

# Scovell Street

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

We rated Scovell Street, Salford as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion, kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service had clear referral criteria and pathways. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The décor of the building was old and tired
- Consideration of mental capacity was not always recorded as part of consent to treatment.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Residential substance misuse services</b>	Good 	Start here...

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# Summary of findings

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Good 

# Scovell Street

## Services we looked at

Residential substance misuse services;

# Summary of this inspection

## Background to Scovell Street

Scovell Street is a five-bed residential drug rehabilitation unit based in Salford, Greater Manchester. The service is provided by the T.H.O.M.A.S (Those On The Margins Of Society) organisation.

The service is commissioned by the local NHS trust to provide services as part of the Achieve network. Achieve is the local substance misuse treatment network. The local NHS trust is the lead provider for the Achieve network.

The service provides residential psychosocial rehabilitation to females.

There was one client in treatment when we inspected. 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.

Scovell Street had a partner service that was a male only house. This was based at St Boniface Road which was a short walk away. The service manager, team leader and recovery coaches worked across both services.

Scovell Street was registered with the Care Quality Commission in March 2015. The service is registered to provide accommodation for persons who require treatment for substance misuse.

The service has been inspected once previously in October 2017. The service was found to be fully compliant with all standards.

There was a registered manager and nominated individual in place.

## Our inspection team

The team that inspected Scovell Street comprised of a CQC inspector and a CQC assistant inspector.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for clients
- spoke with one client who was using the service
- spoke with the registered manager and nominated individual for the service
- spoke with three other staff members
- observed the delivery of two group sessions
- looked at one client care and treatment record
- carried out a check of the medicine management
- looked at a range of policies, procedures and other documents relating to the running of the service
- observed a provider level governance meeting.

# Summary of this inspection

This was an unannounced inspection, which means that the service did not know that we were coming.

## What people who use the service say

We spoke with one client during our inspection. The client was positive about the care they had received. They

considered staff to be supportive, caring and committed to providing a good service. They felt the care and treatment they were receiving was appropriate and beneficial.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff screened clients before admission and only offered admission if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.
- 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 clinical records – whether paper-based or electronic.
- Staff recognised incidents and reported them appropriately. Managers 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.

However:

The décor of the building was old and tired.

Good



### Are services effective?

We rated effective as good because:

- Staff completed assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and quality improvement initiatives.

Good



# Summary of this inspection

- Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
  - Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
  - Staff had access to training and a supporting policy around the Mental Capacity Act. Staff we spoke to were aware of how to identify capacity concerns and arrange a capacity assessment.
- However;
- Consideration of mental capacity was not always recorded as part of consent to treatment.

## Are services caring?

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 and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Staff informed and involved families and carers appropriately.

Good



## Are services responsive?

We rated responsive as good because:

- The service had clear admission criteria. There was a clear referral and admission process. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- Clients had access to a range of facilities within the premises and the community to promote their recovery. Clients were supported to maintain relationships with loved ones. Staff supported clients to access and engage with the wider community.
- There was a complaints policy and process. Clients told us that they would be confident in raising any concerns.

Good



## Are services well-led?

We rated well-led as good because:

Good



# Summary of this inspection

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

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group. Mental Capacity Act training was included in the mandatory training package. Staff were compliant with training requirements.

Staff assumed capacity and supported clients to make their own decisions. Clients who lacked capacity would not be suitable for the service. Capacity was considered as part of the referral process through the Achieve network. However, clients' capacity was not always clearly recorded in client notes.

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

Scovell Street was a converted residential house covering three floors. There were five bedrooms. Three bedrooms were en-suite and two bedrooms shared showering facilities. Clients were informed of these arrangements prior to admission. Clients joined a cleaning rota and took responsibility for the upkeep of the building and communal areas. Cleaning rotas were in place which evidenced that the building was cleaned daily. However, the decor and some of the fixtures, fittings and furniture were old and tired. The service was aware of these concerns and were looking at options to redecorate.

Staff completed regular audits and maintenance checks of the premises. This included monitoring of fire detection and prevention systems, regular checks of water samples for the presence of legionella and an annual health and safety assessment. The building was also subject to inspections by the local council as a house in multiple occupation.

A ligature risk assessment and supporting policy was in place. This identified potential ligature risks within the building and identified actions to mitigate the risk for example through risk assessment and observation. The service did not admit clients with active suicidal or self-harm behaviour. This was captured in referral documentation and through the assessment process.

