

The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

Summary of findings

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

Overall summary

We do not currently rate substance misuse services.

We found:

- The unit had 24 hours a day, seven days a week staffing with 24-hour qualified nursing cover on the detoxification unit.
- All staff had completed mandatory training. Electronic records demonstrated this, alongside recording in personnel files.
- The detoxification unit had an observation room for use by clients considered at increased risk of complications during assisted withdrawal. This provided additional monitoring and support for clients and was an example of good practice.
- We found appropriate arrangements were in place to ensure that medicines were stored and managed safely.
- There was evidence of reporting and effective learning from incidents. There had been no serious incidents in the service from December 2014 to December 2015.
- Thorough client assessments took place prior to admission, including a weekly pre-rehabilitation group, allowing regular monitoring of clients prior to admission.
- Client's treatment records contained recovery plans that were up to date, personalised, holistic and recovery orientated.
- Information was stored securely, some information was stored electronically but the majority of treatment records were paper based. These were stored securely and all appropriate staff had access to them.
- Clients signed a written treatment contract that included consent to bag searches, urine screening and breathalyser testing, reduced access to the telephone escorted leave only.
- There was a weekly family/carer group.
- Therapies on offer included relapse prevention, relaxation, anger and stress management, cycle of addiction, life story work and one-to-one therapy sessions tailored to individual needs.
- The provider had a two-year aftercare programme in order to continue to support clients in their recovery journey after completing the residential programme.
- A clear structure was in place for reporting complaints with timescales for response.
- Staff knew and spoke confidently about and with passion for the organisation's recovery-focused values.
- Both the chief executive officer and senior managers had a visible presence and staff told us they were approachable and were often on site.
- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.
- The provider was in the process of developing an electronic care records system that clients would use. This would allow active participation in the electronic planning of their care and their recovery journey. This system was in development and the provider was planning to be active by April 2016.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Start here...

Summary of findings

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Summary of this inspection

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BAC O'Connor Rehabilitation Centre - Burton upon Trent

Services we looked at:

Substance misuse services

Summary of this inspection

Background to The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

The Burton Addiction Centre provides a residential detoxification and rehabilitation substance misuse service using a recovery-focused model of abstinence. The centre provides a residential service to 34 clients. At Burton on Trent the centre provides both detoxification and residential rehabilitation. Clients are able to access detoxification which is tailored to their needs either as a standalone detoxification with aftercare in the community or as a package of care that includes participating in a structured 18 week programme consisting of 14 weeks therapy programme and a 4 week resettlement programme. Following this, they may move to supported accommodation for up to six months. The accommodation was in a separate building and the service is not registered with the Care Quality Commission. The provider told us that referrals came from prisons, community drug and alcohol teams and other substance misuse services. Clients could also refer themselves.

The service is funded through Local Authority funding, clients Housing Benefit and clients are expected to contribute towards food.

Clients who had attended the programme were encouraged to come back to the service to attend groups as part of a two-year aftercare package.

Burton Addiction Centre was registered for accommodation for persons who require treatment for substance misuse and are also registered to provide diagnostic & screening procedures. This service does not take clients detained under the Mental Health Act. There is a registered manager in post.

The Care Quality Commission last inspected the centre in January 2014. At the time of inspection, the provider was meeting essential standards, now replaced by fundamental standards.

We do not rate substance misuse services but we report on the quality of service and make recommendations for improvement where appropriate.

Our inspection team

Team leader: Amy Owen, CQC inspector

The team that inspected the service comprised three CQC inspectors, an assistant inspector, a pharmacist inspector

and an expert by experience (someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer).

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive substance misuse 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?

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited the detoxification unit and residential rehabilitation unit, looked at the quality of the environment and observed how staff were caring for clients
- Spoke with six clients who were using the service
- Spoke with the registered manager and other senior managers
- Spoke with 10 other staff members, including therapists, nurses, recovery support workers and peer mentors
- Looked at four care and treatment records of patients
- Carried out a specific check of the medication management
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection, we spoke with seven clients who used the service (or had used the service) and all were very complimentary about the staff. Clients said they felt safe and told us that staff showed genuine care for them and they felt like staff treated them as individuals.

Clients told us staff were supportive and always went the extra mile; believed in them and developed their self-esteem. Clients who used the service felt that staff had given them both practical and emotional support during their treatment programme.

