identify risk. The form did not invite further comments for risks identified. None of the records reviewed contained a plan for a client's unexpected exit from treatment.
- Care plans were generally holistic and demonstrated client involvement. However, two of the care plans did not fully demonstrate client strengths and goals. Staff did not record the support provided to clients concerning their physical health. Information around administration of 'as and when required' medication lacked sufficient detail.
- There was an induction checklist in all of the staff personnel files. However, only three of the seven forms had been completed. The frequency of supervision was poor and the quality of record keeping was inconsistent. This meant that staff development needs were not always captured so that appropriate action could be identified. The service did not have any key performance indicators and did not measure outcomes. This meant that the service was unable to measure their success or performance of the team.

Summary of findings

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Summary of this inspection

Background to The Recovery Lodge

The Recovery Lodge is a 12 step residential detoxification and rehabilitation centre in Kent. The service offered accommodation and treatment for up to six clients experiencing drug or alcohol issues. The service worked with male and female residents over the age of 18 and accepted self referrals and referrals from professionals.

The Recovery Lodge was registered with the Care Quality Commission (CQC) on 14 January 2016 to provide the following activities:

Accommodation for persons who require treatment for substance misuse.

The current manager of the service registered with CQC on 16 November 2016.

This was the first time that CQC had inspected the service.

Our inspection team

The team that inspected the service comprised CQC inspector Shelley Alexander-Ford (inspection lead), one other CQC inspector and one nurse specialist advisor with knowledge and experience of working in substance misuse.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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 and asked other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with the registered manager and director for the service
- spoke with three members of staff including a therapist and support workers
- spoke with the consultant psychiatrist contracted by the service to complete medical assessments
- spoke with a pharmacist who provided the medicines to the service
- received feedback about the service from a referring agency
- spoke with four current and seven previous clients

Summary of this inspection

- spoke with seven relatives and carers
- reviewed the medicines management of the service and observed medicines administration at lunchtime
- looked at eight care and treatment records, including medicines records, for clients
- reviewed seven personnel and training records for staff
- reviewed the accident reporting procedure and eight incident report forms
- reviewed minutes of team meetings and house meetings
- reviewed staff rotas
- reviewed the health and safety management of the service
- attended a handover
- observed a family intervention meeting
- attended a graduation ceremony
- collected feedback using comments cards from 13 clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Feedback from a referring agency was positive. They told us that clients reported feeling safe and that staff were friendly and professional.

Feedback from current and previous clients and carers was equally positive. Clients told us that staff were responsive and the care they had received was excellent. Clients were involved in planning their care and treatment and the service met all of their needs. Clients said the aftercare offered was good and clients could contact the service at any time following discharge.

Carers told us that Recovery Lodge was a homely environment with friendly and helpful staff. Carers could speak with the staff at any time and they took time to answer questions or concerns.

Feedback from comments cards included 'the treatment here saved my life', 'staff are truly amazing', 'no negative comments to make', 'treated like part of the family and felt safe' and 'caring, knowledgeable and supportive staff at all times, respectful of clients and their needs. The environment was safe, comfortable and fully suitable with meds dispensed with care and at the right time'.

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 do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service allocated rooms dependent upon the gender ratio of clients and asked clients to move bedrooms to ensure that they protected client's dignity and privacy. However, the service did not record the client's agreement to this.
- All staff had completed the care certificate which included modules for safeguarding adults and safeguarding children. However, only three of the seven staff had completed specific training for safeguarding adults at risk and safeguarding children. Only four of the seven staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff did not complete an alcohol use disorders identification test (AUDIT) or severity of alcohol dependence questionnaire (SADQ) to assess level of alcohol dependence or problems associated with clients alcohol use.
- Risk assessments consisted of tick boxes and did not invite further comments on the risk identified. Standard risk assessments did not include a risk management plan. None of the records reviewed contained a plan how to manage a client's unexpected exit from treatment.
- The manager told us that the service followed policies to ensure staff competence. However, there was no documentation to evidence this.
- Staff rotas did not include the attendance of the director and manager. This meant that they did not accurately reflect staffing levels.

