Primrose Lodge

Quality Report

Primrose Lodge
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Date of inspection visit: 19th March 2019
Date of publication: 26/06/2019

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

- The service had enough staff, was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Electronic systems allowed staff to have easy access to clinical information which meant they could maintain high quality electronic clinical records.
- The service managed client safety incidents well.
- Staff assessed the substance misuse history, physical and mental health of all clients on admission and created holistic and recovery-oriented care plans based on these assessments.
- Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives.
- The manager made sure they had staff with the range of skills needed to provide high quality care and maintained high levels of mandatory training.
- Staff from different disciplines worked together as a team to benefit clients.
- The senior management team had the skills, knowledge and experience to perform their roles and all staff treated clients with compassion and kindness.
- The service treated concerns and complaints from staff and clients seriously, investigated them and learned lessons from the results. Clients and their families were actively approached to gather their feedback on the quality of care provided and shared this information with the whole team and wider organisation.
- Staff felt respected, supported and valued. They said the organisation promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Summary of findings

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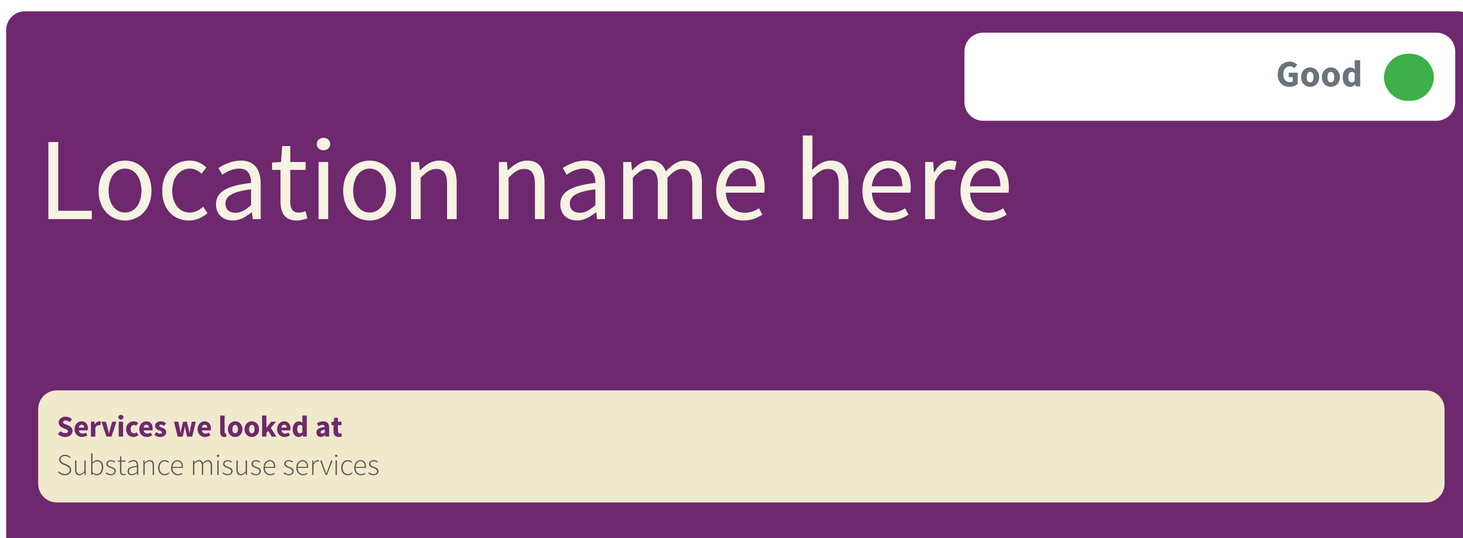

Good
Location name here
Services we looked at
Substance misuse services

Summary of this inspection

Background to Primrose Lodge

Primrose Lodge is a 19-bed mixed gender facility providing medically monitored residential detoxification and psychosocial group work treatment for clients with a primary addiction to drugs or alcohol. All clients are funded privately and self-refer. At the time of inspection this location had 16 clients on site. The clients could complete programmes lasting between seven and 28 days.

