Recovery Connections

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	**Outstanding** ☆
Are services safe?	**Good** ●
Are services effective?	**Good** ●
Are services caring?	**Outstanding** ☆
Are services responsive?	**Outstanding** ☆
Are services well-led?	**Outstanding** ☆

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

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

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

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

Summary of findings

Overall summary

We rated Recovery Connections as outstanding because:

- Feedback from clients and carers was continually positive. They said staff were always kind, caring, respectful and supportive, went the extra mile and the service they received had exceeded their expectations. The people who used the service felt involved in decisions about their care and treatment and that the service was person-centred.
- Staff empowered clients to have a voice by offering a variety of opportunities to give feedback on the service they received. The service commissioned an external organisation to conduct a non-biased consultation exercise in December 2018 with clients about how they viewed the service. Other mechanisms included weekly residents' meetings, client surveys, questionnaires, social media pages, the provider's website and complaints, comments and suggestions boxes.
- Carers and families were offered bespoke support and signposted to peer led carers groups within the community and referrals were made to other organisations in the local area that provided specialist support and carer's assessments.
- Clients had access to education and work opportunities. The treatment programme provided clients with lifelong learning credits and ambassadors could obtain a level two accredited qualification in peer mentoring and employment skills. The service ran a job club which offered clients work placements and assistance with writing job applications and curriculum vitae.
- The service ensured clients' emotional needs were met by working in partnership with specialist organisations. This included training and education for clients affected by historical abuse and domestic violence.
- Staff actively planned for patients' discharge. The service had a sustainable homes lead who ensured clients had suitable accommodation to go to following discharge from the service. Staff offered clients an aftercare service which included help with housing and employment, onsite support at colleges and university and other initiatives to encourage abstinence from alcohol or illicit drugs.
- The service proactively enabled clients to be exposed to areas of life that involved celebration and engagement with other people to combat social isolation. Examples included seasonal celebrations at a local alcohol-free bar, hosting Halloween and Christmas parties and allowing clients to plan and deliver summer holiday events.
- The provider used innovative ways to engage with members of the public to raise awareness of the service's work and issues faced by people affected by drug and alcohol addictions. This included taking a coffee bike into the community. Members of the public drank coffee which was a blend designed by the recovery community whilst staff and clients shared their experiences and knowledge of issues about alcohol and drug addictions.
- The service had given clients the opportunity to become involved in a Royal College of Arts project which allowed them to express their hopes, dreams and how they felt about their addictions by working in partnership with an art student who was completing their final assignment.
- The provider was committed to promoting a culture of openness and transparency within the service and had appointed its own freedom to speak up guardian to help and support staff in raising concerns about the service and wider organisation and there were plans to extend the role to supporting clients.
- The provider's governance systems were robust and ensured the service delivered safe and effective care and treatment. The provider had purchased an online system to enable the service to rapidly access evidence required to demonstrate good practice and assist with the overall governance of the service's processes.
- There were consistently high levels of constructive engagement with staff, the people who used the service and external stakeholders. Leaders invited clients' representatives to its meetings with Healthwatch to discuss ideas for improving the service,

Summary of findings

performance and service related themes. The service held regular multidisciplinary meetings which were attended by staff from the two partner organisations within Middlesbrough Recovering Together.

- Staff felt proud, respected and accepted, there was a strong sense of teamwork and collaboration, room to grow and develop and that there was a culture of honesty, openness and transparency within the service.
- There were sufficient numbers of trained, experienced and skilled staff to deliver safe care and treatment. Staff sickness absences were low and lessons learned from incidents, complaints and safeguarding issues were used to improve practice. Staff undertook risk assessments of all clients and put plans in place to mitigate risks identified.
- The service environment was clean, tidy and well-maintained, staff adhered to infection control and health and safety procedures and there was a fully equipped clinic room.

