Western Counselling Services Limited

Meijer House

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Western Counselling provides accommodation and treatment for up to 17 people who require residential rehabilitation for a dependency on alcohol or opiates. The service also offers medically monitored detoxification for clients who are assessed as low risk. The service uses the 12-step model of treatment (a structured, abstinence model). Most people are funded by their home local authority, but private funded clients also use the service. The service is registered to provide care and support for any person over 16 years of age.

At the time of this inspection there were seven clients at the service with one client undergoing detoxification.

The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment for disease, disorder or injury. There is a registered manager in post.

Our rating of this service stayed the same. We rated it as good because:

- The clinical premises were safe and clean. The service provided safe care and had enough, competent 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 treatment suitable to the needs of the clients and in line with national guidance. Staff engaged in clinical audits to evaluate the quality of care provided.
- The teams included or had access to specialists required to meet the needs of clients under their care. Managers ensured staff received training, supervision and appraisal. Staff worked well together as a cohesive team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well, including unplanned early exit from the service.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	Our rating of this service stayed the same. We rated it as good because: • The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided. • The teams included or had access to specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation. • Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning. • The service was easy to access. Staff planned and managed discharge well, including unplanned early exit from treatment. • The service was well led, and the governance processes ensured that its procedures ran smoothly.

Summary of findings

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Summary of this inspection

Background to Meijer House

Our last inspection of the service was in November 2018, when the service was rated good. However, there were recommendations around having clear values that staff were able to articulate, and policies and procedures being fit for purpose and up to date. During this inspection we saw that staff understood the values of the service, and policies and procedures were purposeful and regularly reviewed.

What people who use the service say

Clients were very positive about the service they received. They said that staff were kind, respectful and caring. Clients told us staff were very supportive and helpful, always making time to talk to them. All clients told us they felt safe.

Clients told us they liked the structured timetable and appreciated the discipline the service gave them. Clients felt involved in their care and told us their individual needs were being met.

How we carried out this inspection

The team that inspected the service comprised of one CQC inspector and a specialist advisor with a professional background in substance misuse.

During our inspection, we undertook the following inspection activities:

- Tour of the environment and observed how staff were caring for clients
- Reviewed eight care and treatment records
- Reviewed eight medication charts
- Spoke with seven clients
- Interviewed five staff including the registered manager, nominated individual, nurse and recovery support workers
- Carried out a specific check of medicines and the clinic room
- Reviewed a range of documents, policies and procedures relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The service had extended the programme for some clients who could not afford to complete treatment. On occasions where staff had identified clear benefit in the client's recovery being extended by two to three weeks, managers had agreed to extend the client's recovery programme at no extra cost to them. This resulted in two clients successfully completing treatment and remaining in recovery.

Summary of this inspection

Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure there is clear direction on how staff summon help in the event of an emergency.
- The service should ensure clients are offered a copy of their care plan.
- The service should consider how to have multidisciplinary input into medical reviews and consider reverting to face-to-face assessments on admission.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

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

Are Residential substance misuse services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

All areas were clean, well maintained, well-furnished and fit for purpose. The clients we spoke with told us the building was always clean and the furnishings were of a good standard. Staff made sure cleaning records were up to date.

Staff made sure equipment was well maintained, clean and in working order. We reviewed the environmental risk assessment which included both internal and external environments. The risk assessment included hazards, control measures and actions. The service had removed or mitigated against risks as far as practicable.

All client bedrooms were twin bedrooms to ensure clients had someone close by. Clients did not have access to single bedrooms, and clients gave consent for this prior to admission. Staff were always present in communal areas if clients needed support. There was one ground floor twin bedroom, which was often occupied by a client undergoing detox alongside another client who was further into their rehabilitation treatment. There was an alarm bell fitted in this bedroom which raised an alarm in the bedroom next to it, where the night support worker stayed.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. For example, they had weighing scales, blood pressure monitors and breathalysers. The clinic room was secure and accessed only by authorised staff.

Staff followed infection control guidelines, including handwashing. The provider had carried out a thorough COVID-19 risk assessment and had implemented an effective procedure for admission during the pandemic to reduce the spread of infection. Clients and staff had access to hand gel and there were posters demonstrating correct hand washing techniques. Face masks were available to clients and visitors, if they wanted them.

Staff routinely checked the first aid kit and emergency equipment at the service. All items were in date.