However, we found the following areas of good practice:

- Staff discussed incidents during handovers and team meetings. Staff demonstrated knowledge and understanding of incidents that should be reported. Following an incident, the service had installed CCTV in communal areas, apart from the lounge and dining area.
- Care records contained a photograph of the client so that staff could clearly identify them when administering medicines.
- Staff completed weekly medicine audits to stock check medicines against the medicine chart and to check for any errors. There was no evidence of missed signatures of errors in the medicine charts reviewed.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The psychiatrist completed a comprehensive assessment when clients entered the service. Detox regimes followed the National Institute for Health and Care Excellence guidelines.
- Qualified and appropriate staff delivered therapy groups. Staff escorted clients to mutual aid groups as part of their treatment and to support recovery.
- All records reviewed contained a copy of a summary from their registered GP. If clients did not live locally, staff registered them with a local surgery if required. However, staff did not always record physical interventions, such as measuring blood glucose levels, in client care records.
- The service offered family intervention support. We observed a family intervention meeting. The therapist demonstrated strong facilitation skills during the meeting.
- Staff liaised appropriately with professionals involved in the clients care. Staff had made links with a local college to support the reading development of a client.
- The manager had identified a gap in staff training and arranged for an independent training provider to deliver regular face to face training to support staff development.
- Staff reviewed treatment rules and paperwork with the client the day after entering the service. This was in recognition that substance misuse may have affected their understanding on the day of admission.

However, we also found the following issues that the service provider needs to improve:

- The content of the care records was mixed. Two of the eight records contained basic information on the comprehensive assessment regarding substance misuse. In one record reviewed, staff had recorded that a client had reported a history of tremors and sweats yet there was no corresponding plan how they would manage this.
- There was an induction checklist in all of the staff personnel files. However, only three of the seven forms had been completed.
- The frequency of staff supervision was poor and the quality of record keeping was inconsistent.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- We observed staff treating clients with kindness, dignity and respect. Staff demonstrated a positive attitude when interacting with or discussing clients. Staff were enthusiastic and passionate about supporting clients in their recovery.
- Current and previous clients were overwhelmingly positive in their feedback about the service. Clients felt involved in their care planning and said that the service had met all of their needs. None of the clients we spoke to at the service had any concerns to report.
- Staff encouraged family involvement and encouraged clients and families to visit the service prior to admission. Carers said that staff were friendly and responsive. Carers valued the support offered to them by the service.
- The service offered family intervention support. Clients told us that the service had helped repair relationships with their partner and family.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service screened referrals to ensure they were able to meet client needs. The service referred clients back to a referring agency if their needs were too great or too complex for the service.
- Activities were available three times per week. Clients were invited to make suggestions for activities. Staff escorted clients to attend a mutual aid group four times a week.
- Clients completed a continued recovery plan prior to discharge to support a smooth transition home. Staff contacted clients within seven days of discharge. The service provided a fortnightly aftercare group to support clients after discharge.
- The service facilitated a 'graduation ceremony' when clients completed treatment. Clients completed a graduation questionnaire which provided feedback and suggestions to develop the service.
- The service had made adaptions to accommodate a client with a wheelchair. The service had worked closely with social services to organise and facilitate appropriate specialist support to ensure that a client's needs were met.

However, we also found the following issues that the service provider needs to improve:

Summary of this inspection

- The service had a detox protocol which clearly listed inclusion and exclusion criteria. The protocol referred to an alcohol use disorders identification test (AUDIT). However, staff did not complete the AUDIT.
- The service did not have a clear audit trail for responding to complaints.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The mission statement and philosophy of the service was available in the client information pack. Staff were committed in providing a high quality service and supporting clients in their recovery. Staff knew the director and manager who were involved in the day to day running of the service. Staff felt supported and morale was good.
- The service completed regular audits including medicines and quality assurance. The quality assurance audit considered a range of subjects including environmental risk assessment, fire checks, care plans, incidents, staff training and graduation questionnaires.
- Staffing levels were adjusted to ensure that the needs of the clients were met. However, the manager, director and one support worker were not included on the rota. This meant that the rotas did not accurately reflect staffing levels.

However, we also found the following issues that the service provider needs to improve:

- The service did not have any key performance indicators and did not measure outcomes. This meant that the service was unable to monitor staff performance or the success of the service.
- There was low compliance for staff completing the following: Mental Capacity Act and Deprivation of Liberty Safeguards, fire safety, manual handling and food safety and hygiene which were 43%, 29%, 29% and 14% respectively. All staff had completed safeguarding adults and safeguarding children training as part of their care certificate. However, only three members of staff had completed specific training for safeguarding adults at risk and children.
- The frequency of supervision for staff was low. Staff told us that they received ad hoc supervision that was not recorded.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards training was available for staff. Staff demonstrated an appropriate level of knowledge and understanding of the principles of the Mental Capacity Act. However, data provided by the service showed that only three of seven staff had completed the training, which equated to 43% of staff. The service had a Mental Capacity Act policy.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

The Recovery Lodge was in a converted residential building set over two floors. There was a spacious lounge with dining area, a large kitchen, a small utility room and two bedrooms with a shared shower room on the ground floor. There were four bedrooms and a shared bathroom on the first floor. None of the bedrooms contained a wash basin.