### Safe staffing

There was a shared staffing establishment with the male rehabilitation house. The service manager, team leader and two recovery coaches worked across both sites. Scovell Street also employed three key workers specifically at their location. The service was staffed 24 hours a day, seven days a week. Key workers worked shifts from 1:30pm until 10:30am. There were no key workers on duty between 10:30am and 1:30pm. The service was staffed by either the service manager or team leader at these times. Recovery coaches worked Monday to Friday from 10am until 4:30pm and facilitated group sessions. There were sufficient staff to meet clients needs and ensure the safe operation of the service. Clients we spoke with told us that staff were always available and that they were able to have regular 1:1 time. Clients we spoke with had not experienced planned activities or group sessions being cancelled.

The manager was able to increase staffing levels if required. The service did not use agency staff. The T.H.O.M.A.S organisation had its own bank staff who helped cover periods of absence. At the time of our inspection there was one vacancy for a group facilitator. This was being covered by a T.H.O.M.A.S bank worker. Interviews to fill the vacancy had taken place.

Staff received and were up to date with mandatory training. This included training around safeguarding, first aid, health and safety, medicines management, information governance, infection control and blood borne viruses. The manager kept a database of training compliance and ensured staff were booked onto or completed online training courses as required.

### Assessing and managing risk to patients and staff

We reviewed one care record during the inspection. The record had an up to date risk assessment that was started

# Residential substance misuse services

at the point of referral. The risk assessment covered appropriate domains including physical health, mental health, history of substance misuse and safeguarding. A risk management plan was in place which reflected the findings of the assessment. There was a risk management plan for an early and/or unexpected exit from treatment. Staff provided clients with information on crisis services, reduced tolerance and accidental overdose risks. This included access to naloxone packs and training on their use. Naloxone is a non-addictive drug that can reverse the effects of opioid overdose.

Staff monitored clients for any deterioration in their physical or mental health. Clients completed daily reflections and feelings sheets. These helped staff to monitor changes in mood and mindset. There were good links with the local drug and alcohol service, mental health services and GPs. Drug and alcohol testing protocols were in place.

There were lone working protocols and policies to support staff working at night.

## Safeguarding

Staff received training in safeguarding adults and children. Training was delivered both face to face and online. Training had recently been renewed for all staff. Staff we spoke with displayed a sound knowledge of safeguarding principles and procedures. They were aware of different types of abuse and how to raise a concern. There was a safeguarding policy in place to support staff in managing and reporting safeguarding concerns.

The service had made no safeguarding alerts in the previous year. However, we saw evidence in care records that staff considered safeguarding concerns and discussed a case that staff had raised with the local safeguarding team but that had not required further action.

Children were allowed to visit the service as part of planned family visits. Management of child visits was covered within the safeguarding policy.

## Staff access to essential information

Staff had access to an electronic system for client records as well as paper records. We saw all clients' paper records were scanned into the electronic system.

## Medicines management

The service did not prescribe medicines. There were policies and procedures in place for staff to support clients who were prescribed medicines by their GP. Clients could self-administer but staff also administered medicines. Staff assessed clients for their suitability to self-administer medicines. Medicine administration record sheets were in place and staff followed appropriate identification protocols including the use of client photographs.

The service had facilities for the storage of medicines including controlled drugs. However, the service was not storing any controlled drugs at the time of our inspection. The temperature of fridges used to store medicine was monitored daily. The service manager completed monthly audits.

## Track record on safety

There were no serious incidents at the service in the 12 months prior to inspection.

## Reporting incidents and learning from when things go wrong

Staff recorded adverse incidents in client notes and in a separate adverse incident file. Adverse incidents were reviewed by the service manager. The managers completed incident reports where appropriate and these were discussed in the provider's operational managers' meeting. Incidents and lessons learnt were a standing agenda item for team meetings. Staff we spoke with understood the type of incidents that should be reported and how to do so.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

We reviewed one care record. It included a comprehensive assessment of the clients' needs, goals and recovery capital. Assessment documentation covered key domains including physical health, mental health, substance misuse, social circumstances and offending history.

The care record included a recovery plan which utilised a star chart format. A star chart provides a visible representation of a client's goals and progress. The

# Residential substance misuse services

recovery plan reflected the assessment outcome and captured the client's views, goals and objectives. The recovery plan was comprehensive, holistic and person-centred. Staff worked with clients to review the recovery plan and the clients progress on a weekly basis.