Previous clients told us aftercare from the service continued in the community after the treatment programme had ended if they chose to stay in the locality.

During our inspection a good example of the family support offered was shared with our inspection team; a client told us that his Mother had accessed the programme 6 months prior to him going into treatment and this had really helped his mother cope with his addiction. Relatives generally told us the family group was an excellent resource and they valued the fact anyone could access it, even if their relative currently did not engage with 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?

Inspected but not rated

- The provider complied with same sex accommodation guidance; there were separate male and female floors.
- The clinic room contained easily accessible resuscitation equipment, which records showed weekly checks.
- The unit was staffed 24 hours a day, seven days a week, with 24-hour qualified nursing cover on the detoxification unit.
- The detoxification unit had an observation room for use by clients considered at increased risk of complications during assisted withdrawal.
- We found appropriate arrangements were in place to ensure that medicines were stored and managed safely.
- Electronic records and personnel files showed that all staff had completed mandatory training.
- Staff assessed referrals individually for risk and the multidisciplinary team made the final decision.
- Where a client was not suitable for the service contact was made with the referrer and they were signposted to other residential rehabilitation services.
- There was evidence of reporting and effective learning from incidents.
- There had been no serious incidents in the service from December 2014 to December 2015.

Are services effective?

Inspected but not rated

- Assessments were started prior to admission and continued throughout the pre-admission process
- The treatment records seen all contained recovery plans that were up to date and contained personalised, holistic and recovery orientated information
- Information was stored securely, some information was stored electronically but the majority of treatment records were paper based
- Clients signed a written treatment contract which included consent to bag searches, urine screening and breathalyser tests, reduced access to the telephone and no unescorted leave
- Staff spoken to during the inspection were experienced in their roles and where appropriate held the relevant professional qualifications.

Summary of this inspection

Are services caring?

Inspected but not rated

- There was a family/carer group which ran on a weekly basis
- Staff interacted throughout the inspection with clients in a respectful and compassionate manner
- Clients told us that they felt valued and listened to by staff
- Staff demonstrated a good understanding of the individual needs of clients
- Advocacy was provided by a local provider

Are services responsive?

Inspected but not rated

- Therapists were trained in specialisms for example post-traumatic stress disorder, childhood trauma and family relationships relevant to the needs of their clients
- Staff had supported the development of a Polish speaking peer support group in the local community
- There were easy read leaflets available
- The provider had a two year aftercare programme in order to continue to support clients in their recovery journey after completing the residential programme
- A clear structure was in place for reporting complaints with timescales for response.

Are services well-led?

Inspected but not rated

- Staff knew and spoke confidently and with passion for the organisation's recovery focused values
- The chief executive officer and senior managers had a visible presence and staff told us they were approachable and were often on site
- There were no bullying, harassment or grievance cases ongoing at the time of the inspection
- Volunteers were encouraged to complete recognised certificates in peer support for recovery from a national awarding organisation offering regulated qualifications. This enabled individuals who had used the service previously to develop recognised skills to improve their employment prospects as they moved forward with their recovery
- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.

Summary of this inspection

- Staff spoke confidently about the whistleblowing process; they knew how to use it and said they would feel confident doing so. Morale was good; staff spoke positively about their roles and felt supported by managers.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training on the Mental Capacity Act. All the staff spoken to during the inspection demonstrated a good understanding of the Mental Capacity Act. They spoke knowledgeably about the five statutory principles.
- We saw that assessments related to capacity to consent to treatment were completed as appropriate
- Staff told us they could access advice regarding the Mental Capacity Act from the medical director. They felt confident in doing this should they need to. There was evidence in treatment records of discussions taking place to support clients in making decisions.
- Staff assessed and reviewed mental capacity throughout the pre-admission and admission processes.
- There was no Mental Capacity Act policy in place although the provider told us this was in development.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The provider complied with same sex accommodation guidance; there were separate male and female floors. Rooms were mostly shared between two people although there were some single rooms. Clients were informed of the possible need to share a room before entering the service. Clients have a safe in their room to keep their money and personal belongings safe.
- Annual health and safety, fire and infection control risk assessments were completed. There were copies of these available and action plans developed because of any identified issues.
- There was a clinic room on the detoxification unit. The clinic room contained easily accessible resuscitation equipment and staff checked this weekly. There were records which documented these checks were taking place.
- We found people's medicines were labelled individually and kept secured in the locked medicine trolley. We observed that the lock on the medicine refrigerator was broken. We were told that this had already been identified and would be repaired by the maintenance team. Controlled drugs, which require separate secure storage arrangements, were stored securely in a dedicated controlled drug cupboard.
- Although medicine checks were undertaken, they were basic checks using a 'tick box' system with no indication who had undertaken the checks. However a new 'monthly prescription chart monitoring recording form' was in place, which we were told by the nurse prescriber, was due to be introduced at the end of the month. In addition, a new medicine incidents form was going to be used which would enable staff to record and report any medicine errors. No medicine errors had been reported in the last six weeks.