The layout of the building made segregated bathroom and toilet facilities difficult. Clients were made aware of the shared accommodation during the pre-assessment process and in the client information booklet. Where possible, staff allocated bedrooms or asked clients to move rooms to ensure that clients' safety, privacy and dignity was protected. However, the admission documentation did not include an area for clients to sign their agreement to this.

There was a large private garden where the office, a small one to one room and a large therapy room was situated. The front door bell only sounded in the office. As part of their treatment contract, clients agreed not to answer the front door so that they were not placed at risk of leaving the service and relapsing to substance misuse.

The environment was clean, welcoming and of a good standard. The service provided a cleaner who completed a deep clean once a week. Clients completed therapeutic duties, which included cleaning, as part of their treatment.

There was an environmental risk assessment in place. Health and safety records demonstrated appropriate testing such as gas, portable appliance testing and legionella was in date.

Following an incident, the service had installed CCTV in communal areas, apart from the lounge and dining area. CCTV was also available in the one to one room and therapy room. Staff told us that they could adjust the sound and use for observation purposes only where appropriate.

There were alarms in all bedrooms. The alarms were portable meaning that clients were able to keep them on their person.

The clinic room was a cupboard located in the entrance area of the office. The room contained a small locked controlled drugs cupboard. Staff monitored client's blood pressure in individual rooms.

A local pharmacy dispensed and disposed of medicines for the service. There was a blanket rule that staff administered all medicines to clients apart from asthma pumps and prescribed nitro lingual sprays for heart conditions. Staff asked clients to bring any prescribed medicines with them on admission and these were entered on the client's medicine administration chart.

Safe staffing

The director was actively involved in the running of the service and worked shifts to cover staff absence. The registered manager also covered shifts when required, although their role was more office based. The service employed two therapists and three support workers. The therapists delivered counselling groups and one to one therapy, and worked during the day only. The support workers covered a 24 hour period. There were three to four members of staff between 9am to 5pm, dependent upon the number and individual needs of clients. Two members of staff were available between 5pm to 8pm and one member of staff completed a waking night shift between 8pm and 9am. An experienced member of staff shadowed a new member of staff during waking night shift to ensure competency. The service had a lone working policy.

Substance misuse/detoxification

We reviewed two staffing rota's which demonstrated a minimum of two staff during the day and one at night. The attendance of the manager and director on site was not recorded. The inspection team discussed this with the manager who told us that the rota was completed for staff information so that they knew when they were working. They agreed that future rotas would reflect the total number of staff on site at any time.

Interviews for a support worker vacancy were due to take place later in the week of our inspection. The service did not use bank or agency staff. Staff, including the director and manager, covered staff absence.

The service reported a 3% sickness absence rate for the 12 months up until 7 December 2016. There was a 27% staff turnover for the same period. Three members of staff had left in close proximity in 2016.

All staff had completed the care certificate which included training modules for safeguarding adults and children, medication awareness, health and safety, basic life support and equality and diversity. However, only three of the seven staff had completed specific training for safeguarding adults at risk and safeguarding children. Three staff had current emergency first aid at work certificates. Staff contacted the emergency services in the event of an emergency. Only four of the seven staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The director had completed training in health and safety and control of substances hazardous to health in September 2016.

Assessing and managing risk to clients and staff

The Recovery Lodge only provided a medically monitored service. This meant that the service did not accept clients with severe substance misuse disorders or complex needs that would require 24 hour medical input. However, the service's statement of purpose did not make clear which medical model they used. The service did not hold emergency drugs such as naloxone or midazolam. Naloxone blocks or reverses the effects of opiates and is used to treat an opiate overdose. Midazolam can be used for alcohol withdrawal. Staff mitigated risks by completing regular observations.

Staff completed a telephone assessment when clients first made contact with the service. The screening identified any potential risks concerning suitability for the service. Staff did not complete an alcohol use disorders identification test (AUDIT) or severity of alcohol dependence questionnaire (SADQ). The AUDIT tool is used to assess consumption, drinking behaviour and alcohol related problems. The SADQ is used to measure the severity of dependence on alcohol.