## Best practice in treatment and care

The service delivered care in line with the 12-step programme. The 12-step programme was developed by an international mutual aid fellowship. It utilises principles of mutual aid and peer support as recommended in national guidance provided by the National Institute for Health and Care Excellence. This was in line with Department of Health guidance that treatment for drug misuse should always involve a psychosocial component. Clients who had previously completed treatment at Scovell Street attended the service to act as peer mentors. The use of peer mentors to help make recovery a visible presence was recommended in the Strang Report (2012).

The service routinely offered blood borne virus testing and referred clients to the hepatitis services provided by the local NHS acute trust. Staff supported clients to live healthier lives for example in smoking cessation schemes, healthy eating advice and dealing with issues relating to substance misuse. Staff supported clients by ensuring they were following the correct care pathway for example for chronic obstructive pulmonary disease or Hepatitis B and C.

Staff completed treatment outcome profiles and submitted treatment data and outcomes to the national drug treatment monitoring system. Treatment outcome profiles are a national tool used to measure the progress of clients through treatment. Clients also completed their own recovery outcome stars as part of care plan reviews. The star allows clients to score themselves against 10 key domains and provides a visual demonstration of client progress.

## Skilled staff to deliver care

Staff were experienced, qualified and had the right skills and knowledge to meet the need of clients. All staff completed an induction process and received an annual appraisal and regular supervision. Supervision took place every four to six weeks.

Staff had access to specialist training. Key workers were supported to complete a level three national vocational

qualification in care and were able to apply to take level four and five qualifications. Additional training around psychosocial interventions, physical health, overdose prevention and the use of naloxone had also been delivered. Group facilitators were scheduled to receive dynamic intelligence learning training. Some staff had lived experience. The service utilised volunteers. Volunteers were subject to disclosure and barring checks as well as references. Several volunteers came from the providers second stage service and supported clients with their assignments as well as providing a visual representation of recovery in action.

Human resource support was provided by an external company. There were policies and procedures to manage staff performance and discipline. There were no staff on performance management at the time of our inspection.

## Multi-disciplinary and inter-agency team work

The service ensured multi-agency input into clients' comprehensive assessments from mental health teams, GPs, social workers and criminal justice services.

The service had effective protocols in place for the shared care of clients. Each client had a named key worker. Key workers acted as points of contact for shared care services, for example health and justice, probation, social services and mental health.

Recovery plans included clear care pathways to other supporting services. The service worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the diverse needs of client groups. For example, there were clear pathways for hepatitis B, C and blood borne viruses. Staff and peer mentors supported clients to attend appropriate appointments.

## Good practice in applying the MCA

The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group. Mental Capacity Act training was included in the mandatory training package. Staff were compliant with training requirements.

Staff assumed capacity and supported clients to make their own decisions. Clients who lacked capacity would not be

# Residential substance misuse services

suitable for the service. Capacity was considered as part of the referral process through the Achieve network. However, clients' capacity was not always clearly recorded in consent to treatment records.

## Are residential substance misuse services caring?

Good 

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

Interactions we observed between staff and clients were positive. Staff were respectful, polite and considerate. We spoke with one client who was in treatment at the time of our inspection. They spoke positively about the service, staff and staff attitudes. Staff recognised the totality of clients' needs. They took personal, cultural, social and religious needs into account. Staff supported clients to understand and manage their care, treatment or condition. This was achieved through collaborative assessments, regular one to one sessions, reviews of care plans and attendance at group sessions.

Staff co-produced recovery plans with clients. Client goals, views and preferences were reflected in care plans and the delivery of care. Staff offered clients a copy of their recovery plan.

Staff directed clients to other services when appropriate and, if required, supported them to access those services.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients. Clients signed a confidentiality agreement prior to commencing treatment. This included an agreement on information sharing with third parties. Policies on confidentiality and information sharing were explained to clients as part of this process.

Staff we spoke with told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of reprisal or consequences.

### Involvement in care

There was an admissions process to inform and orientate clients to the service. Clients received a welcome pack which included information on the service, house rules, complaints procedures and weekly activities. Clients could visit the service as part of their referral process.