However:

- Staff we spoke with said they did not always find it easy to quickly access client information when using the electronic care records system.
- The layout of the building meant that accommodation for male and female clients could not be kept on separate floors and that some clients of the same gender had to share rooms. However, the multidisciplinary team undertook risk assessments when clients of mixed genders were placed on the same floor and waking night staff monitored movements within the building.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Outstanding ☆	See overall summary

Summary of findings

Contents

Outstanding ☆

Recovery Connections

Services we looked at:
Substance misuse services

Summary of this inspection

Background to Recovery Connections

Recovery Connections is a peer led organisation based in Middlesbrough. The provider started out as Hope North East, founded in 2008 by members of the local recovery community. The provider achieved charitable status in 2011. Supported by a range of grant funding, the provider established itself as one of the few peer-led organisations nationally. The provider rebranded its name to Recovery Connections in 2016 in recognition of its successful tender for the abstinence and recovery service within Middlesbrough Recovering Together.

Recovery Connections abstinence and recovery service is one of three partner organisations under the Middlesbrough Recovering Together umbrella. It offers a residential rehabilitation programme, also referred to as The Step-Up Programme, for male and female clients recovering from alcohol and drug misuse. Accommodation comprises six flats, which adjoins the Recovery Connections building, with ongoing support to motivate and empower individuals to take responsibility, improve life skills, increase their potential employability and to make their own choices independently. The service is registered to take a maximum of eight service users

The programme is based around a mutual aid 12 step programme and promotes honesty, patience and tolerance, giving back, lived experience and unity as a solution to heal and recover.

The programme is in three parts; primary care, secondary care and after care and lasts for 24 weeks with open ended after care following discharge. In addition, professional recovery to wellness coaching is offered to support the person to work through any challenges they experience and identify a plan of action with accountability.

The service has been registered with the Care Quality Commission since February 2017 to provide accommodation for people who require treatment for substance misuse. The service manager is also the registered manager and the chief executive officer is the nominated individual.

The Care Quality Commission previously inspected Recovery Connections on 29 January 2018. This inspection identified the following regulatory breaches:

Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing

Staff mandatory training compliance rates were low for safeguarding children training in relation to staff who predominantly worked with children, young people, parents and carers (50% compliance), a training package from an external provider encompassing a variety of different modules (60% compliance), equality and diversity (0% compliance) and trauma training (50% compliance).

Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care

The service's use of restrictions was disproportionate and included not allowing clients to wear football tops, not allowing clients to make calls in private, limiting access to outdoor space and not allowing newspapers to be brought into the service without permission.

The regulatory breaches and other areas for improvement were reviewed as part of this latest inspection, details of which can be found throughout this report.

Our inspection team

The team that inspected the service comprised one Care Quality Commission inspector, a Care Quality Commission assistant inspector and a nurse specialist acting as a special advisor to the Care Quality Commission.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the service and asked for feedback about the service from commissioners and external stakeholders including NHS England, Healthwatch and the service's partner organisations.

During the inspection visit, the inspection team:

- undertook a tour of the environment, looked at health and safety information and observed how staff were interacting with clients
- spoke with five clients and two carers
- spoke with the service manager and chief executive officer
- spoke with 10 other staff members employed by the service including 12-step rehabilitation coaches, ambassadors, a quality assurance lead and an administrator
- spoke with two volunteers at the service
- looked at six clients' care and treatment records and,
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

The feedback we received from the clients and carers we spoke with was continually positive about the way staff treated them. They said that staff were always kind, caring, respectful and supportive. Staff went the extra mile and the service they received had exceeded their expectations. Staff were referred to as being amazing. Clients said staff related and empathised with them and could understand the challenges they faced because they had been through the treatment programme and experienced similar issues themselves. Carers we spoke with thought the service had given them and the person they cared for hope.

Clients told us that staff supported them in accessing opportunities for education and employment and encouraged them to maintain and build relationships with the people who mattered to them. They were also helped and supported to access other services as part of their care and treatment such as primary care services, help organisations and local mental health services.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- All areas of the service building were clean, comfortable and well-maintained. Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. Health and safety related tests were up to date and there were sufficient numbers of fire wardens and first aiders within the service. Staff carried out regular checks of the environment and addressed potential hazards or repair work accordingly.
- There were sufficient numbers of staff to provide safe and care treatment to clients. There were no staff vacancies and sickness absence was low.
- Staff reported incidents and made safeguarding referrals when required and lessons learned from investigating them were used to improve practice within the team.
- Staff carried out regular risk assessments of all clients and put management plans in place to mitigate risks identified. Staff could recognise and respond quickly to the sudden deterioration in client's health. The service had a process in place for when clients were suspected of passing on their medication to a third-party for illicit purposes.
- The service had an effective medicines management process. The service had its own amnesty box where clients could covertly dispose of any illicit drugs they had brought into the service. Opiate users were issued with naloxone kits on discharge, which blocked the effects of opioids and decreased the risk of further illicit drug misuse.
- Staff had received training in conflict resolution and breakaway techniques and maintenance work had been carried out to ensure the door to the main entrance to the service closed properly to avoid unauthorised entry to the building.
- Staff knew what their responsibility was under the duty of candour in respect of openness, honesty and transparency and offering an apology to the people who used the service when things went wrong.