Good

Residential substance misuse services

Safe staffing

The service had competent, well-trained staff, who knew the clients. The number of clients on the caseload of the team was low, which allowed staff to give each client the time they needed.

The service had enough counsellors and support staff to keep clients safe and a staff member was always available. From 9am – 5pm, Monday to Friday there was a recovery worker, counsellor and medicines manager on shift. From 1pm another support worker worked through until 10.30pm. A sleep-in support worker was on site out-of-hours in case of emergencies and the registered manager remained on-call.

The service had one vacancy for a specialist young person's counsellor. The service is registered to provide care and treatment for persons over 16 years of age and previously had a specialist young person's counsellor who left six months prior to the inspection. Staff have only been accepting referrals from adults over 18 years whilst they successfully recruit to this position. The registered manager told us that the service had permanently reduced the capacity of clients from 23 to 17, which had allowed the service to be better staffed and cover sickness/ absence much more easily.

The service rarely used bank and/or agency staff. Unfilled shifts were covered within the substantive group of staff by swapping shifts or part-time staff taking on extra shifts.

All staff, including volunteers, received an in-depth and comprehensive induction on commencing employment. This covered various aspects of the service and new staff would shadow shifts until they were deemed competent.

Medical staff

The service did not employ medical staff. The service worked closely with the local general practitioner (GP) to provide a safe service. Staff booked clients a virtual GP appointment on the day of their admission. Staff were trained to monitor clients undergoing detoxification and would alert the GP of any concerns. We saw the GP service was very responsive to any concerns. Although government restrictions around Covid-19 were no longer in place at the time of this inspection, the service had not reverted to face-to-face appointments. The service could get support from a psychiatrist quickly when they needed to, although this was very rare. Staff knew to call 111 for medical support if required or 999 in the case of an emergency.

Mandatory training

Staff completed and kept up to date with their mandatory training and service specific training. The mandatory training programme included basic life support, health and safety, safeguarding adults and children level 2, equality diversity and inclusion, information governance and data security and lone worker awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. We reviewed staff training files and found that all staff were up to date with their mandatory training. Managers were aware of the skillset within the staff group and had supported staff to gain qualifications and competencies for their role. All support workers were trained in administration of medication level 3 and completed medicine competencies annually.

Assessing and managing risk to clients and staff

Good

Residential substance misuse services

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff screened clients and completed virtual assessments before admission. Clients were only admitted if it was safe to do so. Clients also received a pre-admission evaluation of medicines by the prescriber for the service. They assessed and managed risks to clients well and additional physical health checks were completed for clients undergoing detoxification. If there were any concerns, clients would be put onto 15 minute observations whilst medical advice was sought and the client became stable. Managers confirmed client safety was the primary concern. The manager confirmed they did not admit clients the GP considered unsafe.

Clients who were admitted to the service from the community were asked to take a lateral flow test just before admission. Managers told us they had a client who tested COVID-19 positive while resident and they followed national isolation procedures in force at the time.

We reviewed care records for eight clients. Staff had completed risk assessments for all clients. These were regularly reviewed and updated in response to changing or new risk. All clients had contingency plans in place in case of unexpected early exit from treatment.

Staff understood that the service only admitted people who were at low risk of presenting with behaviour that challenges. There was a clear policy around management of challenging behaviour.

Clients consented to bag searches on admission and when staff had reason to believe this was necessary. Staff made clients aware of any prohibited items prior to admission and if any items were found these were kept in a locked cupboard within the manager's office.

Management of client risk

Staff told us they monitored any sudden deterioration in a client's health with physical health checks. We observed completed physical health checks within client care records. If there were any health concerns identified, the client would be put on 15 minute observations. Staff were trained to identify withdrawal symptoms in clients undergoing detoxification.

Staff planned well for unexpected exit from treatment. Clients told us that they were asked how they could be supported to re-engage in the service, if they decided they wanted to leave. On occasions where this had happened, staff contacted the clients' funding authority (where applicable) to ask them to speak with the client before they left the service. Staff understood processes if a client decided to leave treatment early.

The service had a lone working policy and staff told us they felt safe. Staff who were working alone had been issued personal alarms but did not use them. Staff told us they always kept their mobile phones on them to use in case of an emergency. We could not be assured how staff would summon help in an emergency.

Safeguarding

Good

Residential substance misuse services

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 received training on how to recognise and report abuse, appropriate for their role, and all staff kept up to date with their safeguarding training. The service provided clear guidance to staff on which level of training was appropriate for their role and managers received a higher level of training.

