

THOMAS Salford Recovery Centre

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The building was safely maintained. Health and safety of clients and staff was managed. All necessary health and safety checks had been completed and were in date. Equipment was maintained and subject to regular checks.
- Staff were supported to deliver care. Staff had completed a programme of mandatory training and received regular supervision and annual appraisals. Appropriate policies and procedures were in place to provide guidance.
- The service was recovery focused. The treatment programme was delivered in line with the 12-step programme. Clients were engaged with the local recovery community and were encouraged to develop recovery capital. Peer mentors visited the service and supported clients.

- Client risk and need were assessed on admission. Clients were involved in developing their recovery plans and identifying goals and objectives. Progress was reviewed regularly.
- Clients were positive about the service and the treatment they received. They gave positive feedback on staff and considered them caring and helpful.
- Staff morale was positive and there was good team working. Managers were considered supportive. There was an open and honest culture. Staff knew how to raise concerns.

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

- The service did not have a Mental Capacity Act policy in place.
- The décor in the building was tired and in need of refreshing. A programme of redecoration had begun.

Summary of findings

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THOMAS Salford Recovery Centre

Services we looked at

Substance misuse services

Summary of this inspection

Background to THOMAS Salford Recovery Centre

THOMAS Salford Recovery Centre is a male only residential substance misuse rehabilitation unit based in Salford, Greater Manchester. The service can accommodate up to seven clients. At the time of our inspection, there were seven clients in treatment. The service is commissioned by the local NHS trust to provide services as part of the local treatment network. The trust acts as lead provider for the treatment network, which is called Achieve. Clients must have a connection to the Salford area in order to access treatment.

Clients who attend THOMAS Salford Recovery Centre have already completed a detoxification programme, which means they are no longer actively using alcohol or illicit substances. The service provides a three to six month rehabilitation programme depending upon the needs and funding of each client. The service follows the 12-step philosophy.

THOMAS operates a partner service to the Salford Recovery Centre, which is a five bed female only facility. The female facility was based at Scovell Street, which was a short walk away. The service manager, team leader and recovery coaches worked across both services.

THOMAS Salford Recovery Centre has been registered with the Care Quality Commission since June 2011. The service is registered to provide accommodation for persons who require treatment for substance misuse. The previous registered manager had left the service. The service manager was in the process of applying to be the registered manager. There was a nominated individual in place.

The service was last inspected in November 2013. It was found to be compliant with fundamental standards of quality and safety.

Our inspection team

The team that inspected the service comprised Paul O'Higgins, CQC inspector, a CQC assistant inspector and

an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone who is using, substance misuse services.

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:

Summary of this inspection

- visited THOMAS Salford Recovery Centre, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with seven clients
- spoke with the service manager and team manager
- spoke with two other staff members employed by the service provider
- attended and observed one group session and attended a recovery community event
- looked at seven care and treatment records, including medicine records, for clients
- reviewed four staff files
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with all seven clients who were using the service. Client feedback was positive. Clients told us they felt safe in the service and were optimistic about their future. They felt involved in their care. Clients told us staff were helpful, supportive, approachable and caring.

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 areas of good practice:

- The building was safely maintained. Appropriate health and safety assessments and testing had been carried out. There were policies and procedures to manage fire safety.
- The service was appropriately staffed and able to meet the needs of the client base. There were bank staff that covered absences when required.
- Staff completed mandatory training to support them in their role. All staff had completed their mandatory training. This meant that staff were appropriately trained to deliver care.
- Client risk was assessed on admission. Clients were involved in the risk assessment process. All clients had a completed and up to date risk assessment.
- There were policies and procedures to support the safe storage and dispensing of medication. Staff completed medicines management training. Medication audits were completed and medication administration records were in place

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

- The décor within the building was tired and dated.

Are services effective?

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

- The service did not have a Mental Capacity Act policy in place.