Primrose Lodge was registered with the Care Quality Commission in February 2017 to provide accommodation for persons who require treatment for substance misuse.

The service has a registered manager.

This was the second inspection carried out at this location. In the first inspection in December 2017 the service was not rated and did not receive any requirement notices.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor with experience of working in a substance misuse service.

Why we carried out this inspection

We inspected this service as part of our ongoing programme of inspecting substance misuse services.

How we carried out this inspection

We carried out an unannounced visit to the service to review the quality of care and treatment delivered to clients. The inspection team visited the service on 19 March 2019.

Before the inspection, we reviewed information that we held about this service.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- spoke with six clients who were using the service
- spoke with carers of clients using the service
- spoke with the registered manager
- spoke with seven other staff members; nurses, and therapists
- looked at five care records and five sets of notes for clients and six sets of medicine cards
- carried out a specific check of the medicines management at the service
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients were positive about the service, they felt that staff were responsive to their needs and treated them with compassion and respect. Clients felt that the service had benefited their lives and that they had received the right support at the right time.

Carers felt that they had been involved in their loved one's care and treatment and agreed that the staff were kind and respectful.

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?

Good

We rated safe as good because:

- The service was safe, clean well equipped, well furnished, well maintained and fit for purpose. Staff knew about any ligature anchor points and actions to mitigate risks to clients who might try to harm themselves.
- The service had enough staff, who knew the clients and received specific training to keep people safe from avoidable harm.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff assessed and managed risks to clients and themselves well and followed best practice in anticipating and managing challenges relating to substance misuse.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality electronic clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff reviewed the effects of medicines on each client's mental and physical health.
- The service had a good track record on safety.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The manager investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

Good

We rated effective as good because:

- Staff assessed the substance misuse history, physical and mental health of all clients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected clients' assessed needs and were personalised, holistic and recovery-oriented.

Summary of this inspection

- Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit.
- The service included or had access to the full range of specialists required to meet the needs of clients in the service. The manager made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. The manager and senior support worker provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The service had effective working relationships with other relevant locations within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the organisation's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Are services caring?

Good

We rated caring as good because:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.

Are services responsive?

Good

We rated responsive as good because:

- The service planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, clients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the services supported clients' treatment, privacy and dignity. Clients had the choice of

their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy and pods in the grounds for recreational activities and groupwork.
- Staff supported clients with activities outside the service, such as work, education and family relationships.
- The service met the needs of all clients, including those with a protected characteristic. Staff helped clients with advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider organisation.

Are services well-led?

Good

We rated well led as good because:

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

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff assessed clients' capacity to consent to treatment prior to admission. If a client arrived intoxicated and lacked capacity, staff waited until the client was no longer intoxicated before completing paperwork or requesting payment. If a client was too intoxicated, staff could send them home and delay admission until it was possible to gain consent.

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. All staff had received training in the Mental Capacity Act.

Staff could get advice regarding the Mental Capacity Act from the manager.

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

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Good

Substance misuse services

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

Are substance misuse services safe?

Good

Safe and clean environment

Staff completed annual safety checks as appropriate. For example, gas and fire safety checks. These were also supplemented with more routine tests such as fire alarm tests and drills. In addition, the site was checked by an external auditor on an annual basis to ensure health and safety issues were identified and addressed. The staff carried out daily site security checks to maintain the safety of the premises and this was recorded and audited by the manager.

The service had separate bedrooms with ensuite bathroom for all patients which meant that the requirements for gender segregation were met. The service tried to group male and female bedrooms together whenever possible.

Staff also assessed the environment for ligature points (points where a rope or cord can be tied for strangulation). The staff completing these checks had training on how to do so. Staff used assessments of a client's risk of self-harm as admission criteria to help ensure that the environment was suitable for the clients in the service.