However:

- Staff we spoke with said they did not always find it easy to quickly access client information when using the electronic care records system.
- The layout of the building meant that accommodation for male and female clients could not be kept on separate floors and

Summary of this inspection

that some clients of the same gender had to share rooms. However, the multidisciplinary team undertook risk assessments when clients of mixed genders were placed on the same floor and waking night staff monitored movements within the building.

Are services effective?

Good

We rated effective as good because:

- Care and recovery plans were created in collaboration with the client, were personalised, holistic, captured information in relation to each clients' strengths, goals and problems. Staff took equality and diversity considerations into account when planning clients' care and treatment where appropriate.
- The service's range of care and treatment interventions, policies and processes were in line with the National Institute for Health and Care Excellence guidance.
- Staff supported patients to live healthier lives. Clients had to access dental, opticians and smoking cessation appointments, exercise and outdoor activities such as trips to the countryside or beach locations. Staff provided advice and support to help clients make healthy food choices, supported clients to be tested and receive treatment for blood born viruses.
- Staff supported clients with benefit claims and housing applications using online based portals. The service joined recovery communities in Ghana and America in online recovery meetings. Five clients had completed an information and communications technology training course and been issued with laptops. The service also supported clients to access to medical screening results as required.
- Staff were provided with a comprehensive induction, were regularly supervised and appraised and had access to specialist training for their individual role. Managers were able to identify and address the learning needs of staff.
- The service held regular and effective multidisciplinary and full team meetings. The service held meetings with external partners and agencies such as mental health services and GPs when required.
- The service offered clients a two-year aftercare service so that care and treatment continued after clients had left the residential rehabilitation service.
- Staff had a good understanding of the Mental Capacity Act and complied with it.

Are services caring?

Outstanding

We rated caring as outstanding because:

Summary of this inspection

- Feedback from clients and carers was continually positive about the way staff treated them. They said that staff were always kind, caring, respectful and supportive, went the extra mile and the service they received had exceeded their expectations. Staff were referred to as being 'amazing'. Staff empathised with clients and carers said the service had given them and the person they cared for hope.
- Staff empowered people who used the service to have a voice and offered them a variety of ways and opportunities to give feedback on the service they received. The service commissioned an external organisation to conduct a non-biased consultation exercise in December 2018 with clients about how they viewed the service and were forming action plans in response to their feedback. Other mechanisms for giving feedback included weekly residents' meetings, client surveys, questionnaires, social media pages, the provider's website and complaints, comments and suggestions boxes.
- Carers and families were offered bespoke support and signposted to peer led carers groups within the community and referrals were made to other organisations in the local area that provided specialist support and carer's assessments.
- Staff involved clients, their families and carers in decisions about their care and treatment. Clients said the service was person-centred, they were given sufficient information to make informed decisions to aid their recovery and they were involved in regular reviews of their recovery plans which were goal-focussed.
- Staff signposted patients to other services when appropriate and supported them to access those services such as advice centres for lesbian, gay, bisexual and transgender people, local mental health services and gender specific support groups.
- Staff communicated with clients so that they understood their care and treatment, including clients with communication difficulties. This included the use of tablets, workbooks, signers and interpreters. Clients told us that their coaches explained things clearly to them.

Are services responsive?

Outstanding ☆

We rated responsive as outstanding because:

- Clients had access to education and work opportunities. The 12-step rehabilitation programme provided clients with lifelong learning credits. The service's ambassador programme offered

Summary of this inspection

clients with a level two accredited qualification in peer mentoring and employment skills. The service ran a job club which offered clients work placements and assistance with writing job applications and curriculum vitae.