However, we also found the following areas of good practice:

- Staff were supported in their roles. They received regular managerial and clinical supervision. There was access to weekly team meetings. Staff had annual appraisals.
- Care and treatment was delivered in line with the 12-step programme, best practice and national guidance.
- Peer mentors were involved with clients and supported them in their care and treatment.
- The service worked well with other agencies and health care providers. There were strong links with the local recovery community and support services.

Summary of this inspection

- Clients had recovery plans and reviewed them in weekly key worker sessions. An outcome star was used to help monitor progress.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were weekly community meetings for clients. These enabled clients to provide feedback and input into the day to day running of the service.
- Care was delivered collaboratively. Clients were involved in decisions about their treatment and set their own goals and objectives.
- Staff were respectful towards clients. Clients were treated with dignity and were positive about their relationship with staff. Clients described staff as caring.
- Staff displayed a good understanding of the personal circumstances and needs of each client. There were good therapeutic relationships in place.
- Confidentiality was respected. Clients signed an information sharing agreement on admission.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were referral pathways into the service. Eligibility criteria were in place to ensure that only individuals who were in a position to benefit from the treatment offered were admitted.
- There was ongoing liaison with clients' recovery co-ordinators to manage admission and discharge and ensure client needs were met.
- The service carried out follow up conversations with clients seven days after their discharge. This helped monitor clients' wellbeing and safety.
- Activities were offered seven days a week.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were aware of the provider's vision and values. These were on display in the service and reflected in the care given.

Summary of this inspection

- The service monitored performance internally, within the Achieve network and nationally through the National Drug Treatment Monitoring System. There were processes to ensure adverse incidents and complaints were reviewed.
- Staff had access to a suite of policies to support the delivery of care. They had regular supervision and appraisal.
- There was strong team working. Staff were positive about the support they received and enthusiastic about their roles.
- There was an open and honest culture. Managers were considered approachable. There was a whistleblowing policy.

Detailed findings from this inspection

Mental Health Act responsibilities

The Mental Health Act was not applicable to this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Clients were presumed to have capacity. This was part of the admission criteria. Clients signed consent to treatment forms.

The Mental Capacity Act was not part of core training. However, staff completed National Vocational Qualification courses that included awareness of capacity

and the Mental Capacity Act. The service did not have a Mental Capacity Act policy. Where staff had concerns over a client's capacity these would be discussed with the referring agency or if the client had already been admitted, with their GP.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

The Salford Recovery Centre was located over two floors and housed seven clients. Bedrooms were single occupancy. Bathing and toilet facilities were shared. Clients were informed of this before they were admitted. The building was clean, however the décor was old and tired. The provider had recently begun a programme to redecorate the facility. Two rooms had been completed at the time of the inspection. Clients were responsible for the daily upkeep of the building. There was a cleaning rota in place that covered communal areas and kitchen facilities. Cleaning records were up to date. Food hygiene standards were maintained and food was stored appropriately. Staff completed food hygiene training.

There were procedures to ensure the building was safely maintained. External contractors had completed gas safety, electrical wiring and legionella assessments. Water samples were checked regularly. Electrical items had been portable appliance tested and were in date. Fire-fighting equipment was tested annually. The fire alarm was tested weekly. The fire alarm was serviced annually.

A health and safety and fire risk assessment was completed annually. First aid boxes were available to staff and clients if they were required. Staff had completed first aid training. There was an identified fire marshal and a record of completed fire drills.

Safe staffing

THOMAS Salford Recovery Centre shared some of its staffing establishment with the female rehabilitation centre on Scovell Street. The service manager, team leader and

two recovery coaches worked across both sites. There were three recovery assistants who worked solely at the Salford Recovery Centre. A staff member slept overnight on site. Clients were able to access a staff member 24 hours a day.

The THOMAS organisation employed bank workers who provided cover across sites as required. Salford Recovery Centre had access to those bank workers. The service did not use agency staff. Bank workers were familiar with the service and the client base. This helped to promote continuity of care in the event of staff absence. Staff turnover in the period December 2015 to December 2016 was 29% (two staff). The staff sickness rate in the same period was 3%. At the time of the inspection there were no vacancies.