All staff had level 2 safeguarding adults and children training, and the registered manager and nominated individual had level 3 safeguarding adults and children training.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults at risk of or suffering harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that they would inform the registered manager if they had concerns regarding the safety of clients.

The service had a designated safeguarding lead and staff we spoke with knew who they should contact if they had a safeguarding concern. The policy clearly signposted staff to the Local Authority if they needed to escalate concerns. The service had submitted no safeguarding notifications to the Care Quality Commission (CQC) in the previous 12 months.

Although children did not visit the service, the service had taken into consideration the protection of children within the client's wider environment.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive, complete and all staff could access them easily. Client notes were paper based, and electronic communication from external sources was printed and kept within the client files.

Records were stored securely and only staff could access these.

Medicines management

The service used systems and processes to safely administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed medicine records for eight clients, and these were accurate and up to date. On one medicine record we saw an administration signature box for a controlled drug had been obscured by the doctor's prescription of the drug. This made it difficult to read both, the prescription dose and the signature of the staff administrating the medication. This was raised with staff at the time of inspection and was dealt with immediately.

All staff received online training for safe administration of medicines. The manager told us all staff had their competency checked before being able to administer medicines alone. We saw evidence that all support staff had their medicine

competencies re-assessed annually by a local pharmacist. If any staff member made a medicine error, they were required to have their competency re-assessed. There had been two medication errors in the last 12 months, which were dispensing errors from the local pharmacy. We saw there had been additional checks put in place on receipt of medication.

A GP reviewed client medicines pre-admission and when required during the client's admission to the service. We reviewed GP notes within the client records and found them to be comprehensive. However, in three of the eight care records we reviewed, there was no evidence to show a medical review or prescribing review had been carried out during their admission. There were no clinical staff within the service, meaning there was no meaningful multidisciplinary input into medical reviews.

The service had an agreement with the local pharmacy to maintain oversight of medication. We saw evidence that showed the local pharmacy completed audits and had input into the medication management policy.

Track record on safety

The service had a good track record on safety.

There had been no safety incidents reported in the 12 months prior to this inspection.

Reporting incidents and learning from when things go wrong

The manager investigated incidents and shared lessons learned with the whole team. Staff knew when they should apologise to clients.

Staff understood the duty of candour. There had been no incidents which required the duty of candour in the 12 months prior to this inspection.

Managers investigated incidents. They told us of an incident investigated, the outcome and the actions taken to prevent the incident happening again. All incident investigations were fully documented.

The manager told us of an incident where the pharmacy had dispensed the wrong medicine for a client. This was brought to the attention of the pharmacy immediately, and actions taken to prevent this happening again. Staff were aware of the need to check all medicines on delivery from the pharmacy against the prescription charts. Learning was shared during handover and staff meetings.

Are Residential substance misuse services effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Good

Residential substance misuse services

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, and recovery oriented.

Staff completed a comprehensive assessment of each client. This included demographic information, current substance use, medicines, previous trauma and violence episodes, risks to others and details of any criminal record.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Clients told us that their mental health and social care needs were considered at their pre-admission assessment. We saw completed physical health observations on admission within clients care files which were completed by a trained member of staff, and reviewed by the GP.

Staff requested a medical summary from GPs and previous risk assessments from the referring organisation. Clients had a medical review with the GP on the day of admission prior to any medicines being prescribed. Subsequent reviews were completed within the service as needed, without medical input.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. These included plans for unexpected exit from treatment plans.

Staff regularly reviewed and updated care plans when clients' needs changed.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

The service offered a medically monitored alcohol detoxification treatment based on the 12-step programme. This is a peer-based, mutual help programme designed to assist people suffering from drug or alcohol dependency. The programme uses guiding principles outlining how to overcome addiction, avoid triggers and live a healthy, productive life.

Staff made sure clients had support for their physical health needs and supported them to make appointments with the GP when needed. When we reviewed care records, we saw evidence of staff checking in with clients regarding their physical health needs and providing them with support where needed.

Staff provided a range of care and treatment suitable for the clients in the service. The service had a comprehensive timetable of activities, which included a range of psychoeducation, leisure activities, on and off-site activities and group and individual activity sessions. There were two separate activity timetables; one for clients staying for a 12-week period and a separate timetable for those who required an extended period of recovery. Clients were expected to participate in activities unless they were too unwell to attend. We did not see evidence that clients had input into the choice of activities.