- Medicines including oxygen which would be required to be given in an emergency were available. We were shown records of the checks made to ensure that these medicines were within their expiry date and were safe to be used.
- All areas were clean and appropriately furnished. Clients had to keep their rooms and bathrooms clean and tidy as part of their treatment programme. There was a peer recognition scheme in place for this. Clients told us they were proud to have won this.
- It was observed during inspection that no hats were used in food preparation by the unit's kitchen staff, which is not in line with food hygiene practices.

Safe staffing

- Within the detoxification unit there were five whole time equivalent (WTE) registered nurses and 0.8 non-medical prescriber plus four WTE recovery support workers. Within the main residential programme there were four WTE therapists and the Programme Director who is a qualified therapist spent 0.8 of his time at this location, in addition there were 1.5WTE Complementary Therapists, 12 WTE residential support workers and three resettlement support workers. In addition, there was a registered nurse and a support worker in the assessment team. There were also six peer support volunteers working in the team.
- We also spoke to recovery champions (previous clients who had graduated from the unit) who stated that staff supported them in their roles by working hours that support their needs. These staff also had access to training and accredited awards.
- Staffing vacancies were at 2% at the time of inspection. The provider employed 49 members of staff in total across both of their registered locations. There was one vacancy for a qualified nurse in the detoxification unit at the time of inspection. The average staff sickness was 2.3% at the time of inspection.

Substance misuse services

- A qualified nurse and a support worker staffed the detoxification unit 24 hours a day. The residential unit had 24 hour support staffing. Regular checks took place throughout the night on both units.
- The detoxification unit had an observation room for use by clients considered at increased risk of complications during assisted withdrawal.
- There was low use of bank staff and no use of agency staff. The provider had their own bank list which meant when bank staff were used they were familiar with the service and clients. Clients told us activities were never cancelled due to staff shortages.
- We saw evidence that all staff had completed mandatory training at the time of inspection. There were electronic records in place that demonstrated this alongside recording in personnel files.
- A consultant psychiatrist and a GP with a special interest in substance misuse provided medical cover.
- Staff had completed safeguarding training for adults and children. This took place every three years. Staff could discuss with confidence what would constitute a safeguarding concern and knew their responsibilities to report this.
- We found that appropriate arrangements were in place to ensure that medicines were stored and managed safely. A medicines management policy was in place, this was last reviewed in October 2015. There was also a controlled drugs policy and a controlled drugs standard operating procedure. Registered nurses had received additional in house training dispensed medication.
- Staff on the unit allocated a separate room to accommodate children who visit and this was planned on an individual basis. There were no visitors for the first two weeks of the programme, with the exception of parents of children under the age of 11 years old and those clients who have already undergone detoxification.

Assessing and managing risk to patients and staff

- Risk assessments took place as part of the assessment process. These were then updated at admission and evidence of monthly reviews was documented in the treatment records we looked at during inspection
- There were risk management plans in place for identified risks. These included identified actions and timescales for completion.
- The provider had clear exclusions to their admissions policy in order to manage risk. These include persons with convictions for arson, sexual offences, violence and significant mental health issues.
- Referrals were assessed on an individual basis for risk and the multidisciplinary team made the final decision about a client's suitability. Where an individual was not suitable for the service assessor spoke to the referrer and clients were signposted to other services.
- Clients signed a written treatment contract. By agreeing to take, part in the programme of treatment clients consented to bag searches, urine screening and breathalyser tests and reduced access to the telephone.
- All clients had an unplanned discharge plan in place. This was to provide a safe route out of treatment if the patient no longer wished to pursue the programme or had failed to maintain their abstinence. Staff recorded any unplanned discharge as a safeguarding alert, and informed the police and probation services immediately if relevant.