- The service ensured client's emotional needs were met by working in partnership with specialist organisations. This included training and education for clients affected by historical abuse and domestic violence.
- Staff actively planned for patient's discharge. The service had its own dedicated sustainable homes lead who ensured had suitable accommodation to go to following discharge from the service. Staff offered clients an aftercare service which included drug and alcohol related advice, help with housing and employment, onsite support at colleges and university and other initiatives to encourage abstinence from alcohol or illicit drugs.
- The service had alternative care pathways and referral systems in place for people whose needs cannot be met by the service and clients could access alternative treatment option if they could not comply with the service's treatment programme.
- Staff supported patients during referrals and transfers between services. We saw evidence of this support in care records and clients who spoke with us said that they had been supported by staff to access local mental health services and help with domestic violence issues.
- Clients' bedrooms had en-suite facilities and clients with mobility issues, such as wheelchair users, were placed in accommodation on the ground floor where there was also an accessible shower room.
- Staff supported patients to maintain contact and relationships with people that mattered to them and encouraged clients to access the local community and activities.
- Staff demonstrated an understanding of the potential issues facing the lesbian, gay, bisexual and transgender and black and minority ethnic communities and vulnerable groups. Clients' care records contained evidence that issues around equality and diversity, risk and vulnerability had been considered and factored into the client's ongoing care and treatment.
- Clients bought and cooked their own meals which meant that their specific dietary needs were met. Clients had access to signers and interpreters if required. Clients had access to their chosen place of worship within the community.

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- The people who used the service knew how to complain both to the provider and external organisations such as NHS England or the Parliamentary and Health Service Ombudsman. Lessons learned from investigating complaints were used to improve practice within the service.

Are services well-led?

Outstanding ☆

We rated well-led as outstanding because:

- The service proactively enabled clients to be exposed to areas of life that involved celebration and engagement with other people to combat social isolation. Examples included seasonal celebrations at a local alcohol-free bar, hosting Halloween and Christmas parties and allowing clients to plan and deliver summer holiday events.
- The provider used innovative ways to engage with members of the public to raise awareness of the service's work and issues faced by people affected by drug and alcohol addictions. This included taking a coffee bike into the community. Members of the public drank coffee which was a blend designed by the recovery community whilst staff and clients shared their experiences and knowledge of issues about alcohol and drug addictions.
- The service had given clients the opportunity to become involved in a Royal College of Arts project which allowed them to express their hopes, dreams and how they felt about their addictions by working in partnership with an art student who was completing their final assignment.
- The provider was committed to promoting a culture of openness and transparency within the service and had appointed its own freedom to speak up guardian to help and support staff in raising concerns about the service and wider organisation and there were plans to extend the role to supporting clients.
- The provider's governance systems were robust and ensured the service delivered safe and effective care and treatment.
- There were consistently high levels of constructive engagement with staff, the people who used the service and external stakeholders. Leaders regularly met with clients, staff and Healthwatch to discuss ideas for improving the service, performance and service related themes. Leaders invited clients' representatives to its meetings with Healthwatch. The service held regular multidisciplinary meetings which were attended by staff from the two partner organisations within Middlesbrough Recovering Together.

Summary of this inspection

- The provider conducted a staff consultation in November 2018 to obtain feedback about the service and wider organisation. The results showed staff felt proud, respected and accepted, there was a strong sense of teamwork and collaboration, room to grow and develop and that there was a culture of honesty, openness and transparency within the service.
- The provider promoted equality and diversity in its day to day work and provided opportunities for career progression. The provider's policies and procedures had been equality impact assessed by an external organisation to ensure they did not discriminate people with protected characteristics under the Equality Act 2010 or disadvantage vulnerable groups.
- Commissioners stated there were no concerns about the service's performance; they were exceeding their contractual obligations and meeting their key performance indicators.
- Staff undertook and participated in local clinical audits. These included audits of care records, the service's fire procedures, health and safety and audits of information held in relation to clients' housing benefit applications.
- Staff maintained and had access to the service's risk register. Staff had the ability to submit items to the provider risk register. Staff also had access to the provider's whistleblowing policy.
- The service had Investors in Volunteers and Mindful Employer status, the latter of which related to helping employers to support mental wellbeing at work.