The service ensured that clients received individual support. Each client had a minimum of one counselling session and one key worker session per week.

Staff supported clients to live healthier lives by supporting them to take part in physical activities, such as walking and yoga. Staff supported clients to stop smoking and encouraged them to use vaping products instead. Smoking was permitted in a designated area in the garden.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements.

All clients were prescribed medicine to reverse the effects of opioids overdose (Naloxone) on admission. This was to ensure that clients would remain safe in case of an unplanned early discharge from the service.

Skilled staff to deliver care

The staff team had access to specialists required to meet the needs of clients under their care. Managers ensured that staff had the range of skills needed to provide high quality care. Managers supported staff with a comprehensive induction, regular documented appraisals, supervision and opportunities to update and further develop their skills.

The service was staffed with counsellors, and support and recovery workers. This included staff who specialised in forensic psychology, dual diagnosis in addiction, eating disorders and life coaching. These individual skills were used to ensure clients had the most appropriate key worker.

Managers gave each new member of staff an induction to the service before they started work. Substantive staff and volunteers received the same level of induction. New staff were supernumerary until they were signed off following induction and deemed competent to commence their role.

Managers supported staff through constructive appraisals and supervisions of their work. We reviewed six personnel files and saw evidence that staff were receiving regular supervision in line with the organisation's supervision policy. All counsellors received external supervision monthly.

Staff told us they regularly attended care team meetings. Agendas and minutes for the meetings showed these were constructive and well-attended.

The service had access to a range of specialists to meet the needs of each client, such as counsellors, recovery workers and medical support from the local GP. Managers showed us input from specialists when it had been requested.

All the recovery workers working within the team had personal experience of detoxification and had received detoxification training. The manager was a qualified counsellor.

Multidisciplinary and interagency teamwork

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 relevant services outside the organisation.

Good

Residential substance misuse services

Staff engaged with various disciplines to discuss and improve client's care. Managers showed us communication from a range of professionals including care managers, probation services, police, local authority safeguarding and social work teams.

Staff had effective working relationships with external organisations and encouraged them to provide feedback. The service sent feedback questionnaires to local authorities that funded clients. Feedback from two authorities that responded was very positive, particularly around the level of communication they had received.

Staff shared clear information about clients and any changes in their care. Staff had the opportunity to discuss clients daily during handover at the start of a shift.

Good practice in applying the Mental Capacity Act

Staff understood the Mental Capacity Act and gained client consent prior to any treatment.

Staff received and kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were able to demonstrate their understanding of the MCA and how this affected their role. A client would not be admitted to the service unless they were able to fully consent to treatment.

Staff clearly assessed and record clients' consent to care and treatment. We saw evidence of this in clients' care files.

There was a clear policy on the Mental Capacity Act, which staff knew how to access.

Are Residential substance misuse services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. We saw staff knocking on client doors and speaking in a respectful way. Clients told us that staff treated them well and behaved kindly.

The manager always ensured there were travel arrangements in place for the client to get to and from the service. When clients exited the service early, staff planned with their care manager and contacted family members with the client's consent.

We saw staff treating clients with kindness and compassion.

Good

Residential substance misuse services

Staff gave clients help, emotional support and advice when they needed it. Managers understood that care was more than the support offered while in the service. They gave an example of having worked closely with a client's extended family after previous rehabilitation attempts had been unsuccessful. This gave the managers deeper insight into the holistic needs of the client and how best to support them whilst in treatment. This resulted in successful rehabilitation and stable employment of clients after leaving the service.

Staff supported clients to understand and manage their own care treatment or condition. Clients told us that they understood their treatment plan before admission and knew what to expect from the service. Clients told us that staff understood and respected their individual needs.

Staff rewarded clients with privileges as they progressed through the programme. Clients could become a group leader or a house deputy after eight weeks into the programme. For example, they could leave the premises unsupervised once a week and buy snacks for the residents. All clients had consented to and signed an agreement to say they understood the restrictions in place.

Staff directed clients to other services and supported them to access those services if they needed help. Staff took clients to Narcotics Anonymous and Alcoholics Anonymous groups in the community every week. Managers told us that this had been very useful for the clients to build networks, and some clients relocated to Weston-Super-Mare to stay within a supportive community. Managers told us they had extended treatment for two clients who could not afford to pay for further treatment. This allowed the clients' to complete their treatment at no extra cost to them and they have now successfully remained in recovery.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Client information was stored in lockable cabinets and only accessed when needed.