We reviewed eight care records for clients which included two previous clients. There was an up to date risk assessment for all clients except one. Risk assessments consisted of tick boxes to identify risk but did not invite further comments for the risks identified. Only one record contained a risk management plan called an enhanced risk assessment, which invited staff to record how the identified risk would be managed. None of the records reviewed contained a plan for a client's unexpected exit from treatment.

All client files contained activity risk assessment forms for example, for personal hygiene, healthy diet, travelling in cars, taking medicines and using sharp utensils. Risk assessment formed part of the initial medical assessment with the consultant psychiatrist. Staff discussed risks during handovers and team meetings.

The manager told us that the service followed policy concerning observing and shadowing staff to ensure competency, for example for administering medicines to clients. However, there was no documentation to evidence this. Inspectors raised this with the manager who said that they would act on this information.

The consultant psychiatrist completed and signed the medicine charts on admission to the service. The medicine chart recorded all prescribed medicines, date of birth, name and allergies. Medicine charts were kept in client files. Care records contained a photograph of the client so that staff could clearly identify them. Information in care records about staff administering as required medicines was limited, although staff had entered this information on the client's medicine record. Staff asked clients to bring a month's supply of any prescribed medicines on admission to the service, which staff then collected from them. Staff ordered medicines from a local pharmacy when there was insufficient medicine to last the duration of a client's treatment.

Staff completed weekly medicine audits to stock check medicines against the medicine chart and to check for any errors. There was no evidence of missed signatures or errors in the medicine charts reviewed.

Substance misuse/detoxification

There were blanket restrictions concerning the use of mobile phones. Clients were not allowed to use their mobile phones for the first 14 days of treatment. After 14 days, clients could use their mobile phones between 5pm and 7pm. Staff made clients aware of this during the assessment process and clients signed the treatment rules to accept these restrictions. Information about use of mobile phones was also in the welcome pack.

Clients could not leave the service unaccompanied unless previously agreed with staff. During our inspection we saw an example of staff being flexible in order to meet the needs of a client regarding leaving the service to attend a prior commitment. The service used a disclaimer to inform carers that clients were their responsibility when off site. We saw this was being used appropriately.

We saw appropriate levels of observation during client detox. Staff completed clinical institute withdrawal assessment for alcohol form to monitor withdrawal symptoms. The clinical institute withdrawal assessment is a ten item scale used in the assessment and management of alcohol withdrawal. However, staff knowledge and understanding concerning appropriate completion the clinical institute withdrawal assessment forms was questionable. Guidelines state that clinical institute withdrawal assessment should be stopped when the overall score is below ten on three consecutive occasions. However, staff had stopped completing clinical institute withdrawal assessments for two clients whose scores were 14 and 20 respectively. Staff had rated the highest severity for a client experiencing headaches, which would require attention. This meant that the use of the tool to monitor withdrawals became meaningless. Inspectors raised this with the manager who planned to arrange appropriate training for staff.

Track record on safety

There had been one serious incident in the 12 months prior to the inspection. The incident involved an allegation of abuse which had been recorded as a complaint. Inspector's case tracked the incident and saw that the service had responded to the complaint according to their policy. The service had identified learning and written an action plan detailing timeframes for each action to be completed. However, minutes of the meeting between the complainant and the service had not been signed to corroborate the information recorded. Inspectors noted a potential conflict of interest which they raised with the manager. The service had recognised this and had introduced non-executive directors for the service who would be involved in investigating complaints and incidents to ensure objectivity.

As part of learning, the service had installed CCTV as a result of this incident to ensure the safety and welfare of clients and staff.

Reporting incidents and learning from when things go wrong

Staff reported incidents on an incident reporting form which they handed to the manager and director as soon as possible after the incident. Incident forms were kept in a folder in the office. Staff discussed incidents during handovers and team meetings. Staff demonstrated knowledge and understanding of incidents that they should report.

We case tracked eight incidents and saw that appropriate action had been taken to manage and investigate the incidents.

Staff recorded trips and falls appropriately in the accident reporting book. Staff completed risk assessments, for example, use of the wheelchair ramp.