Clients that were assessed as having risks such as falls were given personal call alarms.

We saw that the furnishings of the service were clean and well maintained. There were cleaning staff employed by the organisation and the service had a cleaning rota in place which was signed on a daily basis and audited by the manager.

Staff were aware of infection control principles and we saw prompts in appropriate areas on how to manage the risk of infections.

The service had a fully equipped clinic room which included equipment used for monitoring physical health and for emergency resuscitation. The service did keep emergency medicines on site such as Naloxone for opiate overdose and staff were suitable trained, however In medical emergencies staff would call an ambulance.

Staff did not carry personal alarms. However, the provider had given all staff radios, so they could communicate and summon help in case of emergency.

The service had CCTV in communal areas which was on a recording system, so it could be reviewed in the event of an incident requiring further investigation.

Safe staffing

The service had enough nursing and medical staff, who knew the clients. The service had a staff establishment of 17 whole time equivalent staff, including a registered mental health nurse, recovery support workers and therapists. At the time of the inspection the service had three vacancies. Managers filled any gaps in the rota using bank staff who were previously employees of the service.

The manager had a rationale for the number of staff they needed to run the service safely, this was based on the number and needs of the clients at the service. They reviewed this with regional managers quarterly. The manager completed the rota weekly and considered the skill mix of the staff to ensure safe care and treatment for clients.

There were 18 staff employed by the service. These included healthcare assistants, therapists, kitchen staff,

domestic staff and administrators. The manager was a non-medical prescriber and worked alongside a consultant psychiatrist who worked part time at the clinic supported by a specialty doctor. There was one healthcare assistant vacancy at the time of the inspection. The minimum staffing was two therapists and two healthcare assistants during the day (alongside the manager, administrative staff and housekeeping staff) and two support workers at night. However, there were normally between two and four therapists on duty including at weekends. The manager said they would increase staffing above these levels where this was needed to meet clients' needs. For example, during the start of a client's admission, or if the service was full. There was no recent use of bank or agency staffing for clinical staff

The clinic had an on-call rota for out of hours medical cover and an emergency protocol for staff on the night shift to follow should anything go wrong (for example, if a client should have a seizure).

The service had a sickness rate of 4.3% for the reporting period for the inspection. Bank staff covered sickness or substantive staff completed extra hours.

The service had a turnover rate of 50% for the reporting period for the inspection. The provider had recruited new staff during this time and had plans to recruit to fill the additional vacancy in the coming months.

Staff and clients told us they had not had activities cancelled due to short staffing. Sometimes staff had to move activities to a different time if a specific staff member was unavailable.

All staff had completed their mandatory training, or had it booked to be repeated in the month following the inspection. We reviewed records held by the manager about the training that staff had completed.

Assessing and managing risk to clients and staff

We reviewed six out of 18 care records. Staff had completed comprehensive assessments of clients' substance use, medical history (including blood borne virus history) and current risk factors. Staff included a mental state examination as routine as part of a client's admission checks. These checks used nationally recognised scales where appropriate, for example the Severity of Alcohol Dependence Questionnaire. Staff also used recognised withdrawal scales (such as the Clinical Institute Withdrawal Assessment for Alcohol scale) to help reduce the withdrawal effects that clients felt while detoxing. Staff also worked with clients to identify the risks and make plans for if they left treatment early.

We attended a handover and found it be full and thorough. We saw evidence of risk being discussed in handovers twice a day, and in weekly multidisciplinary team meetings. These discussions were documented in clients' care records.

The clinic had a set of guidelines to help clients adapt to routines and act in a positive way towards each other. These included recommended bed times, and expectations for clients to attend groups. Staff asked clients to agree to these rules before admission and were clear with clients that they could leave treatment freely.

Staff were trained on how to verbally manage aggression and violence, but they would not use physical restraint. If a client could not be de-escalated the service would call the police for support.