Involvement in care

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 access to additional support.

Involvement of clients

While staff involved clients and gave them access to their care plans, all the clients we spoke with said they had not received a copy of their care plan. However, staff told us they ensured clients understood their care and treatment through their key worker and counselling sessions. All clients said they felt this covered all factors in their life.

Clients could give feedback on the service and their treatment. Clients told us they felt able to give feedback to all staff members including the registered manager. All clients were asked for feedback in a client feedback session every two weeks, and more formally on discharge.

Clients were always involved in their assessments and reviews. Clients told us they were involved in meetings around their care and they attended their mid-point review meeting with their care manager. Clients were offered aftercare, including accommodation at the provider's step-down service in the local area.

Good

Residential substance misuse services

Involvement of families and carers

Staff informed and involved families and carers appropriately. Clients told us that staff kept families up to date with their progress with their consent. Clients were able to keep in contact with their loved ones. Where consent was given, families and carers were involved in the pre-assessment process.

The service did not have a formal way of encouraging feedback from families and carers. However, staff told us families and carers were able to give feedback and it would be addressed. We did not see evidence of any feedback from families or carers.

Are Residential substance misuse services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well.

The service accepted referrals from clients' local authorities and accepted privately funded clients.

The service did not have a waiting list. The waiting time for an initial assessment was up to a week, as referrals were reviewed by managers on a Wednesday. Staff contacted clients when they received their referral and arranged an appointment at a time which suited them. The service saw urgent referrals quickly, and referrals from the Crown Court were prioritised.

The service supported the Crown Courts to provide rehabilitation for people who had a Drug Rehabilitation Requirement (DRR) or an Alcohol Treatment Requirement (ATR). This option is available to courts as a sentencing option and can be part of a community order or a suspended sentence order. We saw the service had carefully managed these admissions and took all practicable steps to manage risk to the person themselves and others. There was a robust system in place to ensure these admissions were appropriate for the service before being admitted.

The service had clear admission and exclusion criteria. Staff could confidently tell us that the service offered medically monitored detoxification and which categories of clients would not be accepted to the service, such as clients with a history of seizures.

The service rarely cancelled assessment appointments or admissions to the service. Staff could not tell us the last time this had happened.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

Good

Residential substance misuse services

The service had a full range of rooms and equipment to support treatment and care. The service was in a residential property. Clients told us that the environment was quiet, peaceful and felt homely. They felt the environment was supportive in their journey to recovery.

There were separate corridors for female and male clients.

The group therapy room was spacious, bright and accommodated the group size. There was a separate relaxation lounge, with comfortable furniture and a television which was used by clients in the evenings and on weekends. The dining area was also fitted with a television to allow clients to watch different programmes.

Clients' bedrooms were twin bedrooms and had en-suite toileting and showering facilities. There were separate toilets and showers if required.

Clients had access to their own belongings during their stay except for their mobile phone. Clients were able to use the payphone six times during the week. Staff told us these calls were allowed in the evening after therapy sessions. Clients were encouraged not to make telephone calls in their first week in treatment, but family members were welcome to telephone in and speak with staff.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The accommodation and treatment facilities were located across two floors. All communal areas including the therapy room, relaxation lounge, dining facilities and one bedroom were on the ground floor. This ground floor bedroom was primarily used for clients undergoing detoxification and clients that had mild mobility problems. The remaining bedrooms were on the first floor. The building was not adapted for wheelchair users or those with mobility issues.

Staff made sure clients could access information on treatment and local services. Some leaflets were available on notice boards throughout the property, signposting clients to external information. We were given examples of clients being supported to attend church on Sundays. However, in client feedback some clients expressed a wish to have access to a gym or weight training.

The service was able to take referrals for clients who spoke and read small amounts of English. Staff recently supported a client by communicating through photos, pictorial illustration and google translate. The service had also supported people with a sight impairment by making the text size bigger for them. However, they would not be able to support people who did not speak English. The service did not have access to sign language specialists or interpreters.

The service engaged clients in activities that increased their skills. Clients were taught computer literacy every Tuesday and sign language on a Friday. Both courses led to professional qualifications. The service had also supported people with a sight impairment by making text size bigger for them.

The service provided specific workshops on protected characteristics. Managers gave us some examples of internal workshops that staff had delivered on disabilities and gender alignment.