Duty of candour

The service had a duty of candour policy. Duty of candour information was displayed throughout the service. We saw examples of staff demonstrating duty of candour with clients and families. The duty of candour regulation requires that providers are open and transparent with people who use services, their families and carers throughout their care and treatment, including when things go wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

Staff completed a telephone screening assessment when clients first contacted the service. The consultant psychiatrist completed a comprehensive assessment when a client was admitted. The assessment considered drug

and alcohol use, client goals, childcare, family history (including medical history), childhood, employment, psychosexual, medical history and mental health history. The psychiatrist included a plan to support client needs. In one assessment, the psychiatrist had asked staff to monitor a client's depressive and possible psychotic symptoms. However, staff had not included this information in the client's care plan. Appropriate drug and alcohol screening was completed as part of the assessment.

The psychiatrist prescribed a detoxification regime in line with National Institute of Health and Care Excellence (NICE) guidance CG115.

Staff completed a comprehensive assessment on or shortly after admission to the service. However, the level of detail of the comprehensive assessment was mixed. Two of the eight records contained basic information regarding substance misuse. In one record reviewed, staff had recorded that a client had reported a history of tremors and sweats yet there was no corresponding plan how they would manage this.

Care records contained little information about staff involvement with clients' physical health. However, clients told us that staff appropriately monitored their physical health. For example, staff completed daily blood glucose monitoring for a client with diabetes. Other examples included staff taking a client for an x-ray for an injury that they had sustained prior to admission. All records reviewed contained a copy of a summary from their registered GP.

Staff reviewed care plans with clients twice a week. Care plans were generally holistic and demonstrated client involvement. However, two of the care plans did not fully demonstrate client strengths and goals. Clients told us that they felt involved in their care planning.

All records reviewed recorded that a client's mental health had been assessed and capacity ensured.

Best practice in treatment and care

The consultant psychiatrist followed the National Institute for Health and Care Excellence guidelines during the medical assessment and when prescribing medicines.

Qualified and appropriate staff delivered therapy groups. Staff escorted clients to mutual aid groups as part of their treatment and to support recovery.

All clients had access to physical health care, including specialist treatment when required. If clients did not live locally, staff registered them with a local surgery if required.

Staff discussed diet and nutrition with clients and recorded this on their care plans. Staff recorded food intake in client's process notes.

Staff were involved in clinical audits which included medication weekly audit records, medication disposal forms and monthly quality monitoring checks.

Skilled staff to deliver care

There was no nursing provision at the service. The Recovery Lodge did not accept clients with severe substance misuse disorders or complex needs which would require 24 hour medical input. If required, staff contacted the consultant psychiatrist or GP for advice. All staff had completed basic life support training and would contact the emergency services in the event of an emergency.

The service employed two therapists and three support workers. Staff were expected to complete the care certificate within 12 weeks of their start date. Staff training was mostly via e-learning. However, the manager had arranged for an independent training provider to deliver regular face to face training to support staff development. The first face to face training had been arranged for the week after our inspection. Staff told us that experienced staff had shadowed and observed new staff to ensure competency. However, there was no documentation to evidence this.

There was an induction checklist in all of the staff personnel files. However, only three of the seven forms had been completed. There was a note in one of the files saying that the form had been introduced after the member of staff had started employment with the service and the manager had provided a verbal induction with them. However, there were no signatures to confirm this.

The director and manager were both working towards level five in management and leadership in health and social care qualification. Staff were expected to have a minimum level two diploma certificate in health and social care. All staff had achieved training up to and exceeding this. Two members of staff had completed and one was working towards the level three diploma in health and social care. Two members of staff had completed level four training in

health and social care adults' management, one of whom was currently working towards the level five in management and leadership in health and social care qualification and the other a degree in social care.

The two therapists employed by the service possessed a recognised qualification in counselling. The therapists delivered one to one and group therapy for clients. They also provided family intervention work, where required. We observed a family intervention meeting where the therapist demonstrated strong facilitation skills.

We reviewed seven staff personnel files. Records showed that only the manager had received clinical supervision. Six of the seven staff had received practice supervision. However, the frequency of the supervision was poor. The manager and director had received three practice supervision meetings between May and October 2016. Four members of staff had received only one practice supervision, one of which was in October 2016. Staff told us that 'ad hoc' supervision took place. Inspectors raised this with the manager who had planned to introduce four to six weekly practice supervision meetings for staff.

The quality of the supervision notes was inconsistent. The forms consisted of tick boxes and invited staff to complete comments on various aspects of performance including job knowledge, work quality, attendance and punctuality, initiative, communication skills and dependability. Two records did not include staff comments other than in the additional comments section. This meant that the development and performance of staff was not identified so that appropriate action could be taken.

Staff files contained an appraisal record form, however, none had been completed. The manager and director had both been employed by the service for over 12 months.