Staffing rotas we reviewed showed that the service had been staffed as expected. Staff and clients we spoke with told us that the service had not been short staffed in their experience. Planned activities had not been cancelled due to staffing levels.

There was a programme of mandatory training. Mandatory training included safeguarding, first aid, medicines management, information governance, health and safety, fire safety and infection control and blood borne viruses training. All staff were compliant with mandatory training.

Assessing and managing risk to clients and staff

Staff carried out risk assessments with clients on admission. The risk assessment covered a range of domains including history of substance misuse and past treatment episodes, physical and mental health and current safeguarding issues.

We reviewed seven risk assessments. Assessments were comprehensive and up to date. Actions to help manage identified risks were captured in client notes. Clients were actively involved in the risk assessment process. Clients we spoke with confirmed they had risk assessments in place.

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Staff we spoke with demonstrated a good understanding of safeguarding principles and procedures. The service had a safeguarding policy to provide guidance for staff. There was an identified safeguarding lead within the service that staff could also approach for advice. Safeguarding was part of the mandatory training programme completed by staff. All staff had completed the training. Staff liaised with social services when they were engaged with clients. There were good links with local safeguarding bodies.

The service did not prescribe medication. When clients were on medication at the time of admission or during their treatment the service stored the medication. Exceptions to this included vitamins, inhalers, lotions and ointments. The service did not store controlled drugs. Medication was stored in a locked cupboard. The key for the cupboard was kept in a separate passcode protected key holder. Each client's medication was kept in a separate box within the medication cupboard. Medication was clearly labelled with the client's name. Medicines reconciliation was carried out on admission or when a medication was first prescribed. Regular stock checks were completed. There were processes for ordering and returning medication.

Medication was self-administered by clients. There were appropriate checks in place to ensure clients were given the right medication to take. There was a policy to support this process. Clients had medication administration record sheets. A medication administration record sheet is a legal record of medication administered to an individual. The medication administration record sheets were completed, up to date and clearly stated what medication had been administered.

Track record on safety

Between December 2015 and December 2016 there had been no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

Incidents were reported in client notes and in a separate incident file. They were also reported online. There was also an accident log book in place, which was reviewed at team meetings when required. Incidents were reviewed by the service manager and team lead.

Staff we spoke with were aware of the types of incidents that should be reported and how to report them. Minutes

we reviewed showed that incidents were discussed within team meetings. The THOMAS organisation also reviewed incidents and trends within its governance structure. There was an adverse incident policy to support staff and a process to formally investigate incidents if this was required.

Duty of candour

Duty of candour is a statutory requirement to ensure that providers are open and transparent with people who use services in relation to their care and treatment. It sets out specific requirements that providers must follow when things go wrong with that care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

There had been no recorded incidents that met the duty of candour criteria. Staff showed a good understanding of the need to be open with clients about their care and treatment. There was an open and honest culture within the service.

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

Assessment of needs and planning of care

Staff completed comprehensive assessments on new clients entering treatment. Assessment documentation covered a range of domains including current and historic use of substances, physical health, mental health, previous treatment, forensic history, social circumstances and family situation. Clients completed psychological and social self-assessments as part of the assessment process. Clients we spoke with confirmed they were involved in the assessment process and were able to tell us what their assessment included.

We reviewed seven care records. Six of the seven care records had an up to date assessment in place. One record had an assessment due and this had been scheduled. All seven care records had recovery plans in place. Recovery plans covered a range of domains including motivation and taking responsibility, living skills, relationships, managing money and accommodation and addictive behaviour.

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Recovery plans were personalised and captured client views, goals and treatment objectives. Recovery plans were reviewed regularly in key worker sessions and signed by clients.

Records were stored in paper form. Paper based records were stored in lockable cabinets. This meant that records were stored securely and that information and data was protected.

Best practice in treatment and care

The service delivered care in line with the 12-step programme. The 12-step programme was developed by the Alcoholics Anonymous fellowship. It utilises principles of mutual aid and peer support.