The provider had a policy of observing clients on an hourly basis for the first 24 hours of their admission, to ensure their safety and comfort during detoxification. Staff were aware of this policy and placed clients in a room close to night staff if required.

The service had a list of banned items which clients were not allowed to bring into the building. This was to support their recovery and protect the safety and confidentiality of all clients. Staff searched clients' belongings on admission in accordance with the provider's policy. Clients told us this was done in a respectful way and that they had consented to the practice. Clients' possessions were kept in safe storage in an area observed by CCTV.

Safeguarding

Staff knew how to identify and report safeguarding concerns. We saw that they had also put prompts in communal areas around the clinic to remind staff and clients to report concerns if they saw any.

Discrimination against clients or staff with protected characteristics was not tolerated at the service. We saw that the service rules were set to help protect people from discrimination and staff said they would challenge any discriminatory behaviour they saw.

Good

Substance misuse services

There were protocols in place to safely allow visitors to the service. The service did not allow children into the main residents' area but there was the possibility to close off the reception area of the service and use this if required. However, the service promoted families taking the clients out of the service to the local area.

Staff access to essential information

The service used an effective and secure electronic records system which streamlined the process of assessment and treatment for the clients. This system was user friendly and easy to access for the staff and the clients which made the whole risk assessment, care planning and objective setting meaningful for the clients.

Staff ensured records were clear, up-to-date and easily available to all staff providing care. Staff had tablet computers which they used to access client information on the electronic system. Staff kept some paper records including terms and conditions and safeguarding forms. These were uploaded onto the electronic system by the administrator. Staff provided clients with paper copies of their care plan.

Medicines management

The service had appropriate arrangements in place for managing medicines. The manager audited medicines and informed the team of any errors. We reviewed audits and saw there were actions taken when medicine errors had been identified and the manager carried out regular training with all the staff that were administering medicines. The performance and compliance manager also conducted audits and presented their findings to the registered manager and senior management team (SMT). Weekly and monthly reports were made available to the SMT.

Staff stored and managed controlled drugs appropriately. Staff kept records of administration of controlled drugs and we saw that staff reported when medicines in stock did not match records.

Clients received their medicines when they needed them, and we saw evidence that staff acted to prevent a shortage of medicines by contacting the doctor urgently when a new prescription was needed.

Staff helped clients to understand the medicines they were taking. Staff had access to leaflets providing information on medication and possible side effects. The service could have these leaflets translated if required.

Staff monitored clients for side effects of medications and liaised with the doctors to ensure clients were supported safely.

The service was planning to move to an electronic medicines recording system in the three months after the inspection to continue to improve the safe administering and recording of medicines.

Track record on safety

The service reported no serious incidents in the 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

Staff knew which incidents to report and how to report them using an electronic system.

Where an incident was identified the manager was informed and immediate concerns related to the incident were resolved. An incident form was then completed by any staff member or members involved in or witnessing the incident. The incident form documented the type of incident, the events that took place and the severity of the incident. The manager then investigated the incident and sought support from the senior management team where necessary. The findings were then recorded on an incident report and any additional lessons learned and actions were recorded and implemented.

If the incident was serious, the alert was raised to the Operations Manager and where relevant the relevant regulatory bodies were informed without delay.

Staff discussed incidents and near misses in handovers and identified what went well, as well as any learning points identified. We saw evidence from incident reports that staff had highlighted lessons learned.

The service had a duty of candour policy and staff were aware of the need to be open and honest if things went wrong. Staff were honest with a client if something went wrong and understood their responsibilities under duty of candour. We saw evidence in incident reports that staff spoke to clients and family members during and after incidents.

Good

Substance misuse services

Are substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff completed a thorough assessment of clients' needs face to face when they admitted them to the service. They used recognised rating tools to measure people's support needs, such as Severity of Alcohol Dependence Questionnaire. They assessed the physical and mental health of all clients on admission.