Multidisciplinary and inter-agency team work

We reviewed the minutes of a weekly staff team meeting. All staff on duty attended the meeting. Discussions included client review, admissions and discharges, menu, activities, staff rota and training.

We observed a morning handover meeting. Staff discussed incidents, medicines, food intake and shared relevant information concerning clients. Handover meetings took place in the morning and evening.

If required, staff contacted the consultant psychiatrist for advice who reported a good working relationship with the service and felt that the service was responsive. Staff regularly liaised with the dispensing pharmacy, who reported a close working relationship with the service. Staff liaised with the two referring agencies to ensure appropriate referrals. Feedback received from a referring agency was positive. Staff liaised with referrers prior to admission and discharge. Staff had made links with the local college to support the reading development of a client.

Good practice in applying the Mental Capacity Act (if people currently using the service have capacity, do staff know what to do if the situation changes?)

The service had a Mental Capacity Act and Deprivation of Liberty Safeguards policy. Staff received online training in the Mental Capacity Act and Deprivation of Liberty Safeguards. However, only 43% of staff had completed this training at the time of our inspection.

The psychiatrist completed a mental health assessment on admission to the service. Staff reviewed treatment rules and paperwork with the client the day after entering the service in recognition that substance misuse may have affected understanding on the day of admission. Staff demonstrated an appropriate level of understanding of the basic principles and application of the Mental Capacity Act.

Equality and human rights

The service had adopted an equal opportunities policy in September 2016. Five of seven staff had completed online training in equality, diversity and inclusion. All staff had completed the care certificate which includes an equality and diversity module. The service referred to equality and human rights in the client information booklet.

Management of transition arrangements, referral and discharge

The service had recently had to create a waiting list. The waiting time at the time of our inspection was approximately two weeks. If a client's need was great, staff would refer back to the referring agency. Staff liaised with the client, their family and referring agency prior to admission and discharge.

Clients completed a continued recovery plan (CRP) during their treatment. The CRP contained details of how the client would continue recovery in the community and included information of local mutual aid groups. Clients were able to contact the service after discharge.

Substance misuse/detoxification

The service's general safety policy was that staff should initiate the discharge process if a client had drugs or alcohol on the premises. In the event of an unplanned exit from treatment, staff provided clients with sufficient medicine for 24 hours to allow the client to make alternative arrangements. Staff discussed the risks of unplanned discharge with the client. Where clients had given consent, staff contacted the client's family and relevant professionals.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

We observed staff treating clients with kindness, dignity and respect. Staff demonstrated a positive attitude when interacting with or discussing clients. Staff were enthusiastic and passionate about supporting clients in their recovery.

Clients were overwhelmingly positive in their feedback about the service. They told us that staff were caring, compassionate, supportive and responsive. Clients felt involved in their care planning and said that all of their needs had been met. None of the clients spoken to at the service had any concerns to report.

We spoke with seven previous clients, all of whom were complimentary about the service. They told us that the admission and discharge process was efficient and there was good aftercare support. Staff were supportive and caring and enabled clients to attend appointments, including for physical health. There was always sufficient staffing, the environment was a home from home and the food was excellent.

We spoke with seven carers of current and previous clients who told us that staff were superb and provided a lot of support and advice for carers. Staff responded promptly to carers and provided clear information. The carers were aware of the family support available following admission and prior to discharge from the service.

We received 13 comments cards from previous and current clients. The feedback was overwhelmingly positive and included the following comments: 'Staff truly amazing', 'the treatment saved my life', 'staff clearly explained the process and treatment' and 'treated like part of the family and made to feel safe'.

The involvement of clients in the care they receive

Clients and their families were encouraged to visit the service prior to admission. Staff welcomed clients on admission and showed them around the service.

We reviewed eight care records, which included two records for previous clients. All records demonstrated client involvement in their care planning. However, the detail concerning client strengths, goals and exploring physical and mental health needs was inconsistent. There was no evidence that clients had received a copy of their care plan.

Clients told us that the service had helped repair relationships with their partner and family. Staff encouraged family involvement and the service offered family intervention support on admission and after discharge from the service.

Clients could make suggestions via the suggestion boxes displayed in the service. Clients gave an example how the service had promptly responded to a suggestion for a clock in the therapy room. There were weekly house meetings where clients were involved in planning menus, therapeutic duties and weekly activities. Suggestions and complaints were discussed during the house meetings. Clients completed graduation questionnaires which included feedback to develop and improve the service.