Clients we spoke with told us that they were active participants in their care and in care planning. We reviewed one care record which clearly evidenced the client's involvement in care and treatment decisions. Staff worked with clients to help identify and develop their recovery capital. Clients' communication needs were considered at assessment prior to admission. Staff communicated effectively with clients and clients we spoke with told us they understood their care and treatment.

Clients were able to give feedback on the service they had received in treatment exit surveys. These were reviewed and analysed within the provider's governance forums. In addition, there were weekly community meetings where clients could raise any concerns they had or make suggestions around service delivery.

Staff facilitated family involvement where appropriate and in line with client wishes. Clients completed a consequence letter that was sent to family members as part of their treatment. Staff could refer carers for Carer Assessments through the wider Achieve network. The service had attempted to set up a family support group but attendance was low and the group did not take off.

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

Good 

### Access and discharge

The service had clearly documented eligibility criteria. Referring agencies were aware of these. This meant that the service only admitted clients who were in a position to benefit from the treatment on offer. Clients were able to self-refer into the service but the majority of clients came through the local drug treatment network ran by a local NHS trust. Scovell Street worked with the drug treatment network and the NHS trust to manage referrals, assessments, admissions and waiting lists. Referrals into

# Residential substance misuse services

Scovell Street came through a care coordinator employed by the NHS trust who also arranged a separate detoxification placement prior to admission if that was required. Clients who were referred and accepted for treatment were allocated a recovery co-ordinator by Achieve. The recovery co-ordinator attended six weekly reviews of care and was involved in the planning and management of clients' discharge.

Discharge and discharge planning was considered from the point of referral and managed collaboratively between the client, Scovell Street keyworker and Achieve recovery co-ordinator. Staff worked with clients to identify and develop the recovery capital, resources and relationships required to support their discharge and meet their discharge objectives. Where clients had come through the criminal justice system staff worked with probation officers as well as Achieve to deliver care and treatment. There were policies and procedures in place should a client discharge themselves unexpectedly.

Where funding had been agreed clients were able to move to a second stage T.H.O.M.A.S service. There was a structured pathway to support these transfers.

## **The facilities promote recovery, comfort, dignity and confidentiality**

Clients had access to a lounge, kitchen and dining area, laundry facilities and outdoor space. There were additional facilities for group sessions at a recovery café which was within a two-minute walk. The recovery café was operated by T.H.O.M.A.S. Each client had their own bedroom. Three of the five bedrooms had ensuite facilities. Two bedrooms shared a bathroom. Clients were able to personalise their room by displaying photographs and posters.

The service promoted clients taking responsibility and working towards independent living. Clients had responsibility for their own washing and for cleaning their own bedrooms and communal areas. Clients were part of a rota to cook for the house. This included planning menus and shopping for ingredients. There was access to snacks and hot and cold drinks outside of meal times.

In addition to group sessions and fellowship meetings there was a range of activities provided for clients. These included games nights, walking groups and trips to local amenities such as the cinema and local parks.

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

Staff encouraged clients to develop and maintain relationships with people that mattered to them. Clients completed consequence letters that were shared with family members. Family visits were scheduled at specific times during the treatment programme. Visits could be arranged outside of this schedule if required.

Staff encouraged clients to access positive and meaningful activities in the community with social, recreational and educational activities. These included shopping trips, access to mutual aid groups, cinema visits and waking groups. Clients in the second stage of treatment also accessed colleges, voluntary schemes and work opportunities. This included volunteering at the provider's charity shop and furniture recycling scheme.

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

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. The service provided support and referral to appropriate agencies for clients in vulnerable circumstances.

Communication needs were identified during the referral process and discussed with the referring agency. Clients were able to access translation services, including sign language where this had been agreed and funded by the referrer. The service met religious and cultural needs such as halal meat. Staff supported clients to access local places of worship.

Dietary requirements were identified during assessment and the service procured relevant produce. A choice of food was available, and clients agreed weekly menus in advance. Clients were responsible for purchasing and cooking food for the residents. There was a rota in place to support this.

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

The service had a complaints policy and process. Information on how to complain was on display within the service and provided in the client welcome pack. Clients we spoke with were not always certain of the complaints process but told us that they would be confident in raising concerns with staff and management.

The service had not received any complaints in the 12 months prior to our inspection. However, the registered

# Residential substance misuse services

manager was able to describe the process for instigating a complaint investigation, the governance process to manage the complaint and how feedback and learning would be disseminated.