Track record on safety

- There had been no serious events reported for the past twelve months prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents and what to report as an incident.
- We saw evidence of incidents being reported using the organisations paper records.
- Quarterly reviews took place of any reported incidents. The learning from these incidents was then feedback to staff at the quarterly quality review meeting.
- Following feedback from clients reporting incoming phone calls were causing them distress, the payphone had been changed to outgoing calls only. This meant that all incoming calls went through the main telephone number and could be monitored if necessary in order to protect clients.
- There had been no serious incidents in the past twelve months. The provider told us if there was there would be a de-brief and appropriate individual support provided by one of the therapy team. Learning from incidents was also an agenda item for discussion at the team meetings which minutes were circulated to all staff.

Substance misuse services

- Staff turnover rate was 41% for the past 12 months. This demonstrated a significant turnover in staffing. The provider had undertaken exit interviews but no patterns had been identified.

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

Assessment of needs and planning of care

- Assessments were started prior to admission and continued throughout the pre-admission process. Wherever possible this meant potential clients attended a weekly pre-rehab group until admission. This gave clients a chance to prepare for residential rehab and staff to continue to assess and monitor.
- We looked at four sets of records, all the records we looked at during the inspection contained evidence of a physical healthcare check although in one set of treatment records the physical healthcare documentation had not been fully completed. There was recorded evidence of ongoing physical health monitoring in treatment records.
- The treatment records seen all contained recovery plans that were up to date and contained personalised, holistic and recovery-orientated information. There was good evidence of patient or carer opinions had been sought and their views documented.
- Information was stored securely. Some information was stored electronically but the majority of treatment records were paper based. Any of the information recorded electronically was also present in the paper records. Paper records were kept in locked filing cabinets in locked rooms. Electronic records were accessed via password-protected computers in private rooms.

Best practice in treatment and care

- The National Institute for Health and Care Excellence (NICE) guidelines on alcohol detoxification were followed when assessing alcohol dependent clients' needs and prescribing medication.
- Medicine policies were available which had been written and dated by the medical director. We saw a variety of different policies that detailed how medicines should be managed including procedures for managing alcohol

detox, drug and alcohol detox, opiate detox and benzodiazepine detox. We observed evidence that staff involved in managing medicines had read and understood these policies in a signed cover sheet.

- As part of this inspection, we looked at the prescription chart records of five clients. We found that the prescription charts documented that clients had been given their prescribed medicines at the correct time. Any known allergies were clearly documented on client's prescriptions. We also saw specific prescription charts which were used to document medicines for clients following a withdrawal regime. We saw that monitoring of the client's clinical condition was recorded to ensure their safety and wellbeing during the withdrawal process.
- The Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007) were followed when prescribing detoxification regimes to opiate dependent clients.
- Clients took part in a fourteen-week therapy programme, which included group work and individual therapy. Therapies on offer included relapse prevention, relaxation, anger management, and stress management, cycle of addiction, life story work and 1:1 therapy sessions tailored to individual need.
- A GP visited the service one day a week to address, physical healthcare needs and clients requiring dental work were registered with a nearby dental clinic.
- Where appropriate we found evidence of staff supporting clients with education and employment opportunities. Staff demonstrated knowledge about signposting clients for additional support with housing and benefits if required.

Skilled staff to deliver care

- All the staff spoken to during the inspection were experienced in their roles and where appropriate held the relevant professional qualifications. There were registered general nurses, registered mental health nurses, occupational therapists, and a psychiatrist, a GP with special interest in substance misuse, recovery support workers, resettlement workers and psychotherapists within the team. The psychotherapists were registered with the British Association of Counselling and Psychotherapy.

Substance misuse services

- Recovery and resettlement support workers were completing the care certificate and peer mentors had completed a certificate in peer support for recovery.
- Staff told us they received supervision every 6-8 weeks. We saw records of supervision having taken place within human resources records

Multidisciplinary and inter-agency team work

- There were documented daily multidisciplinary handovers and weekly team meetings. This ensured all members of the team were aware of changes in a client's presentation.
- We also saw minutes from previous multi-disciplinary meetings during the inspection. During our observation these meetings were inclusive of all team members and involved effective sharing of information.
- The provider had strong partnerships in the local area through working closely with the local pharmacy, local GP, the emergency clinic out of hours, local authority, community substance misuse teams and criminal justice. Such networking benefited and complimented the recovery journey of the unit's clients. The unit took referrals from all of the above as well as self-referrals.

