

ESH Community

Quality Report

Holt Cottage Farm
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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

Rated ESH Community as good because:

- There were good systems in place to keep clients safe during detoxification and recovery. Staff were skilled at observing, monitoring, recording and being alert to the health and well-being of clients.
- The environment was safe and therapeutic. The service used new technology to support safe unobtrusive monitoring of clients undertaking detoxification.
- The service was effective in ensuring recovery, both during and after a client's admission. A major part of this was involving clients in frequent activities and therapies, both inside the service and out in the wider community. It helped to build clients' resilience by involving families and carers and supporting them to develop new networks.

- All staff worked together well, were open and transparent and communicated effectively.
- The service was well-led by an experienced and 'hands on' management team, always available to advise and support.

However,

- There was no routine audit process in place to ensure information from assessments were reflected clearly within the care plan and risk assessment. However, there was no impact on patient care and no evidence of harm.

Summary of findings

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Good 

ESH Community

Services we looked at

Substance misuse/detoxification;

Summary of this inspection

Background to ESH Community

ESH Community is a rehabilitation service that is registered to provide accommodation for adults who require treatment for substance misuse. The service is registered for a maximum of eleven beds. It is a 'not for profit' service.

The registered manager had extensive experience in providing community substance misuse services. People who use the service are either self-funded, or funded directly by health or local authorities or via community substance misuse services.

It provides its service in an adapted and extended farm house, with a variety of private, communal areas and activity rooms. The service is set in countryside just outside the town of Southam, with fields to the rear. We have not previously inspected this service. It began receiving clients in January 2018. The service is still in its infancy, developing slowly, with a small number of clients. At our inspection and previous introductory visit, there were two clients.

Our inspection team

The team was comprised of three CQC inspectors, including one with specialist experience and knowledge of substance misuse services.

Why we carried out this inspection

We carried out this inspection as part of our ongoing inspection of substance misuse services.

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, we reviewed information we had about this service, including information sent to us by the provider at our request.

During the inspection, we

- toured the premises
- spoke with both the people currently using the service on site
- reviewed care and medical records of the two current clients and of two previous clients
- spoke with the registered manager for the service
- spoke with two support workers, the catering manager, the chief executive and the family and social support worker
- looked at a range of policies, procedures and other documents relating to the running of the service
- viewed testimonials and feedback from carers and previous clients.

Summary of this inspection

What people who use the service say

People we spoke with who used the service were extremely positive about it. They told us the staff were excellent and understood their needs and aspirations. People told us they were well supported, had clear programmes and plans, plenty of activities that met their

needs and prepared them for a life away from addictions. Testimonials and feedback from previous clients and carers further emphasised the positive and successful nature of the service.

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:

- There were sufficient skilled, trained and knowledgeable staff to safely meet the needs of clients.
- The environment was clean, well maintained and free from items that may be harmful to clients.
- Clients were assessed before and upon admission, including physical health monitoring. Staff observed clients regularly, and monitored care and treatment to a good standard. Staff showed good awareness of what to look for in clients undergoing detoxification or showing distress.
- Medicines were stored, administered and recorded safely. They were reviewed regularly and medicines charts were clear and up-to-date.
- There were good safety systems in place, including staff call alarms and client monitoring devices. The service planned for the safety of anyone exiting treatment unexpectedly. The service had no safety incidents in its first year.

However;

- Risks and how they were to be managed were not always recorded clearly in the initial assessment document.

Good



Are services effective?

We rated effective as **good** because:

- The service assessed clients upon admission, including their physical health, and continued this throughout their stay.
- The service worked effectively to ensure recovery was enduring, providing good detoxification and abstinence regimes and providing support once clients had left the service.
- The service supported clients to attend external groups and meetings during their time with ESH, helping them to build networks and support for when they left. A family and social support worker supported clients to succeed in recovery after discharge.

Technology was used effectively to support safety and well-being, such as the monitoring technology which enabled staff to know where clients were.

- Staff worked closely as a team, effectively sharing information through handovers, team meetings and detailed observation notes and handovers.