We reviewed six client records, all six clients had a care plan. All care plans were holistic, and recovery orientated. Staff updated clients' care plans with them every two weeks. The care plans were stored on a bespoke electronic system which made accessing records easy for the clients and the staff to access.

A doctor completed a physical examination on admission and decided if further monitoring was required. The service had access to a full range of equipment to monitor clients' physical health. Clients registered temporarily with a local GP to support their physical health needs. They gave signed consent for their local GP to be contacted and medical records to be shared.

The manager completed a medicines reconciliation when clients arrived ensuring that they recorded all regular medicines.

Best practice in treatment and care

In the six medicine charts we reviewed we saw that staff used prescription guidance from the British National Formulary and did not use medicines for purposes they were not licensed for (without detailed clinical judgements being recorded). Staff responsible for prescribing medicines received updates from the National Institute for Health and Care Excellence on changes to recommendations.

Therapists working at the service were skilled in providing therapies that were nationally recommended by the Department of Health guidelines on drug misuse and dependence. For example, cognitive behavioural therapy if clients had depression and motivational interviewing techniques as part of clients' main psychosocial treatment. They provided these in an intensive timetable of group counselling, as well as individual counselling sessions. Therapists used an abstinence-based treatment model. Staff monitored clients undergoing detoxification using nationally recognised rating scales. For alcohol withdrawal staff used the Clinical Institute for Alcohol Withdrawal assessments, this is a 10-point rating scale used in the management of alcohol withdrawal.

Staff helped clients access specialist physical health professionals when needed. We saw physical health monitoring forms identified when there was a deterioration in a client's physical health. Also, staff documented a clear focus on clients' physical health needs in their care records, including their diet and exercise. Any dietary issues and nutritional needs could be met by the services in-house chef and exercise needs could be met as the service had a gym on site.

Clients could access smoking cessation aids whilst they stayed at the service and staff encouraged clients to live healthier lives.

Senior staff in the service were in the process of drafting a compliance audit to ensure they followed national guidance. However, there were audits in place for other clinical tasks, for example to check they were managing medicines appropriately.

Skilled staff to deliver care

The staff team were experienced and comprised of support workers, a consultant psychiatrist, a supporting specialist doctor, the manager - who was a registered mental health nurse and a non-medical prescriber - and therapists.

New staff undertook shadowing shifts before starting their role and received a formal induction to their role. For support workers, this involved completing the care certificate standards.

Support workers at the service had regular clinical and managerial supervision with their line manager and at the time of the inspection the manager was exploring how to ensure therapy staff had monthly clinical supervision from external supervisors in line with their professional guidelines. We saw evidence supervision was being planned and recorded by the manager. All staff said they felt supported in their role.

At the time of this inspection all of the staff at the service had an in-date appraisal or one booked.

Good

Substance misuse services

All support workers had completed a mandatory training package in medication administration. This training was an intensive programme which covered how to administer medication correctly and safely, techniques to avoid medication errors and safe practices. The training was reviewed regularly by the manager and refreshed annually. There was an open-door approach to medication errors which initially centred around training to support staff to improve and avoid errors from occurring.

All staff had completed annual mandatory specialised training in first aid, understanding epilepsy, diabetes, self-harm, anxiety, depression and alcohol misuse.

Multi-disciplinary and inter-agency team work

Staff held handover meetings four times a day, and the manager and doctor met weekly to review all the clients in the service. Both meetings followed a set structure that ensured that relevant information was discussed effectively.

The manager of the service reported they had good working relationships with local healthcare providers such as the local GP and the local hospital liaison team. They said that relationships were also good with the local safeguarding team.

Adherence to the MHA and the MHA Code of Practice

The service did not provide treatment for persons detained under the Mental Health Act.

Good practice in applying the MCA

Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. All staff had received training in the Mental Capacity Act.