Good practice in applying the Mental Capacity Act

- All staff had received training in applying the Mental Capacity Act; the medical director had delivered this.
- All the staff spoken to demonstrated a good understanding of the Mental Capacity Act. They demonstrated knowledge of the five statutory principles.
- There was no Mental Capacity Act policy in place. The provider told us they were developing a policy but this was not in place at the time of inspection.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting throughout the inspection with clients in a respectful, compassionate and supportive manner. We observed group work and 1:1 interactions during the inspection. During these, care was delivered in a kind, thoughtful and sensitive manner that respected clients' dignity.

- Clients told us that they felt valued and listened to by staff. They felt that staff had responded quickly to their needs and had shown good clinical knowledge as well as empathy.
- Staff interviewed during inspection demonstrated a good understanding of the individual needs of clients. There was evidence in care plans of a range of different interventions being offered to different clients in direct response to individual need. Clients told us that staff were skilful at de-escalating situations using effective listening skills and by responding sensitively to clients when they were distressed.
- During the inspection, we observed confidentiality maintained at all times. Records were stored appropriately.

The involvement of people in the care they receive

- The care plans we saw during inspection were completed and showed involvement of clients and client choice when appropriate.
- Staff we spoke to knew how to signpost carers for a carers assessment. Posters in the waiting room advertised carer support groups.
- There was access to locally provided advocacy. Staff knew how to contact the service if necessary. Staff allocated peer support upon admission to encourage self-advocacy.
- There was a family/carers group, which ran on a weekly basis. This group was open to anyone who had a relative or friend with a substance misuse issue and they did not have to be receiving treatment with the service.
- With the permission of individual clients, family therapists carried out reconciliation or support work with families.
- Clients initial and exit questionnaire feedback was considered by the staff team and implemented into practice where appropriate.

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

Access and discharge

- All client records we looked at during the inspection had an individual unplanned exit from their treatment plan. This contained contact details for family and carers

Substance misuse services

alongside professionals involved. The client had given permission for information sharing with these people in the event of them leaving the service unexpectedly to ensure their safety. Information was given regarding increased risk of overdose and harm minimisation.

- The provider had supported accommodation available for clients who had finished the treatment programme but required additional ongoing support.
- There were no instances of delayed discharge at the time of inspection

The facilities promote recovery, comfort, dignity and confidentiality

- During our inspection we saw a range of rooms were available to facilitate both group and individual sessions. There were also breakaway areas such as the lounge and games room for clients to socialise or smaller rooms such as the library if clients wanted solitude.
- There was an outside space available and a smoking area for those clients who wished to smoke. Clients had access to tea and coffee making facilities and there was a cold drinks machine in the games room.
- There were payphones situated within the residential and detoxification unit; the payphone no longer accepted incoming calls following requests from clients. Clients were aware of these restrictions prior to admission.
- During the inspection, we saw evidence of clients personalising their bedrooms with photographs and artwork.
- There was a scheduled timetable of structured group and individual therapies Monday to Friday and Saturday mornings, this is an essential part of the treatment programme and attendance is compulsory. Visiting was on a Saturday afternoon. In addition to these, staff facilitated cinema evenings, football tournaments and access to mutual aid meetings within the locality.

Meeting the needs of all people who use the service

- Recognising that sexual and physical abuse were often factors in understanding clients' behaviours, therapy staff offered groups that were gender specific. Such groups were offered initially only to women but then extended to men. The service also supported a lesbian, gay, bisexual, transgender support group when the patient group required it.

- There were some limitations in place due to the age of the premises however reasonable adjustments to make the buildings as accessible as possible had taken place.
- The service offers family support to relatives of individuals living with an addiction through a friends and family group. This form of support is not a commissioned service alongside resettlement however offered as recognised as good practice.
- We saw easy read leaflets available on the unit. An example of this was information regarding a long-term physical health condition, staff had produced in easy read format for a client.
- Therapists had received specialist training in post-traumatic stress disorder, childhood trauma and family relationships.
- Staff supported clients to attend their chosen place of worship with staff supervising them or allowing visits from someone of their faith or religion.
- The provider did not use translating services as due to the intensive therapeutic nature of the programme they had identified their service as not being appropriate for clients who could not speak enough English to participate. Staff had supported the development of a Polish-speaking peer support group in the local community.
- There was a two-year aftercare programme in order to continue to support clients in their recovery journey. There were weekly meetings and clients could access 1:1 sessions with therapists and telephone support if required.