In the 12 months prior to our inspection the service had received four compliments. These were in the form of thank you cards and letters from clients and family members.

## Are residential substance misuse services well-led?

Good 

### Leadership

The service manager had the skills, knowledge and experience to perform their role. They demonstrated a good understanding of the client group and how the service could meet their needs. Senior managers from within the provider organisation were a visible presence and known to staff and clients. Staff and clients we spoke with were positive about the management of the service.

### Vision and strategy

The T.H.O.M.A.S organisation had a clear vision and a mission statement in place. These were underpinned by a set of values which were to:

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

Staff we spoke with understood the provider's vision, mission statement and values. We observed that care was delivered in line with these. Staff had the opportunity to contribute to discussions about the development and strategy of the service. This was through supervision, appraisal, team meetings and involvement in service improvement projects.

### Culture

Staff we spoke with told us they felt respected and valued. They felt supported by management and were clear about their role and responsibilities. Staff were proud about the work they did and the level of care they provided.

Staff we spoke with described an open and honest culture. Staff understood the provider's whistleblowing policy and felt able to raise concerns without fear of retribution or victimisation.

Staff morale was positive. Staff worked well together and demonstrated a cohesive team approach to the delivery of care. There had been no bullying or harassment cases within the service during the 12 months prior to our inspection. Staff sickness and turnover were both low. Staff appraisals and supervision sessions included discussions about professional development. Staff were able to access additional training and experience as part of their development.

### Governance

The service had an effective governance structure. Governance meetings were held at service and provider level to allow for shared learning with other sites. Team meetings followed a set agenda and there was a clear communication pathway with the provider's governance meetings. The provider and service had systems in place to ensure that the service was safe, that treatment was effective and that clients and staff were appropriately supported. Performance data was captured and reviewed at service and provider level. We observed an operational managers meeting as part of our inspection. The meeting was well structured and meaningful. The agenda included a review of service performance, risks and future plans.

Staff had access to a suite of policies and procedures to guide them in the delivery of care. Policies and procedures were all in date and subject to regular review.

# Residential substance misuse services

The service submitted data and notifications to external bodies and internal departments as required, including notifications to the CQC. Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

The provider had a whistle blowing policy in place. Staff were aware of the policy. Staff we spoke with told us they would be willing to use the policy if they felt it was required.

## Management of risk, issues and performance

Staff had access to a risk register which was held at provider level. The risk register was discussed and reviewed in governance meetings at provider level. The risk register included concerns over financial pressures and reduced budgets within commissioning and referral services. Mitigating actions had been identified and there was no evidence that financial pressures had compromised care delivery. Senior managers showed a good understanding of the pressures and risks facing the service now and in the future.

The service monitored performance through compliance with national drug treatment monitoring service reporting arrangements. In addition, the service had key performance indicators in place and produced quarterly performance reports for block purchasers of beds.

The service and provider had a business continuity policy in place. This outlined how the service could continue to operate in the event of a loss of use of the building, key services or in cases of adverse weather or high staff sickness.

## Information management

Staff had access to the information and equipment required to carry out their roles and deliver treatment. Information needed to deliver care was in an accessible format and stored securely.

Staff felt confident using the systems in place and had completed information governance training. Staff we spoke with were aware of the provider's policies in relation to confidentiality and the sharing of information with other bodies.

The service manager had access to information to support the management of the service. This included information on performance, staffing and client feedback.

Notifications and data were submitted to external bodies as required, including the CQC.

## Engagement

Staff, clients and carers had access to up to date information about the work of the service. Information was available on noticeboards within the building, in leaflets and documentation provided by the service and on the service's website and social media platforms.

Clients had the opportunity to give feedback on the service they received. This occurred in 1:1 sessions, community meetings and through an exit survey once their treatment was completed. Staff had the opportunity to give feedback on the service during team meetings, in discussion with senior management and in an annual staff survey.

Staff engaged with external organisations such as commissioners, referral agencies and other services within the local treatment and recovery networks.

## Learning, continuous improvement and innovation

The service was not engaged in any research projects at the time of our inspection but had an objective to be research active. Group facilitators were scheduled to attend dynamic intelligence training. The service participated in local drug and alcohol reviews when requested.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that a programme to redecorate the premises is agreed and completed
- The provider should ensure that client's capacity to consent to treatment is recorded within client notes.