Staff assessed clients' capacity to consent to treatment prior to admission. If a client arrived intoxicated and lacked capacity to consent to treatment, staff waited until the client was no longer intoxicated before completing paperwork or requesting payment. If a client was too intoxicated staff could send them home and delay admission until it was possible to gain consent.

Staff knew where to get advice regarding the Mental Capacity Act from managers and other staff.

The service had not made any Deprivation of Liberty Safeguards. However, the manager was clear on what action he would take in the event of assessing whether this was required for a client.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

The six clients we spoke with said that the staff were kind and respectful. They said that they felt they were treated with dignity and that staff would not tolerate discrimination at the clinic.

Staff worked with clients to ensure their needs could be met. For example, asking clients what adaptations they could make to the accessibility of the service to meet their needs. Clients felt that they understood their treatment and medication and said that staff had fully explained treatment and medication options to them.

We saw staff interact with clients in a kind and compassionate manner and took steps to help protect the privacy of the clients at the clinic.

Clients had one-to-one time with their recovery support therapist regularly which they recorded in the electronic notes system. This helped staff to continuously assess the clients' needs.

Many of the staff members had experienced addiction prior to achieving their own recovery and this helped to promote a caring service. It supported service users to feel understood and validated as the staff members understood the thought processes the clients in early stages of recovery may be experiencing.

Involvement in care

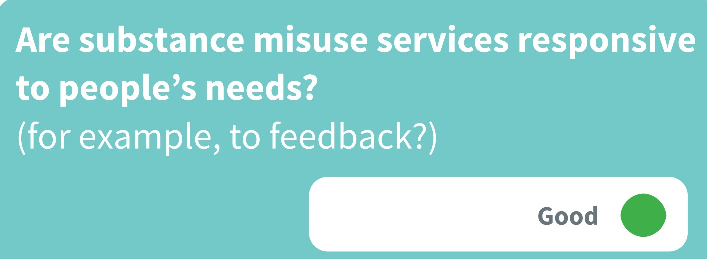
Staff gave clients opportunities to make requests and raise issues at a weekly community meeting. They placed actions taken as a result of the meeting on a "you said – we did" board and the manager wrote responses and actions next to them so that clients could view progress rather than waiting for the following week. The service operated a

requests box for clients to ask privately for support with anything they needed such as making a phone call or attending a specific appointment not already included in their care.

Staff provided regular updates to family members and involved them in the planning of their relative's care with the client's consent. The service also had regular weekly family group where they could meet with a therapist and have therapeutic interventions and support. The families of clients could also request family consultations with therapists and individual meetings with the manager to discuss any concerns or make suggestions to help improve the service.

We saw that clients had signed copies of their care plans, risk assessments and consented to treatment. Clients were involved in developing their own care plans. The service monitored how clients felt about their involvement in their care.

Clients had access to advocacy services and the details of contacts were displayed on a noticeboard.



Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

Staff used risk-based assessment criteria to ensure they were not admitting clients that were not suitable for the service. For example, they would not admit pregnant clients or clients with physical health risks that would be better managed in a hospital setting.

Staff discussed appropriate times for clients to be admitted and discharged with the client. They aimed to admit at set times throughout the day seven days per week and discharge in working hours Monday to Friday but would be flexible in discharging clients to meet their needs. Admissions outside of the normal times could be arranged based on client needs and risk profile.

Typically, clients attended the clinic for four weeks. The shortest treatment time would be a seven-day detox, the longest was 12 weeks.

Staff routinely discussed arrangements for unplanned discharge with clients on admission. All six client records reviewed included an address to send the client to should they wish to leave. Staff told us their cash, bank cards and medication would be forwarded to this address separately along with a short-term prescription to avoid relapse.

Clients we spoke with were positive about the aftercare arrangements following discharge. The service ran a weekly aftercare group for ex clients to follow up with clients who had completed their treatment.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own rooms during their treatment. There were three shared bedrooms at the service which could be used by clients at a reduced bed rate to encourage people to be able to receive treatment.