Clients undertook a programme of group and one to one sessions as part of their treatment. These related to the steps of the programme they were on. Clients completed tasks and reflective practise. This included the use of node-link mapping techniques. Node-link mapping presents verbal information in the form of a diagram. Research has shown it has positive benefits especially during staff and client interactions such as care reviews. Group sessions and exercises were designed to help clients better understand their addiction and to develop recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to help them achieve and sustain their personal recovery. During the inspection we observed one group session. The session was well run and structured. Clients discussed their life stories and how they responded to certain situations. The group was interactive and all the clients contributed.

The service had strong links with the local recovery community. During the inspection we attended a local recovery event held by a partner provider. Clients from the Salford Recovery Centre were supported to attend and played an active role. Clients were engaged with other recovery organisations and were supported to attend appointments and sessions. These included local mutual aid groups such as Narcotics Anonymous. Attendance at these groups was built into the activity schedule for the week. The National Institute for Health and Care Excellence recommends that services routinely provide information about mutual aid groups and support clients to attend them (clinical guidance 51 drug misuse in over 16s:

psychosocial interventions, and clinical guidance 115 alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence).

Clients who had previously been through a THOMAS rehabilitation programme and were now in the second stage of treatment attended the service to act as peer mentors. Peer mentors are individuals who have been through their own substance misuse treatment and are now in recovery. They provide a positive example to clients of the benefits and possibilities of recovery and use their own experiences to engage with and support clients in their own recovery.

There were 11 peer mentors who were visiting the service. They attended both the Salford Recovery Centre and the female premises at Scovell Street. Peer mentors engaged with clients, offered support and helped with assignments from group sessions. Clients we spoke with were positive about the involvement of peer mentors and the role they played. Two clients we spoke with expressed an interest in becoming peer mentors themselves.

Clients were registered either with their own GP or with the local GP to the service. Physical health care was managed by GPs. Staff supported clients to attend health care appointments. Appointments were booked in the team diary.

The service manager undertook a monthly audit of care plans and case management. Findings of the audits and the quality of care were shared in staff supervision sessions and within team meetings.

Client progress and outcomes were monitored using an outcome star chart. The star chart covered the same domains as the recovery plan. Clients scored themselves out of 10 against each of the domains. These scores were reviewed regularly in one to one sessions and plotted on the star chart. This provided a visual illustration of the client's progress, strengths and areas for development.

THOMAS submitted treatment data and outcomes to the National Drug Treatment Monitoring System by completing treatment outcome profiles. Treatment outcome profiles measure the progress of clients through treatment. They are completed at least every three months and form part of the National Drug Treatment Monitoring System. The National Drug Treatment Monitoring System is managed by Public Health England. It collects, collates and analyses

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information from those involved in the drug treatment sector. All drug treatment agencies must provide a basic level of information to the National Drug Treatment Monitoring System on their activities each month. Providers are able to access reports and compare performance against the national picture.

Skilled staff to deliver care

The service was appropriately staffed to meet the needs of clients. Staff had the necessary skills, training and experience to deliver care. Some staff members had personal experience of substance misuse. We spoke with two clients who specifically mentioned the value of having staff who had been through the same experiences as they were going through.

Staff were supported in their role and in the delivery of care. Alongside the mandatory training programme, all staff were undertaking National Vocational Qualifications in care. The level of qualification varied depending on the staff member's role. Recovery assistants and recovery coaches were completing level two and three qualifications. The service manager was completing a level five National Vocational Qualification in leadership.

Staff received regular clinical and managerial supervision. Managerial supervision was held every six to eight weeks. There was a supervision tree in place to support this. Clinical supervision was provided by an external clinical psychologist contracted by THOMAS. We found one staff member was two weeks overdue for his supervision. The staff member confirmed that a supervision date had been set. Supervision records we reviewed were of a good standard. Staff were given space to raise any issues they had and feedback on performance was provided. Staff received annual appraisals as part of their development. All staff had an annual appraisal in place with work objectives. New staff were given an induction and orientation to the service.

Human resource support was provided by an external company. There was a policy and process to manage staff performance and disciplinary issues. There were no staff on performance management at the time of our inspection.