Good



Summary of this inspection

- There was good staff awareness of safe practice, based on good communication and monitoring.

Are services caring?

We rated caring as **good** because:

- Staff were empathic, non-judgemental and extremely motivated to support people undertake an effective detox and a lasting recovery.
- The service continued to offer support to people for an extended period of time after they had left the service, even if they chose not to access the aftercare programme.
- Clients were fully involved, along with families and carers if they agreed, in their care and treatment.

Good



Are services responsive?

We rated responsive as **good** because:

- Recovery plans were regularly reviewed and amended to meet clients' individual needs.
- People were admitted to the service promptly. There were no waiting lists.
- The service focused on ensuring lasting recovery, rather than just abstinence at the point of discharge.
- The environment was a therapeutic one, in a relaxed and relaxing setting, with suitable facilities and privacy.
- The service facilitated positive contacts with families and carers.
- Food was of a good quality, and nutritious meals were prepared to support physical well-being and recovery.
- Clients were supported to attend regular activities and meetings in the wider community.

Good



Are services well-led?

We rated well-led as good because:

- The service was well led by a 'hands on' and very visible leadership team who were readily available to advise and support.
- All staff were consistent in their focus on enduring recovery for clients and post discharge support. They ensured the service was a safe space and an open, transparent place.
- Staff were clear on their roles and responsibilities.
- Staff throughout were enthusiastic and committed, and praised the support they were given by the service and were able to give each other.

However;

Good



Summary of this inspection

The service did not routinely audit care records.	
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Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.






Mental Capacity Act and Deprivation of Liberty Safeguards

- Care records we looked at showed evidence of consent to treatment and sharing of information and evidence of confidentiality agreements. Staff we spoke with showed a good awareness of both confidentiality and capacity and consent issues. Capacity was noted on initial consent forms.
- The consent forms completed by prospective clients were clear and concise. This consent was reviewed throughout treatment. The service admission policy clearly stated they did not take people who did not have capacity to consent to treatment. Care plans were signed by the client concerned.
- All clients we spoke with were aware of and were clear they had consented to treatment. Staff told us that they would revisit consent if people were in a state of

intoxication at their time of admission, even if they had previously agreed to the admission and accepted treatment. Clients we spoke with were clear their consent was checked with them throughout treatment.

All staff received training in the Mental Capacity Act. The service was clear it would not apply for Deprivation of Liberty Safeguards (DoLS) assessments for clients, as they were always free to leave if they wished. The service would just ensure they arrived safely at their chosen, safe destination, in accord with agreed policy. We discussed an example where someone who chose to exit treatment was supported to get to a safe place, and how family and the provider service were informed and involved.

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

- The service was housed in a modern converted farmhouse with separate bedrooms on the first and ground floor. There were five toilets and showers. Rooms were single and the service was for male clients only.
- Rooms and communal areas were well furnished and equipped. Clients were complimentary about the rooms and facilities.
- We found everywhere to be clean, tidy, well maintained and free from clutter during this unannounced inspection. Kitchen staff ensured the kitchen was kept clean and complied with food hygiene standards; clients cleaned and kept their own rooms tidy, supported by staff if required. A current five star certificate for food safety was displayed in the kitchen.
- There were emergency call buttons in all rooms, and a first aid kit stored prominently in the kitchen. Clients told us the system of alarms helped make them feel safe and secure, as did the constant proximity of and availability of staff. Wrist monitoring devices helped ensure clients were safe, by showing staff when clients left rooms and where they were in the building, or outside.

Safe staffing

- There were sufficient staff to meet the needs of clients. Additional staff were available when additional clients

used the service. On the day of inspection, there were two clients, both of whom had completed detox. There was one support worker on site, as well as the registered manager and a fellow director. All staff had completed relevant mandatory training. Staff turnover was low. We were told no-one left since the service had opened.