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

Access and discharge

There had been a recent increase in the number of referrals which meant that the service had started a waiting list. The approximate waiting time at the time of inspection was two weeks. The service would refer clients back to a referring agency if their need was great or if they were too complex for the service. The psychiatrist provided examples where clients had appropriately been declined by the service.

The service had a detox protocol which clearly listed inclusion and exclusion criteria. The protocol referred to an alcohol use disorders identification test. However, staff were not completing this.

Substance misuse/detoxification

Most of the referrals for the service were self referrals. The service also worked closely with two referring agencies. Most of the referrals were for alcohol detox. The service had only had two opiate referrals within the previous 12 months.

The average length of stay was 28 days, which included the detox treatment. The service had set fees for detox, treatment and aftercare. Fees were based on the treatment provided and length of stay.

Clients completed a continued recovery plan (CRP) prior to discharge. The CRP focussed on the client's plans to maintain recovery after discharge, to ensure a smooth transition home. Staff contacted clients within seven days of discharge. There was a fortnightly aftercare group and clients were invited to attend group therapy after discharge.

The facilities promote recovery, comfort, dignity and confidentiality

Although small, the service had a range of rooms to meet the needs of the clients. There was a spacious lounge and dining area and a large kitchen. Staff asked clients to move bedrooms dependent upon the gender ratio of clients. However, this information was not included on the admission documentation so that clients could sign their agreement to this.

Clients were able to make drinks and snacks at any time they were not in group or therapy. There was a small one to one room and a large group room. Clients had access to a large private garden.

The service did not have a clinic room. The psychiatrist assessed clients in the one to one room at the service. Staff completed physical health checks such as blood pressure, in the client's room or one to one room.

Clients were unable to lock their bedrooms and staff locked client valuables in a small safe, which clients signed for. Valuables were returned to clients when they left the service.

Clients signed their agreement to not using their mobile phone for the first 14 days of treatment. After 14 days, clients were allowed to use their phone between 5pm and 7pm, when they returned the phone to staff. We saw examples where staff had been flexible in these rules in order to meet the needs of the clients.

Feedback about the food was positive. Clients were involved in the menu planning and cooking.

Clients attended four groups per day which included process groups, group therapy and daily reflection. Activities were available on Wednesdays, Fridays and Saturdays. The service had recently introduced weekly yoga sessions for clients. Clients were invited to make suggestions for activities during weekly house meetings and suggestion slips. Staff escorted clients to mutual aid groups four times a week. Staff had made links with a local college to support the reading development of a client.

Meeting the needs of all clients

The service had made adaptions to accommodate a client with a wheelchair. The service had worked closely with social services to organise and facilitate appropriate specialist support to ensure that a client's needs were met.

Staff supported client's spiritual and cultural needs. Clients were involved in menu planning to ensure that their dietary, cultural and religious needs were met.

The service endeavoured to meet client needs and would screen referrals from the service where they felt the needs were too high.

Advocacy leaflets were available in the group therapy room.

Listening to and learning from concerns and complaints

The service had received one complaint in the previous 12 months, which had not been upheld. The service had kept some, but not all, of the records relating to the complaint. This meant that there was not a clear audit trail of how the service had responded to the complaint. The learning that had taken place from the complaint included the installation of CCTV and introduction of non-executive directors, to avoid conflict of interests.

The service had a complaints policy and a complaints handling procedure. A copy of the complaints procedure was included in the client information booklet and displayed throughout the service. There was a complaints and suggestion box in the service. Request / complaint forms were made available during the weekly house meetings. Complaints were discussed during staff team meetings.

Substance misuse/detoxification

Are substance misuse/detoxification services well-led?

Vision and values

The mission statement and philosophy of the service was available in the client information pack. Staff were aware of the vision and values of the service. Staff were committed to providing a high quality service and supporting clients in their recovery. Staff knew the director and manager who were involved in the day to day running of the service.

Good governance

The service did not have any key performance indicators and did not measure outcomes. The manager spoke of plans to implement systems to measure performance and success which would be discussed at the next board meeting.

The business risk register included updating the provider's website and to add new information about the service. However, the website did not show current members of staff. Inspectors raised this with the manager who was aware but had limited knowledge in uploading information. The manager planned to seek guidance or employ a professional to update the website to reflect accurate information.

The service completed regular audits to assure itself that the service was providing good quality care and treatment. The quality assurance audit considered a range of subjects including environmental risk assessment, fire checks, care plans, incidents, medicines, staff training and graduation questionnaires.