However:

- Staff we spoke with said that the layout of the care records system did not always make it easy to quickly access client's information.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had a policy on the Mental Capacity Act which included the Deprivation of Liberty Safeguards that staff were aware of and could refer to. During our previous inspection in January 2018, staff were unable to demonstrate an understanding of the use of restrictive practices other than physical interventions. However, we identified during this latest inspection that all staff had been trained in the Mental Capacity Act and had a clear understanding of it.

Staff could seek advice about the Act from the chair of the trustees and a trustee, both of whom had knowledge of the Mental Capacity Act.

If the service had some concerns about a client's capacity, staff could refer the client to a nurse at one of the partner organisations. In more serious cases, the service sought advice from the local mental health trust.

We looked at six clients' care records which each contained a record that the client had consented to care and treatment.

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Substance misuse services

Safe	Good ●
Effective	Good ●
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Are substance misuse services safe?

Good ●

Safe and clean environment

All areas of the building were clean, comfortable and well-maintained. The service used an external cleaning company to supply its cleaning materials. Staff undertook cleaning duties but also encouraged clients residing at the service to keep their rooms in good order to help them enhance their life skills. External companies undertook deep cleans of the service throughout the year.

Staff adhered to infection control principles, including handwashing and the disposal of clinical waste. Alcohol-free hand sanitising gel was available throughout the service.

Health and safety related tests, including the control of substances hazardous to health, fire, gas and electrical wiring, personal appliance testing, legionella and water temperatures were up to date. Regular checks of the environment took place and any potential hazards or repair work was identified, logged, actioned and mitigated accordingly. There were four fire wardens and 11 first aiders within the service and their names and contact details were included on noticeboards so people knew who they were.

Closed circuit television was in operation throughout the building and staff had posted signs to inform clients and visitors about this.

There was no separate female lounge area and the ability to segregate male and female bedrooms was dependent on the number people in the service at any given time. However, all bedrooms contained their own en-suite facilities and clients could use rooms within the service if they wanted time away from their peers so the privacy and dignity of clients was always maintained. When there were occasions that clients of mixed genders needed to be placed on the same floor, the multidisciplinary team undertook risk assessments and waking night staff monitored movements within the building.

Safe staffing

The service had sufficient numbers of skilled staff to meet the needs of clients. At the time of our inspection visit there were:

- four whole time equivalent 12-step recovery coaches
- two whole time equivalent programme support workers
- nine whole time equivalent ambassadors
- three whole time equivalent volunteers and,
- two whole time equivalent concierge staff

There were no staff vacancies and the average sickness absence rate for the last 12 months was 0.6%.

Staff numbers were calculated on the rehabilitation programme requirements to ensure there was adequate cover to deliver structured groups and daily living needs. Out of hours staff were supported by senior peers.

All staff, including any volunteers, were subject to a Disclosure and Barring Service pre-employment check. Managers risk assessed any previous convictions or police cautions which included considering the severity and time elapsed since the date of any offences before deciding if the successful applicant could commence employment with the organisation.

The service had contingency plans to manage unforeseen staff shortages. Staff rotas were scheduled in advance and accounted for annual leave commitments. Staff were

flexible and willing to cover absences. The service used a bank of experienced and regular relief staff to cover unplanned absences or any times when additional staff were required. An on-call manager also covered any short notice absences when required.

Managers did not have any concerns over retaining staff. The service's contract had been extended until 2021 so staff felt comfortable about their employment status and prospects within the organisation.

The service had personal safety protocols in place for staff, including a lone working policy. Staff understood and adhered to these protocols.

Clients had access to specialist medical care when required. For out of hours and physical health emergencies, the service manager and chief executive officer were on-call. Staff could also contact a mental health crisis team and local emergency services.

During our previous inspection in January 2018, staff were not compliant in all areas of their mandatory training, which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. At this inspection, staff were up to date with their mandatory training. The mandatory training compliance rate within the service was 98% with only one member of staff yet to complete all required modules due to being new to the service. Mandatory training included safeguarding, health and safety, behaviours that challenge, coping with aggression in the workplace, equality and diversity, infection control, Mental Capacity Act, learning disability awareness, information governance, risk assessments, person-centred approaches and care planning.