- There were a total of eight support workers and one counsellor. In addition, there was the registered manager, the operations director, finance director, catering manager, cook, all who were based on site. A family support worker was present two days a week and a consultant who visited Saturdays and in the week when required. The registered manager and directors were very much involved in day-to-day running of the service.
- We spoke with the night support worker, who told us they felt safe and could contact support whenever needed. They had phone details of the senior staff who could be onsite within twenty minutes and could contact emergency services if required. Staff had alarm buttons they could use if immediate response was needed. Staff told us these all gave them confidence in the event of an emergency, but that they had not so far had to use them.
- We saw staff training details which showed that staff had completed mandatory training. This was confirmed by staff we spoke with, who showed they had a very good awareness of the needs and concerns around people undergoing detoxification and recovery. Supervision records showed details of discussions about individual training needs and their completion.

Assessing and managing risk to patients and staff

- Patients were assessed prior to and upon admission. Risk assessments were completed on or around the point of admission and included physical health

Substance misuse/detoxification

monitoring. There was a clear three stage admission protocol written by the consultant, which involved pre-admission, admission and post admission assessment. This enabled clients to be admitted promptly, given an initial treatment plan, which could then be reviewed and revised if required, according to the need to optimise treatment.

- Staff we spoke with were clear on signs of any deterioration in clients' health and well-being and what to do in the advent of any adverse observations. There were detailed observation notes in place, showing good monitoring and prompt reactions to any concerns. Workers told us their own experiences gave them particular insight into the needs of users of the service. The two clients we spoke with echoed this, telling us they had complete confidence in the support given by the staff as they knew what they were going through.
- We noted that risk assessments were brief in the introductory assessments, and were then not easy to locate in other parts of the care plan. This led to the potential of some risks, and how they were managed, to be missed by any staff looking at them for guidance. We did not identify harm or impact at the time of inspection as this was mitigated by staff knowledge of the patients and low patient numbers within the service. However, it had the potential to become a risk if the service expanded. We discussed this with the nominated individual and they advised they would ensure a robust audit of records and improvement plan put in place.

Safeguarding

- Staff told us they were familiar with safeguarding procedures, of how to contact the local safeguarding team, and of contacts from them. The service had not had to report any safeguarding incidents since opening. This was confirmed by all staff we spoke with, who were nevertheless clear on what to do in this eventuality. The safeguarding policy made available by the service gave clear guidance on what steps to take.

Medicines management

- We saw that medicines were stored, administered and recorded safely. Staff were trained to administer medication. Medical charts were complete and in good order.
- There were no controlled medicines being used at the time of the inspection, but protocols were in place for

the safe storage and administration of these. Emergency medicines were kept available and in date, staff having access to them when required. Records were accessible, kept neatly, and any allergies were noted on records.

- Clients we spoke with told us medicines were reviewed and updated at least every week or as required, and that they were fully involved and consulted on what medicines they were taking and the reasons, and what part they played in recovery.
- There were safe procedures in place for the storage, removal and destruction of used needles and surplus medicines.
- There was a fridge available for medicines that required such storage. Temperatures were monitored and recorded. The manager advised that the only medicines that had required such storage to date had been insulin for one client.

Track record on safety

- The clients we spoke with both told us they felt safe at the service. We sought views from past clients during pre-inspection activities. They had all been complimentary about the service and told us they felt safe.
- Over the previous 12 months, the service had reported no safety incidents. The service gave support to clients who wished to exit the service against advice so they were able to reach a safe destination. One client had declared their wish to leave, but after discussing their situation with the staff, agreed remain to complete their treatment. They told us staff had supported them appropriately to make the right decision and they did not feel forced to remain. They told us they were very glad they had done so.

Reporting incidents and learning from when things go wrong

- The service had recorded no incidents over the past twelve months. Staff we spoke with were clear on what to do if there were incidents, and on what constituted an incident. If in doubt, they would contact a senior member of staff. Staff and the service expressed a willingness to learn from incidents, both within the service, and from further afield, through bulletins and service journals, and from wider meetings where they would meet others in recovery.