Multidisciplinary and inter-agency team work

Staff carried out a handover between shifts. This included a review of the previous shift and of each client. There was a communications book used to support this. Staff had

access to a weekly team meeting to discuss operational issues and any concerns that they may have. In addition staff attended a fortnightly meeting where each client was reviewed with the key worker and team lead. We reviewed minutes of the meetings that showed they were taking place. Actions from previous meetings had been followed up.

The service had good working relationships with other local healthcare providers including GPs, pharmacies and dental services. There were strong links with the local recovery community, mutual aid groups and support services. There was good liaison and partnership working with other services within the achieve network. These included local drug and alcohol community teams, family support services and housing services. The service manager attended monthly meetings with other Achieve services to review performance and address any issues. An Achieve recovery co-ordinator attended six weekly review meetings with the client and key worker. There was ongoing liaison between staff and the recovery co-ordinator.

There were good relationships with social services, criminal justice services and referral agencies.

Good practice in applying the MCA

Clients were presumed to have capacity. This was part of the admission criteria. Clients signed consent to treatment forms as part of the admission process. Clients signed to confirm they were aware of, and consented to the service's code of conduct and the restrictions that were in place.

The Mental Capacity Act was not part of core training. However, staff completed National Vocational Qualification courses that included awareness of capacity and the Mental Capacity Act. Where staff had concerns over a client's capacity these would be discussed with the referring agency or if the client had already been admitted, with their GP. The service did not have a Mental Capacity Act policy to guide staff.

There were no clients at the service subject to Deprivation of Liberty Safeguards.

Equality and human rights

Clients we spoke with did not have specific cultural or diversity needs. However, they told us they were confident

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staff would respect the needs of individuals who did. Staff we spoke with demonstrated a good awareness of diversity and were able to give examples of local faith groups and support groups they could link clients in with.

Staff received training on equality issues. This was in the form of annual briefing sessions delivered by the provider. Staff we spoke with had attended the sessions. The provider had equality and human rights policies to support staff. These included an equal opportunities and diversity policy in place that covered protected characteristics under the Equality Act 2010 and definitions of discrimination. There was an equalities and diversity scheme that reflected the provider's response to the Equalities Act 2010. Staff we spoke with were aware of these policies and how to access them.

The service had some restrictions in place. There was a house code of conduct that clients signed and were expected to abide by. The code of conduct and restrictions were in place to ensure the safety of clients and to enable them to focus on their treatment. They were explained during the referral process and information was included in the welcome pack. Clients were unable to receive visits during the first three weeks of treatment. Phone calls were restricted to three times a week.

Management of transition arrangements, referral and discharge

The service accepted referrals from a range of sources including from NHS and third sector substance misuse services, and criminal justice services including prisons. Clients could also self-refer. As part of their commissioning arrangements clients referred to THOMAS Salford Recovery Centre had to have a Salford connection. This meant clients had to live within the Salford area or have family members who did.

THOMAS Salford Recovery Centre was commissioned by a local NHS trust as part of the Achieve network. All referrals to Salford Recovery Centre were also referred to Achieve and allocated an Achieve recovery co-ordinator. The recovery co-ordinator worked with staff to facilitate admission, review care and facilitate discharge.

Discharge was discussed from the point of referral. The THOMAS organisation offered clients the opportunity to access second stage rehabilitation services. Clients accessing second stage services had a transition period where they joined groups and activities in the second stage

in preparation for their full transfer. Clients who were not accessing second stage THOMAS services worked with staff and the Achieve recovery co-ordinator to plan and manage their discharge.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with seven clients and observed one group session. Staff engaged with clients in a supportive and non-judgemental way. We observed positive interactions between staff and clients during the inspection. Staff were knowledgeable about each client and their individual needs. We observed a group session in which sensitive personal history was shared. Staff managed this with respect.

All the clients we spoke with were positive about the care they received. They told us they felt staff cared and treated them as individuals. They felt they were being supported in their recovery and felt optimistic about their future.