Assessing and managing risk to patients and staff

The service made good use of risk assessments and risk management plans and responded to changes in risks to or posed by clients. Risk was initially assessed and recorded prior to admission by a care coordinator at one of the partner organisations using a risk assessment tool built into Middlesbrough Recovering Together's shared care records system. We looked at six clients' care records and each contained up to date risk assessments and risk management plans created by staff at Recovery Connections. We also saw copies of minutes of flash meetings that had taken place the week prior to our inspection visit which evidenced a further way that information about individual clients' risks were shared with staff. Flash meetings were short, focussed meetings to discuss any progress and developments.

We spoke with five clients who confirmed that staff made them aware of the risks of continued substance misuse. We also saw that harm minimisation and safety planning formed part of clients' recovery plans.

Staff could recognise and respond to warning signs and deterioration in clients' health. Staff liaised with nursing staff at one of the partner organisations within Middlesbrough Recovering Together and GPs or mental health services when there were concerns over the deterioration in a client's health.

The service dealt with unexpected exits from treatment in a safe and supportive manner. Clients were contacted and with their agreement, taken to one of the partner organisations for relapse prevention support. Once this support had been completed, the client liaised with a rehabilitation worker and when ready, the client was able to recommence the 12-step rehabilitation programme at the service.

The service had processes in place to mitigate the risk of clients passing on their medication to third-parties for illicit purposes (an act commonly referred to as diversion). No medication which had the potential to be abused was kept on site and daily collections were organised with a local pharmacy. Staff conducted weekly checks to ensure illicit use of medication was not taking place. Any suspicions or evidence that medication had been passed on to another client for illicit purposes were investigated and if proven, a decision was made as to whether to issue the clients involved with a warning or discharge them from the programme in line with the service's unplanned discharge procedure.

On admission to the service, clients entered into a treatment contract which they signed. During our previous inspection in January 2018, we identified unreasonable restrictions placed on clients within the service's client treatment contract which included not wearing football tops, not allowing clients to make calls in private, limiting access to outdoor space and not allowing newspapers to be brought into the service without permission. This was a

breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care. We reviewed the treatment contract during this latest inspection and found the restrictions had been removed.

Where possible male and female tenants were place in accommodation on separate floors, although due to the number of rooms within the service, this was not always possible. However, when the need to place males and females on the same floor arose, the multidisciplinary team undertook risk assessments and put risk management plans in place appropriately. Night staff also monitored the movements of clients during the night as a further safety precaution.

Safeguarding

Safeguarding training in relation to both adults and children was mandatory for all staff at the service. All staff had completed their safeguarding training at the time of our inspection visit. Staff had access to the provider's safeguarding policy. The service manager and Chair of Trustees were the service's safeguarding leads and there was also another safeguarding lead within one of the partner organisations.

Staff gave examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff confirmed they had received equality and diversity training and the provider had equality and diversity policies in place. The service also signposted clients with protected characteristics or who were vulnerable to other organisations that could help with their care and treatment.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. The shared care records system enabled the service to review historical information and share any developments in relation to safeguarding with the partner organisations within Middlesbrough Recovering Together. The service collated referrals to evidence any themes or trends and to discuss at clinical governance meetings to support learning within the organisation. Safety information was discussed in daily flash team meetings. The service liaised with external bodies such as the police and probation services and raised concerns about the safety of individual clients, their families or carers when appropriate.

Staff implemented statutory guidance around vulnerable adult and children and young people safeguarding and all staff are aware of how to make a safeguarding referral. The 12-step rehabilitation coaches raised any safeguarding concerns with local safeguarding teams and made referrals when appropriate. The service's quality lead kept a spreadsheet of all referrals made by staff to identify any trends and monitor responses from local safeguarding teams. The provider reported that no safeguarding referrals had been made in relation to the service in the last 12 months.

Staff gave examples of how they could identify adults and children at risk of, or suffering, significant harm. This included recognising possible signs of abuse such as bruising, change in mood, self-neglect and financial problems.