Substance misuse/detoxification

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- The service assessed individual needs prior to or at the point of admission. This was done by the service with support as required by the consultant psychiatrist. General observations were recorded including weight, blood pressure and pulse. Risk assessments around detox and self-harm could be revised on a daily basis. There were daily observations and recording, particularly overnight. These were detailed and of very good quality; times and places were noted, as were all indications of treatment progressing well or needing to be adjusted. Discussion with support workers showed they were very aware and alert in noting physical signs in relation to detoxification, well-being, health and recovery. They used visual scaling to judge whether medication was at the right level, in conjunction with assessment tools, and discussions with clients concerning their mood and how they were feeling. Admission assessments informed staff in treatment and support, and in the development of detoxification and therapy treatment plans.
- Observation and recordings of observations were detailed, personalised and of a high standard throughout particularly concerning what signs were noted, such as restlessness, and what medicines had been administered.

Best practice in treatment and care

- Care and support plans, were updated regularly and were individualised and recovery focused. Risk assessments were contained within these, and were individually tailored, rather than comprehensive.
- The service worked in line with National Institute for Health and Care Excellence guidelines and ensured patients were monitored and supported in order to maintain abstinence and reduce the risk of adverse outcomes.
- There were good post treatment plans in place. These were detailed, user friendly and clear in steps for

preventing relapse. Good practice in confidentiality, dignity, and privacy helped to establish trust, and staff worked in an empathic and non-judgemental way. Clients told us the fact that staff were themselves in recovery gave them particular confidence that they too could succeed. They also felt this gave staff a particularly good understanding of what they had been through and were thus better able to help them succeed.

- The service gave after care support tailored to individual needs, and introduced people to relevant support services. Attending support groups was a major activity for people using the service, and these were a continued focus for people after their residencies had finished. The service had three monthly checks on people who had used the service. This additional support was welcomed by past users of the service, as evidenced in testimonials.
- The service was clear in its offer letter to prospective clients what were the rules; for example, what to bring, what not to bring, what was permitted, and how long treatment would be for. There was flexibility for people to stay in treatment longer if they and the service agreed this was beneficial. There were clear protocols in place for clients unexpectedly exiting the service.
- The service facilitated the full involvement of families and others, with the client's agreement. Clients told us the service was excellent in supporting family visits and involvement, recognising this was a key element in recovery. Testimonials from carers and family members showed that families were supported and kept informed, with the client's agreement, throughout.
- We observed a handover which was detailed and ensured incoming staff were fully aware of any outstanding issues so they knew what needed to be done to most effectively support individual clients on the coming shift. Staff commented favourably on the effective communications, partly owing to the service being a relatively small one, and partly owing to the open and transparent nature of the service.
- Technology was used effectively with the 'watch system' whereby staff had watches which informed them whenever a client under observation had left or entered a particular room during the evening between standard observations. This enabled staff to know where someone was so they could support them if needed, and respond to concerns raised by this. Clients were aware of this system, and happy with it. One told us it

Substance misuse/detoxification

made them feel safer, whilst giving them some privacy, as they knew staff were aware of them, and where they were, without always having to be directly watching them.

Skilled staff to deliver care

- All staff we spoke with showed they had a very good understanding of the needs of the clients and of the risks they faced. This included immediate physical risks, particularly during detox, and enabled them to undertake accurate observations which helped inform effective treatment regimes.
- Staff told us they received suitable induction that equipped them to undertake their roles. There was a thorough induction programme.
- Staff told us they received excellent ongoing support and supervision, saying that the Nominated Individual was 'hands on' and always available. Supervision records showed staff views, performance and progress were monitored and supported. Staff in recovery themselves told us they felt very well supported by managers.
- A staff training matrix showed staff training was ongoing and staff received training in relevant areas, such as safeguarding, fire safety, withdrawal symptoms and medication.
- The nominated individual told us they had had no staff performance issues but was confident these would be dealt with sensitively and promptly if they occurred.