The service had a confidentiality policy. The importance of confidentiality was discussed with clients during admission. Staff accessed information governance training as part of the mandatory training programme. Clients signed a confidentiality agreement and consent to the sharing of information agreement. All seven care records we viewed had these in place. Clients we spoke with told us they felt their confidentiality was respected and that they trusted staff.

The involvement of clients in the care they receive

We spoke with seven clients. All seven clients felt they were involved in their care and decision making. We reviewed seven care records. Care records showed that clients were involved in the assessment and care planning process. Clients had set their own goals and objectives for treatment and identified the support they needed. Clients signed care records to show that they agreed with their content. Client we spoke with confirmed they had been active participants in this process and could tell us what their recovery plans contained.

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Clients reviewed their treatment and progress on a regular basis. Recovery plans were reviewed weekly in one to one sessions with key workers. There were six weekly reviews between the client, key worker and Achieve recovery co-ordinator.

There was an admission process in place for new clients. This was supported by a welcome pack and information provided to clients prior to admission. This included information on the treatment programme, activity schedules and the service's code of conduct. Clients were also able to visit the service as part of the referral process. This enabled prospective clients to see the facility and meet other clients and staff. It helped the client ensure that the service was right for them.

Clients held a weekly community meeting where they were able to give feedback on the service. Issues that were raised at the community meetings were taken to the team lead and service manager to address. Outcomes were fed back to clients.

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

Access and discharge

There were eligibility criteria for referrals into the service. Referral agencies were aware of these criteria. Referral criteria were reflected in referral documentation and assessments. This meant that the service only admitted clients who were in a position to benefit from the treatment on offer. Clients who were referred and accepted for treatment were also allocated a recovery co-ordinator by Achieve. The recovery co-ordinator worked with staff at Salford Recovery Centre to manage the client's admission. The recovery co-ordinator attended six weekly reviews of care and was involved in planning and managing client discharge.

In the period December 2015 to December 2016, the service had discharged 11 clients. As part of the discharge process staff carried out a follow up with clients within seven days of their discharge. This was usually undertaken by telephone. The follow up process allowed the service to ensure that the client was safe and well. Clients were able to get advice and support around any issues that they may have been experiencing post discharge.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had access to a kitchen, dining area and laundry facilities. There was also a large communal lounge that was also used for house meetings. There were additional facilities for group sessions at a recovery café, which was a short walk away. The café was operated by the THOMAS organisation.

Clients had their own bedroom. They were able to display photographs and posters to help personalise the room. Décor within the building was tired and in need of refreshing. This work had begun. There was access to outdoor space including a small garden area with raised beds. The service had recently been awarded a grant to carry out work to improve the grounds. Plans had been discussed with clients and included further horticultural facilities including poly tunnels.

Clients prepared meals for the house on a rota basis. This included agreeing menus, buying ingredients and cooking meals. There was access to snacks and hot and cold drinks outside of meal times.

There was a group programme and activity schedule on display. Activities were provided seven days a week.

Meeting the needs of all clients

The service did not have facilities to admit individuals with limited mobility who were unable to use stairs. Referral agencies were aware of this restriction.

Staff were able to access translation services if this was required. Information leaflets and documentation could be translated. If an individual who did not speak English was referred staff would discuss the suitability of the service with them and the referral agency. This was due to a potential concern over the client's ability to participate in group work and the treatment programme if they did not speak English.

The service supported clients with their religious and cultural needs. Clients could be supported to attend local places of worship in line with their beliefs. Staff were able to describe how they had supported a Muslim client with his beliefs. This included the provision of prayer mat and halal meat. The individual was also supported to attend a local mosque.

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Listening to and learning from concerns and complaints

The service had procedures in place to manage complaints. There was a complaints policy to support this. There was a process to initiate complaint investigations if this was required. The service had received one complaint in the period December 2015 to December 2016. The complaint related to the attitude and behaviour of a bank worker who covered the service. The complaint was upheld. There had been no complaints that had been referred to the Parliamentary and Health Service Ombudsman.

We spoke with seven clients. None of the clients had experience of raising a complaint with the service. However, they told us they had been provided with information on the complaint procedure and knew how to complain. They told us they would feel confident making a complaint if it was necessary.