Clients could decorate their rooms and they could store their valuables in the services safe and safe storage areas which was under 24-hour CCTV surveillance. All rooms were secured with key pads and clients were able to access them throughout the day.

Clients in the first seven days of treatment were not allowed to use their own mobile phones. Clients had use of their own mobile phones and laptops after the first 7 days from 6pm to 7pm daily, with additional access available for facilitated calls to resolve benefits etc subject to team approval.

The service had purpose-built pods in the grounds and a large conservatory which allowed clients to attend group therapy, as well as additional rooms to hold one to one therapy sessions. There was also a separate lounge for clients to use if they wanted more privacy.

In addition to group therapy pods there was also a pod that contained a gym and one that contained a craft and activity area.

Clients praised the food at the clinic and said it was of good quality. We saw that the clinic had provided a variety of food for the clients at lunch, including healthier options and nutritionally balanced meals. There was also a large amount and variety of fresh fruit available to the clients which was regularly replenished.

Clients' engagement with the wider community

Good

Substance misuse services

Clients were encouraged to use a local swimming pool and visit the local town to go shopping when their treatment supported this.

Clients were supported to attend local support groups such as alcoholics anonymous (AA) and narcotics anonymous. One of the external pods was used by the local AA on a regular basis to hold meetings and this was managed safely by the staff to ensure the safety and anonymity of the clients within the service was maintained.

There was the opportunity for clients to engage in family therapy to help repair damaged relationships that may have arisen from their addictions.

Meeting the needs of all people who use the service

Staff were passionate about ensuring they encouraged a compassionate and accepting culture at the clinic. This included ensuring they were welcoming to clients of different races, genders, religious beliefs and sexual orientation.

Staff discussed what adaptations to the service would be helpful for clients as part of their admission process. For example, installing ramps for wheelchair access.

Clients who spoke a language other than English were offered an interpreter, and where the client wished, their relatives could act as a translator with the services support.

Listening to and learning from concerns and complaints

Clients were given information about how to complain about their treatment and there were posters reminding them of the clinic's complaints procedure on display in communal areas. Clients said they felt comfortable that the staff would act on their concerns.

The provider had received 16 complaints within the year prior to the inspection, and 390 compliments.

We reviewed the complaints process in the service. We saw that the provider had resolved all the complaints and two of the complaints had been upheld. In each of the complaints the complainant had been sent a response. Records showed that manager had identified opportunities to learn from complaints and had shared this learning with staff.

The manager used a white board in the communal area to keep clients informed about any requests and concerns they had made at weekly community meetings.

Are substance misuse services well-led?

Good

Leadership

The clinic benefited from an experienced manager. Staff said they felt their manager was approachable and experienced in their role.

The manager of the clinic was knowledgeable about the direction the service was headed in and was very aware of the needs and current progress of clients in treatment at the clinic. Staff told us about recruitment campaigns which management had carried out recently to fill the outstanding vacancies.

The manager had access to performance data for the service which showed how the service was performing. This information came from discharge surveys, online reviews, google reviews and a survey which clients completed a week after they were admitted to the service. Senior managers created summary reports and discussed these reports in quarterly meetings. In addition to this the manager accessed an electronic system which enabled them to access information on health and safety and personnel issues relating to the staff that worked in the service.

Staff knew who senior managers were and said they visited the service regularly.

The registered manager had support from regional managers and the senior leadership team. The provider had given the registered manager opportunities to develop and had made arrangements to ensure the manager was able to meet with managers from the other services within the organisation, so they were not working in isolation.

Vision and strategy

Staff were aware of the organisation's vision and strategy that promoted safety, equality, dignity, independence and fairness. Staff told us they were involved in developing this strategy with the support of the management team. Staff

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felt managers were very visible within the service and felt able to approach the registered manager and senior managers in the organisation to suggest changes to the strategy, such as treatment plans and new therapies.