Multidisciplinary and inter-agency team work

- Weekly staff meetings enabled staff to discuss and share knowledge of individual clients. All staff contributed to these meetings, including support staff, counsellors and therapists, who shared their knowledge and views, with the consultant providing additional support if required.
- There were daily handovers which were detailed, including night and day shift observations, and outstanding issues that may affect planned activities or treatments. Staff showed a very good knowledge of individual clients, and their progress and needs.
- The service employed a family and social support worker who liaised with families and other agencies in supporting people to access housing and relevant benefits and support networks upon leaving the service.

Staff we spoke with were clear on the need to support and advise clients on making and maintaining positive social networks and contacts to help build and maintain resilience and recovery.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The service did not take people detained under the Mental Health Act. If there were concerns about any presenting mental health issues, the consultant psychiatrist would be available for further consultation. The service would accept people with mental health issues that were linked to their addictions, but only if it was assessed that that these would not negatively impact on the chances of successfully achieving recovery.

Good practice in applying the Mental Capacity Act

- Care records we looked at showed evidence of consent to treatment and sharing of information and evidence of confidentiality agreements. Staff we spoke with showed a good awareness of both confidentiality and capacity and consent issues. Capacity was noted on initial consent forms.
- The consent forms completed by prospective clients were clear and concise. This consent was reviewed throughout treatment. The service admission policy clearly stated they did not take people who did not have capacity to consent to treatment. Care plans were signed by the client concerned.
- All clients we spoke with were aware of and were clear they had consented to treatment. Staff told us that they would revisit consent if people were in a state of intoxication at their time of admission, even if they had previously agreed to the admission and accepted treatment. Clients we spoke with were clear their consent was checked with them throughout treatment.
- All staff received training in the Mental Capacity Act. The service was clear it would not apply for Deprivation of Liberty Safeguards (DoLS) assessments for clients, as they were always free to leave if they wished. The service would just ensure they arrived safely at their chosen, safe destination, in accord with agreed policy. We discussed an example where someone who chose to exit treatment was supported to get to a safe place, and how family and the provider service were informed and involved.

Substance misuse/detoxification

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff showed a very good understanding of people's needs in terms of their addiction and how it impacted upon their lives, and how they could be supported in recovery. Clients appreciated that many of the staff were on recovery journeys themselves, and felt that this gave those staff an added advantage in being more empathic and client focused in their approach. Throughout discussions it was clear that staff and other clients were completely non-judgemental towards all those in recovery.
- Staff, management and clients were clear on the need for confidentiality, and this was reflected in policies and procedures for sharing recording and storing information. Clients we spoke with were appreciative of this.
- As well as giving good support to clients throughout their stay, the service continued to offer support to people once they had finished treatment, by way of phone calls every three months, and seeing people at external meetings.
- We were made aware of one example where a client was very concerned about the safety of their pet. The service checked up, liaised with the agency responsible for its welfare, had a photo taken, and was able to re-assure the client that all was well with their pet. This exemplified the holistic care and support given to clients in recovery and the understanding how external events could impact on the success or otherwise of treatment.

Involvement in care

- Each person had a care plan that focused on recovery and in which they were a full partner. Clients told us they were fully involved and able to discuss plans and preferences for treatments and that this active involvement enhanced their recovery. Clients were less

clear on whether they had a physical copy of the care plan, but all were adamant that they contributed to it, discussed it and were fully a partner in the care and treatment.

- There were weekly client meetings at which clients could raise issues, discuss any improvements they would like to see. Minutes of meetings, and individual examples discussed with staff and clients showed that issues raised by clients had been addressed.
- Clients were able to involve their families and others as they wished and ensure they were fully informed and involved in progress, as a stepping stone to their recovery continuing outside the immediate environment. In all the testimonials we read families and carers appreciated that they were kept fully involved and informed. The mother of one client who was undergoing treatment over the Christmas period was welcomed and enjoyed coming for Christmas dinner.

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

Good 

Access and discharge

- Referrals came from local authorities or by self or family referral. The service had clear admission criteria and was able to admit people promptly upon referral. The service gave an example of a referral that had been turned down as the risks involved were too great to safely manage. These risks were clearly outlined in the admission criteria.
- Treatment times were generally expected to be twelve weeks but this could vary according to the client and the service agreeing how long treatment needed to be to optimise success. Recovery plans were regularly reviewed and amended in consultation with the client concerned. We spoke with one client who had extended their treatment at their own request, as they felt it was having a more positive impact than any treatment they had previously had and they felt they needed a little longer to ensure the effect was embedded.