Staff we spoke with knew how to handle complaints and how to record them. Feedback and learning from complaints was discussed within the provider's governance structure and locally in supervision sessions and team meetings.

Are substance misuse services well-led?

Vision and values

The THOMAS organisation had an identified mission statement. The mission statement was to 'strive to provide a multidimensional approach to recovery that encompasses our core values. Our programmes of rehabilitation, support, intervention and advice intend to transform lives. We are driven by compassion for others and our communities give hope to each individual.' The organisation also had an identified vision to be 'a leader in therapeutic recovery'. The organisation's mission statement and vision were supported by a set of values. The values were:

- provide timely, reliable and targeted recovery services that are judged by their quality, their cost effectiveness and relevance to people's needs

- fulfil our obligation of building strong and durable recovery communities, protecting sustainable recovery and meeting our commitments to our partnership working
- attract, develop and retain the interest of our service users by making recovery an enjoyable journey of discovery
- value diversity and the unique contributions of each person, fostering a trusting, open and inclusive environment
- value the passion people have for transformation and we empower our service users to believe in change
- strive for success by pulling together
- treat each other and our differences with a high degree of respect, sharing ideas, failures and successes
- work in innovative ways, network in unexpected ways and make connections across disciplines.

The organisation's vision and values were on display within the building. Staff showed a good understanding of the values and embodied them in their work. Staff knew senior management from within the organisation. Senior managers had visited the team. Staff told us they were approachable and listened to ideas.

Good governance

Salford Recovery Centre was linked into the governance processes of the THOMAS organisation. Performance, adverse incidents, complaints and risks were discussed and reviewed in the provider's operational managers meeting. The service manager for Salford Recovery Centre attended this meeting. The service manager also attended performance meetings held by the Achieve network and the lead NHS trust. The provider had a business manager who reported performance data to commissioning bodies.

Outcomes and performance were monitored by submitting treatment outcome profiles to the National Drug Treatment Monitoring System. There were internal clinical audits and appropriate health and safety checks in place.

Directors were subject to a fit and proper persons test and there was an independent finance committee in place. All staff had been subject to pre-employment checks and had

Substance misuse services

completed a disclosure and barring service check. Where disclosure and barring checks on staff highlighted past convictions there was a risk assessment carried out to ensure that the individual was appropriate to be employed.

There were policies and procedures to manage risk and adverse incidents. There was a risk register held at provider level that the service could submit items to. Processes were in place to support the investigation of adverse incidents and complaints. Learning from incidents and complaints was shared through individual supervision sessions and in team meetings.

There were systems in place to monitor compliance with mandatory training and staff were alerted if their training was due. Supervision was recorded and monitored.

Leadership, morale and staff engagement

Staff morale was good. There were no bullying or harassment cases in the service at the time of our inspection. Staff were positive about their jobs and the care they provided. Staff felt supported in their role. Staff we

spoke with told us that there was good team working and mutual support. Staff sickness and absence rates were low. Senior managers within the organisation were known to staff.

Staff were positive about the team leader and service manager. They were considered to be approachable and supportive. Staff described an open and honest culture. There was a whistleblowing policy for staff if required. Staff we spoke to knew how to raise any concerns they may have and told us they would feel comfortable to do so.

Managers were able to access leadership courses. The service manager and team leader were taking National Vocational Qualifications in leadership. Staff were able to give feedback on the service in team meetings and supervision sessions. Staff told us that managers encouraged feedback and that they felt comfortable to make suggestions.

Commitment to quality improvement and innovation

The service was not engaged in any research projects at the time of our inspection. The service participated in local drug and alcohol reviews when requested.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that there is a Mental Capacity Act policy in place.

Action the provider **SHOULD** take to improve

- The provider should ensure that the planned programme of redecoration is delivered to ensure an appropriate environment.

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 17 HSCA (RA) Regulations 2014 Good governance The service did not have a Mental Capacity Act policy in place. This was a breach of Regulation 17 (2) (a)