The provider developed staff to provide a better service. They were expanding the training programme within the service and looking to develop a support worker and a therapist with the new Qualifications and Credit Framework (QCF) level 5 programme which has replaced the National Vocational Qualification (NVQ 4). This is a leadership training in health and social care.

The alumni team in place within the service supported discharging clients through remote liaison and regularly held events. The alumni team supported clients and gathered data on the efficacy of the treatment programme at the service. The organisation was reviewing the outcome data during 2019 and using it to support the planning of additional improvement projects within the service.

Culture

Staff said that they felt happy to work in the service. They said that it was a close staff team and that they felt supported.

Staff felt comfortable raising concerns in the service without fear of reprisal and were aware of how to whistle blow.

The manager reviewed staff performance concerns appropriately. We saw examples where the manager of the clinic had performance managed staff to help them improve their work performance.

The appraisal process had put a focus on staff development and we saw that staff had development plans to help them feel valued and skilled in their role.

Governance

The service had a system in place to monitor mandatory training compliance. The registered manager kept a computer-based record which highlighted the training courses staff had completed and when they were next due. The manager could identify the staff who were overdue for training and the reason this had not been completed. The manager was able to access this information easily and had regular discussions in supervision with staff to ensure they were booked onto the next available training when required.

The service had an appropriate system in place to monitor staff supervision rates. All of the staff within the service had a named person providing regular supervision.

The manager kept clear electronic records of the dates which staff had attended supervision, their appraisal date and dates for probation reviews for new staff.

Staff knew which incidents to report and how. We reviewed all incident records from the three months prior to the inspection. We found evidence in these records that the manager had investigated these incidents, had acted and had fed learning back to staff.

Senior support staff participated in clinical audits to ensure compliance with the provider's policy. These audits included medication and client records. Managers completed audits covering human resources records, client files and environmental standards and shared results at compliance meetings. The senior support worker and the manager audited medicines management standards on a weekly basis and highlighted any errors at staff meetings.

Management of risk, issues and performance

Risks were discussed in handovers, and where these risks were identified for the service (and not just for an individual client) they were raised to the manager to add to the service's risk register. The senior managers in the service held monthly business meetings where they would discuss any changes to the risk register and any other service developments.

Information management

The service used an innovative electronic assessment and care planning system. The system enabled staff and clients to access information and treatment plans in a user-friendly way which enhanced client care. The system allowed the manager to collect data about the clients' backgrounds, whether they had received prior treatment and where they went after discharge. They used this data to inform service performance and improvements.

The service had adequate computers and iPads for the current needs of staff and clients. This allowed staff to have timely access to the care records.

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We saw that staff kept client information securely, and there were systems in place to ensure that they notified external bodies of relevant information where needed. For example, notifying the Care Quality Commission of events as appropriate.

Engagement

The service held a regular family group event once a week where family members were able to support in offering ideas and concerns to improve the service which meant there was a clear pathway of communication with the service. Staff reviewed feedback from clients and their families and used this to guide service development. For example, using it to review their complaints policy

The directors of the service engaged with other substance misuse service providers in the area, as well as nationally to try and learn from their good practice and share the clinic's own good practice.

Staff and clients had access to up-to-date information about the service and wider provider. Staff received messages about the latest developments in team meetings, flash meetings which were short, focused meetings to discuss any progress and developments and via email and the provider's intranet. The clients received information on noticeboards and during discussions with their therapy workers.

The clients had opportunities to give feedback on the service they received. The service had comments cards and boxes in the reception area and received feedback via 'you said, we did' boards or, if they had lodged a complaint, on an individual face to face basis.

Learning, continuous improvement and innovation

The service offered a foundation programme for training. This covered modules such as care planning, risk assessments, person-centred care, motivational interviewing and harm reduction.

Staff who spoke with us confirmed their objectives focused on improvement and learning. Staff were given opportunities to undertake tasks that would enhance their skills, experience and help with their career progression.