Substance misuse/detoxification

- There were no waiting lists, allowing people wishing to use the service to choose the right time for them. One testimonial we saw noted how the service had responded by admitting a client within hours of their desperate phone call.
- The service focused on ensuring recovery, rather than just abstinence at the point of discharge. As a key part of this, the service supported people to keep in touch, and had regular monitoring phone calls, every three months, to those who had used the service. Where people were reasonably local, support was enabled through people using local meeting groups, where they continued to support each other. Clients told us they were supported as required with finding housing and accessing benefits. The service employed a family and social support officer to offer specific support and advice.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment was in a rural setting, just on the edge of a small town, and overlooked fields and trees. There was an accessible spacious outdoor area. We saw clients using this at times during our visit. Clients were supported by transport at the service to enable them to attend meetings, gym and health facilities and shops as required, throughout the day and in the evenings. Clients we spoke with praised the way the service facilitated activities outside the immediate environment.
- There was a variety of rooms where clients could have private confidential therapy sessions, and discuss issues of concern or interest. There were comfortable meeting areas where clients could socialise, meet with family and other visitors in privacy if wished. There was a separate, adjoining building designated for this purpose, which was a private, relaxing, therapeutic place. The space had been well thought out and considered for family therapy and comfort for visitors away from the main building. They kept the heating on even when it was not in use to ensure it was warm for people on arrival and made refreshments available and toilet facilities. Clients were happy talking with us in comfortable communal areas, unconcerned if staff walked nearby as they felt they had nothing to hide. Private rooms were offered, but clients felt more comfortable talking in the communal areas.
- As part of the initial contract clients agreed to not using social media or personal phones, so they would not be

vulnerable to outside influences which had encouraged, or exploited their addictions. Clients we spoke with were clear they saw this as supporting their recovery. Private contacts with families and carers were facilitated by the service, within the context of supporting families and people in recovery. The service ran family sessions with the aim of helping families and carers understand addiction and be able to support recovery once the client was no longer resident at the service.

- Clients were happy with the quality of the food. The service employed a cook and a catering manager. In addition, staff had had appropriate food hygiene qualifications to allow them to prepare food when needed. The service had a five-star food hygiene rating from the Food Standards Agency. Staff and clients agreed that good quality, healthy food supported recovery and well-being.
- Clients could make drinks or snacks at any time, or request assistance in preparing these. On several occasions, Clients asked if we wanted a drink, and offered to make one.
- The service was for males only. All clients had their own bedrooms.

Patients' engagement with the wider community

- Clients in recovery were escorted on all activities outside the service. These could include visits to the local gym, to shops, and to meetings, and visits to families. The service promoted contacts and activities that helped clients establish new networks away from those that had encouraged or 'normalised' their previous addictions.

Meeting the needs of all people who use the service

- The service had a number of ground floor rooms, enabling it to accommodate clients with restricted mobility. Clients undertaking detox were always located in ground floor rooms for monitoring and safety.
- The service welcomed prospective clients from all ethnic and religious backgrounds and was able to provide for varying diets with the proviso that diets supported the health and well-being of the person in recovery.
- The service supported spiritual and religious wishes, primarily through facilitating visits to places of worship as requested by clients.

Substance misuse/detoxification

Listening to and learning from concerns and complaints

- The service told us it had received no complaints. There were weekly clients' meetings, where people could raise any issues and these would be acted upon. Clients we spoke with told us they had no complaints, but were confident of being able to raise concerns if they did have them. The nearest to a complaint that could be recalled by anyone at the service was the mention by the manager of a shower where the light would switch off after a certain period if no movement was detected, as an environment/cost saving device. One person who liked long showers found the light would switch off before he had finished and would have to move out the shower to re-activate it. In response, the service had the time period extended. This, like requests for changes in food menus, was raised and resolved either informally or in clients' meetings.
- Openness and transparency was something individual staff were keen to impress on us. Feedback from carers and clients and discussion with clients confirmed that the service was open with all about treatments and progress and any concerns.