The service had a staff training and development policy. Staff completed the care certificate within 12 weeks of starting with the service. There was low compliance for staff completing online training for: Mental Capacity Act and Deprivation of Liberty Safeguards, fire safety, manual handling and food safety and hygiene which were 43%, 29%, 29% and 14% respectively. The service had a training action plan in place dated October 2016. However, some identified training needs on the action plan did not record a deadline for staff to complete. All staff had completed safeguarding adults and safeguarding children training as part of their care certificate. However, only three members of staff had completed specific training for safeguarding adults at risk and children. The service had identified a gap in the training and development of staff and developed an action plan. The service had arranged for a local training provider to deliver specific face to face training.

Only three of the staff files contained evidence of staff receiving an induction. The frequency of supervision for staff was low. Staff told us that they received ad hoc supervision that was not recorded. The current manager had registered with CQC on 26 November 2016 and was aware of the issues regarding staff supervision and had plans to ensure staff received supervision every four to six weeks.

Staffing levels were adjusted to ensure that the needs of the clients were met. However, the manager, director and one support worker were not included on the rota. The manager distributed rotas for staff information so that they were aware when they were on shift and had not considered it necessary to include themselves or the director. This meant that the rotas did not accurately reflect staffing levels.

Leadership, morale and staff engagement

Staff were positive about the leadership and management of the service. Staff felt supported and morale was good. Staff felt valued and involved in the running and development of the service. There was a stable and mutually supportive staff team. Staff felt able to raise concerns without fear of victimisation.

Data provided by the service recorded a low sickness rate. Staff turnover for the previous 12 months was high. The manager explained that this was due to three staff leaving within close proximity of each other before she became the manager.

Staff were open and transparent with clients and their carers. For example, staff had contacted a client's family following an incident at the service.

Commitment to quality improvement and innovation

The service did not use improvement methodologies and there were no examples of innovative practice available.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The service must ensure that all staff complete level two safeguarding training.
- The service must ensure that all staff complete all mandatory training within a reasonable timescale.
- The service must ensure that they use formal assessment tools recommended by the National Institute for Health and Care Excellence guidance CG115 to assess the nature and severity of alcohol misuse and as per their detox protocol.
- The service must ensure that risk assessments capture all relevant information including how staff will mitigate any identified risks.
- The service must document all physical interventions for clients including taking blood glucose levels.

Action the provider SHOULD take to improve

- The service should introduce a same sex protocol so that they can demonstrate that they have thought about how they could make women-only day spaces available and how they manage shared bathroom and toilet facilities, dependent upon gender mix, to ensure clients' safety, privacy and dignity is protected.
- The service should include clients' signed agreement on admission documentation that staff may ask clients to move bedrooms to ensure safety, privacy and dignity.
- The service should ensure that identified training is sufficient to support staff to carry out their roles safely and effectively.
- The service should ensure that staffing rotas accurately reflect the number of staff available at any time.
- The service should ensure that they assess and record staff competency to administer medicines.
- The service should ensure that staff receive regular supervision and that records reflect performance management and continued professional development.
- The service should ensure that there is an audit trail of how they have responded to complaints.
- The service should ensure that care plans include information about a client's physical and psychological health and include identified needs from the psychiatrist assessment.
- The service should ensure that they document that clients had received or were offered a copy of their care plan.
- The service should ensure that all staff receive an induction and this is recorded in staff files.
- The service should use key performance indicators and measure outcomes so that success can be measured and to develop and improve the service.
- The service should ensure that their statement of purpose includes information about which medical model they use.
- The service should ensure that their website contains accurate and up to date information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks. The service must ensure that all risk assessments include how staff will manage identified risks. The service must document all physical Interventions for clients, including taking blood glucose levels. Providers should do all that is reasonably practical to mitigate risks. They should follow good practice guidance and must adopt control measures to make sure the risk is as low as is reasonably possible. The service must ensure that they use formal assessment tools recommended by the National Institute for Health and Care Excellence guidance CG115 to assess the nature and severity of alcohol misuse and as per their detox protocol. This should include the alcohol use disorders identification test and the severity of alcohol dependence questionnaire. Regulation 12(2)(a)(b)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent skilled and experienced persons must be deployed. They must receive such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. The service must ensure that all staff complete level two safeguarding training as a minimum. The service must ensure that staff complete mandatory training within a reasonable timeframe. Regulation 18(1)(2)(a)