Listening to and learning from concerns and complaints

- There was a clear structure for reporting complaints with timescales for response dependent upon the nature of the complaint; staff demonstrated a good knowledge of this process.
- Clients we spoke with told us they knew how to make a complaint and there were freely available information leaflets supporting this.
- The governance group discussed all complaints and shared action plans for learning shared with staff through weekly team meetings and the daily handover.
- During the 12 months prior to inspection, the unit had received one complaint that had not been upheld.

Substance misuse services

During this same periods the unit had received 123 compliments from clients. The majority of these were positive feedback and experiences regarding the unit's detoxification service.

Are substance misuse services well-led?

Vision and values

- All staff we interviewed knew and spoke confidently and with passion for the organisation's recovery focused values.
- Staff told us that all senior managers including the CEO had a visible presence. Staff felt these individuals were approachable and were often on site attending handovers and meetings.

Good governance

- Staff were up to date with mandatory training. All staff received management supervision on a regular basis. Different professional groups received their own clinical supervision within their discipline. Appraisals took place annually and if appropriate, they involved staff's clinical supervisors in these.
- Staff received management supervision on a six to eight week basis. Staff also accessed clinical supervision in their professional groups. There were regular team meetings held and all staff members attended these. All non-medical staff had received an appraisal within the last twelve months and we saw documentation that supported this during the inspection.
- All staff spoken had an excellent understanding of safeguarding children and vulnerable adults. They were aware of the name of the designated lead for safeguarding. Information was available for staff and clients on how to make a referral to the safeguarding hub. Safeguarding discussions were allocated time in team meetings.
- There was a good level of understanding of the Mental Capacity Act and the medical director had provided training. Senior leaders spoke knowledgeably about the Mental Capacity Act and possible implications for their client group, particularly concerning individuals when they were intoxicated. They monitored staff training on this and ensured learning took place at team meetings and supervision.

- The provider had clear key performance indicators set out to gauge the performance of the service. Managers understood these clearly and used them as a tool to monitor performance and develop practice.
- Managers told us they had good administrative support and felt they had sufficient authority to make decisions concerning the service.
- The provider had a risk register and action plans associated with this. As part of this, there were clearly identified time scales for action and proposed outcomes.
- There were robust systems in place for identifying and sharing learning from incidents and complaints which encompassed debriefing and team discussions and sharing of lessons learnt with all staff

Leadership, morale and staff engagement

- There were no bullying, harassment or grievance cases ongoing at the time of the inspection.
- There were no current performance issues within the teams. The two team leaders spoke confidently about structures and policies for managing poor staff performance. One team leader gave examples of past use of these structures and policy with good effect.
- Staff spoke confidently about the whistleblowing process; they knew how to use it and said they would feel confident doing so. Staff described it as a process that protected both clients and staff.
- Within the teams, staff felt able to raise concerns and debate issues with colleagues without a fear of victimisation.
- Morale was good; staff spoke positively about their roles and felt supported by managers during interviews conducted within the inspection.
- Staff told us they felt supported by their colleagues and there was a sharing of knowledge across professional disciplines.
- Managers and staff understood their responsibilities in relation to duty of candour.

Commitment to quality improvement and innovation

- The provider was in the process of developing an electronic care records system that clients would use. This would allow active participation in the electronic planning of their care and their recovery journey. This system was in development and the provider was planning to be active by April 2016.

Substance misuse services

- Volunteers were encouraged to complete recognised certificates in peer support for recovery from a national awarding organisation offering regulated qualifications. This enabled individuals who had used the service previously to develop recognised skills to improve their employment prospective as they moved forward with their recovery.
- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had developed two tearooms and a radio station within the county. This provided clients who had completed the programme with volunteering and paid employment opportunities alongside recognised qualifications in catering.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure there is a Mental Capacity Act policy in place to ensure members of staff are aware of the act and their responsibilities under the act.