Are substance misuse/detoxification services well-led?

Good 

Leadership

- The registered manager is an experienced practitioner in substance misuse having many years of experience and knowledge in the area.
- The senior team were very visible and 'hands on' in this relatively small service. Feedback from clients and carers as well as staff was that they were always on hand to lead, advise and support.

Vision and strategy

- The service followed the Twelve Steps programme to recovery. The overriding aim of the service, spoken of by staff and management and confirmed by users of the service, was to achieve sustained recovery for clients. There was a clear focus that everyone was in recovery; recognising that some had been in recovery longer than others, and that some needed more support to

maintain recovery. Staff were clear that it was relatively straight forward for clients to achieve abstinence whilst a client and that the challenging part was to help them sustain that once they were discharged. All the work we saw being done showed that the service and all staff were focused on supporting clients to develop resilience and networks and support to enable them to maintain their recovery beyond their stay at the service. The clients we spoke with all made the same judgement, that this service had done more than any other to help them in recovery.

- Staff were aware that to underpin successful recovery, the service had to be a safe place, be transparent and open with clients and each other, and respect clients and each other, and treat all clients on an individual basis.
- Staff were clear of their roles and responsibilities. One member of staff we spoke with did some work as paid staff and some as a volunteer. They were clear on which part of the job was paid work, for example working a shift, and escorting clients for specific activities, and attending meetings and supporting others in recovery at those meetings.
- Staff we spoke with were enthusiastic about the service, its aims, and their part in achieving those aims. Staff who defined themselves as in recovery were particularly enthusiastic about supporting clients along that pathway

Culture

- Staff we spoke with felt positive about the service and their work, felt they were valued members of a team achieving real differences. Staff told us they felt really good working here. Two staff we spoke with said it was the best job they had ever had and that the team and management were supportive of any difficulties they may encounter. Everyone was positive about all others in the team.

Management of risk, issues and performance

- The service had clear plans for business continuity in a wide range of foreseeable circumstances, ranging from staff shortages to damage to the building. This formed part of the risk register that clearly identified potential risks and how they would be managed.
- The service acknowledged it needed to audit care plans more regularly and thoroughly to ensure information was fully recorded.

Substance misuse/detoxification

- Staff awareness of good practice to minimise risks were the same as those expressed by management, in for example, good practice in monitoring clients and communicating any concerns and what those concerns might be. Clients we spoke with were also aware of what risks there may be and how staff supported them to be safe, by, for example, systems of observations and monitoring.
 - This relatively new and small service was evolving, and was keen to learn and innovate. The introduction of monitoring wrist devices showed a good, innovative use of new technology. The service showed it learnt from shortfalls and made adjustments to continuously improve the service. The service responded promptly to issues we pointed out such as improving auditing of risk assessments in care plans and showed commitment to improvement.
 - The senior management team, like the clinicians and therapists, continued their professional development, to enable them to be involved in day to day operations and have greater insight and understanding into the service offered. All staff were positive about developing their skills and ability to support others.
- Engagement**
- Staff we spoke with were positive about the service and their role in it. Staff were particularly enthusiastic about the how supportive the service was and how it provided opportunities for further advancement for those who wished it. Staff strongly felt the relatively small nature of the service enabling communication to take place effectively.

Learning, continuous improvement and innovation

Outstanding practice and areas for improvement

Outstanding practice

The service used technology to support excellent monitoring of clients' safety and well-being. Monitors on staff wrists enabled them to track clients' whereabouts in an effective and unobtrusive manner. Support staff

showed particularly strong enthusiasm and motivation in supporting clients' recovery and willingness to ensure recovery was sustained beyond their stay with the service.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that assessed risks and plans for managing them are consistently and clearly recorded.

- The provider should ensure that risk assessments in care plans are regularly audited.