The service met the dietary needs and preferences of the clients. Clients decided the menu amongst themselves. If any client had dietary needs, meals would be prepared to accommodate these. We were given examples of clients being

served halal and gluten-free meals. Clients were asked whether they had any allergies on admission and what types of food they preferred. All clients were able to make food and drinks whenever they liked. Meals were prepared by the clients as part of therapeutic duties. Staff supported clients who needed encouragement with cooking to gain skills around meal preparation.

The service offered a step-down service for clients. Clients who had completed treatment were offered this to encourage the best recovery for people who needed extra support before returning home.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Clients, relatives and carers knew how to complain or raise concerns. Clients told us that they had not had any reason to raise concerns about the service. Clients told us they felt staff and managers would listen to and act upon their concerns if they had any.

Managers told us they would protect clients who raised concerns or complaints from discrimination and harassment. There had not been any complaints from clients whilst they were in treatment.

Clients received feedback from managers after the investigation into their complaint. We saw evidence that complaints were fully investigated, and the complainant was sent a detailed response in a timely manner. Managers shared any feedback from complaints with staff and learning was used to improve the service. If there was learning it would be shared during staff meetings.

The service used compliments to learn, celebrate success and improve the quality of care. The manager told us how proud they were to receive positive feedback about the service provided.

Are Residential substance misuse services well-led?

Good

Our rating of this service stayed the same. We rated it as good because:

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Leaders had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Managers ensured systems used by the service to enable effective oversight of its business were effective. The provider had robust systems in place to support good governance and provide assurance of a safe and quality service.

Good

Residential substance misuse services

Managers demonstrated a full understanding of the priorities and issues the service faced and how to manage them. There was a regular programme of audits, the review of the risk register and an effective system for checking out of date policies.

Leaders encouraged professional development of staff. We saw that one manager had been supported to complete a Level 5 course in Management and another manager had almost completed theirs.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

Staff knew the provider's vision and values and how they were applied in the work of their team.

The staff appraisal process incorporated the provider's values and behaviours to ensure staff worked in accordance with them. Staff were not fully involved in developing the strategy for the service.

Culture

Staff felt respected, supported and valued. They reported that the service 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.

Staff we spoke with during the inspection felt supported and valued. They felt motivated and proud to work for the provider. Staff had access to the leaders whenever they needed support. Staff described it as a happy place to work and they felt more involved in decisions after this was raised as an issue in the staff survey.

The provider had a comprehensive whistleblowing policy, which was available to staff whenever they needed it. Policies were regularly reviewed, and staff knew how to access them.

The provider had a system to gather staff feedback and satisfaction levels. The service ran a staff survey once a year. The last survey completed in December 2021 showed that staff were satisfied with the culture, found their job meaningful, felt supported by their managers and felt they were valued within the organisation.

Governance

The service had effective governance processes which enabled performance and risk to be managed well.

Managers had embedded effective governance processes within the service. There was clear oversight and assurance of the safety and quality of the service provided. The provider had systems in place to assess, monitor and improve the quality and safety of the services provided.

Managers held regular meetings to ensure oversight of service delivery and management of risk.

There was an audit programme which was completed as scheduled. All audits had any actions and learning noted. Care plan audits were completed every two weeks by the registered manager.

Good

Residential substance misuse services

Managers ensured that policies were regularly reviewed and purposeful for the service. The service had sought external support, and it was evident that oversight and the content of policies had improved since the last inspection.

Managers ensured staff were safe, suitably trained and competent to work in the service. We reviewed recruitment files of six staff, and all files contained enhanced Disclosure and Barring Service checks, contracts of employment, evidence of professional qualifications, successful induction sign off and probationary sign off. Staff files also included job specific competencies such as administration of medicines.

Managers managed performance well and provided support to staff. We saw an example of performance issues being managed effectively and proportionately. This was managed well, and an appropriate level of supervision was initiated.

Management of risk, issues and performance

Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Mangers investigated incidents individually and identified learning to minimise the risk of reoccurrence. We reviewed the last five incidents in the service and found they were investigated thoroughly; action had been taken and learning had been disseminated to staff.

Information management

Staff collected and analysed data about outcomes and performance.

The service submitted data on a monthly basis to the National Drug and Alcohol Treatment Monitoring System (NDTMS). This supports the monitoring of effectiveness of drug and alcohol treatment, the improvement of outcomes for service users and developing services that best meet local needs. This data was used to produce yearly outcomes and analysed along with feedback and staff surveys. Managers discussed any learning and improvement with staff at care team meetings.