Staff access to essential information

The service used an electronic care records system which was shared with the partner organisations within Middlesbrough Recovering Together. The service kept a small amount of paper based information in relation to clients' risks which was kept in locked cabinets that only staff involved in the delivery of care and treatment had access to.

Staff we spoke with said they did not always find it easy to quickly access client information on the electronic system, however, we saw no evidence that there was any negative impact upon the delivery of care and treatment. We raised this with the senior managers who said they would speak to their commissioners because the service was mandated to use the electronic care records system by them.

Medicines management

Although the service did not prescribe medication, it had arrangements in place for monitoring the use of medicines used by its clients. Illicit drug screening was performed randomly when there was evidence or suspicion that clients had used illicit drugs or alcohol. This included urine screening and breath testing.

Clients kept any medication they had been prescribed by their GP or had bought over the counter locked in a safe in their bedrooms. The 12-step coaches conducted a weekly check of these safes to track the use of the medication,

ensure medicines were still in date and that the client was not using medication inappropriately. The 12-step coaches entered any findings from these checks in the client's care record.

On discharge, opiate users were issued with naloxone kits. Naloxone is a medication, which blocks the effects of opioids and can prevent deaths from overdoses.

The service had an amnesty box where clients could covertly dispose of any illicit drugs they had brought into the service. This box was positioned in a corridor away from closed circuit television. The service manager, chief executive officer and the police held keys to the box. Two keys were required to open the box and the contents were removed by the police.

Track record on safety

The provider reported that there had been no serious incidents in relation to the service in the last 12 months. The only adverse event specific to the service related to a gas leak which was dealt with appropriately.

Reporting incidents and learning from when things go wrong

During our inspection in January 2018, issues had not been categorised as an incident in line with the provider's incident reporting policy. At this inspection staff reported and recorded incidents in line with this policy. Commonly reported incidents related to issues around the central heating and hot water. Staff were actively encouraged to report incidents by senior managers to ensure the service could put mitigation in place to protect people from harm and improve practice.

Staff understood the duty of candour. They were aware of the need to be open and transparent, and to offer people using the service a full explanation and apology when something went wrong.

The service had made improvements in relation to safety within the last 12 months. All staff had been trained in the use of cleaning products and their implications in relation to the Control of Substances Hazardous to Health Regulations 2002. Staff had also been trained in conflict resolution and breakaway techniques. Maintenance work had been carried out to ensure the door to the main entrance to the service closed properly to avoid unauthorised entry to the building.

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

Good

Assessment of needs and planning of care

We looked at six clients' care records during our inspection visit. Staff at one of the partner organisations completed comprehensive assessments, risk assessments and risk management plans, developed care plans and recovery plans for clients prior to their admission to the service. Staff at Recovery Connections continued to review and update these risk assessments, risk management plans, care plans and recovery plans regularly in collaboration with the client. Within all six clients' records, staff had conducted reviews and updates every four to six weeks. Records contained personalised information and met the individual needs of the client. All recovery plans identified the client's 12-step recovery coach.

Care and recovery plans were personalised, holistic, captured information in relation to each clients' strengths, goals and problems. We saw evidence that equality and diversity considerations had been made in relation to the planning of care and treatment where appropriate.

Best practice in treatment and care

The service's range of care and treatment interventions, policies and processes were in line with the National Institute for Health and Care Excellence guidance. Care and treatment interventions included managing feelings and emotions, building relationships, relaxation, understanding triggers and boundaries, the effects of substance misuse upon children, communication, challenging unhelpful thinking, trauma and domestic abuse. The service had policies on relapse prevention, the use of naloxone and a process for opiate detoxification.

Staff supported patients to live healthier lives. Staff supported clients to access public health services such are dental, opticians and smoking cessation appointments. Staff provided advice and support to help clients make healthy choices around meal planning. The service liaised with GP surgeries and mental health services and one of

the partner organisations conducted blood born virus testing. Clients had access to exercise and weekly outings to the countryside or beach, in addition to the service's community garden.

Staff used technology to support patients effectively. Staff supported clients with benefit claims and housing applications using online based portals. The service liaised with other recovery communities in Ghana and America and joined them in online recovery meetings. Five clients had completed an information and communications technology training course and received a laptop on completion. The service also supported clients to access medical screening results as required.

Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans in collaboration with the client.

The service used the electronic care records system to record the client's journey utilising the National Drug Treatment Monitoring System to evidence improvement through care planning and treatment outcome profiles. The service regularly reviewed interventions to monitor and evidence the client's progress.

The provider reported in the last 12 months prior to our inspection, 60% of clients had successfully completed their treatment programme.

Skilled staff to deliver care

All staff, including bank, agency and volunteers were provided with a comprehensive induction. Topics covered during induction included personal development, duty of care, equality and diversity, mental health, learning disabilities, safeguarding, basic life support and health and safety.

Managers identified the learning needs of staff during supervision and appraisals and provided them with opportunities to develop their skills and knowledge. Staff had access to specialist training for their individual role. Specialist training undertaken by staff included national vocational qualifications and additional health and safety related training for first aiders and fire wardens.

The service had robust recruitment procedures in place. All roles included a full job description and outlined the qualifications, skills and experienced required.

All staff received regular supervision and annual appraisals from appropriate professionals. The compliance figure for appraisals and supervision was 100% at the time of our inspection visit.

The service had a performance management system in place which included processes for addressing poor staff performance in an effective and timely way.

Volunteers worked at the service. We spoke with two volunteers who each confirmed that they had received the same training as regular staff within the service and felt supported.

Multidisciplinary and inter-agency team work

The service held weekly multidisciplinary team meetings which included attendees from the two partner organisations. All staff team meetings were held monthly. The service held meetings with external partners and agencies such as mental health services and GPs when required. The service also held daily flash meetings. The service had effective protocols in place for the shared care of people who used their services which staff understood and followed.

Recovery plans included pathways to other supporting services such as help organisations for mental health issues and lesbian, gay, bisexual and transgender people. The service worked with health, social care and other agencies to meet the care and treatment needs of clients when appropriate.

Good practice in applying the MCA

The provider had a policy on the Mental Capacity Act which included the Deprivation of Liberty Safeguards that staff had access to. During our previous inspection in January 2018, this policy was still in draft and staff were unable to demonstrate an understanding of the use of restraint under the Act other than physical interventions. However, the board had since signed off the policy and all staff had received training in the Mental Capacity Act. Staff who spoke with us had a good understanding of the Act which included a clear understanding of the definition of restraint under the Act.

Staff were able to seek advice about the Act from the two trustees, both of whom had knowledge of the Mental Capacity Act due to their background in mental health.

Substance misuse services

If the service had concerns about a client's capacity, they could refer the client to a nurse at one of the partner organisations or the local mental health trust.

We looked at six clients' care records which each contained evidence that the client had consented to their care and treatment.

Are substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

Staff were highly motivated and inspired to offer clients care and support that was kind and promoted dignity and self-esteem. The feedback we received from the clients and carers we spoke with was continually positive about the way staff treated them. They said that staff were always kind, caring, respectful, supportive and they felt really cared for. They also said service they received had exceeded their expectations. Staff were referred to as being 'amazing'. Carers said staff went the extra mile. For example, staff provided carers with advice and support to manage stress and anxiety and worked in partnership with external counsellors and allowed clients breaks from the treatment programme in order to visit sick relatives.

Staff we spoke with said they would feel able to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of reprisals.

Staff directed patients to other services when appropriate and supported them to access those services. The service worked in partnership with specialist services to support the emotional, social and physical needs of clients.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients and information governance training highlighted the needs to maintain client confidentiality in line with the Data Protection Act. Care records contained evidence that the service's confidentiality policies had been explained and understood by clients.

Involvement in care

Staff communicated with clients in a way that ensured they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. Clients told us that their coaches explained things clearly to them. Coaches were able to communicate in a variety of ways to meet the needs of clients with hearing impairment or a learning disability. This included the use of tablets, workbooks, signers and interpreters.

The service supported access to appropriate advocacy for people who used services, their families and carers.

We looked at six clients' care records and found each contained an up to date recovery plan and risk management plan in place that demonstrated the person's preferences, recovery capital and goals.

Staff worked in partnership with clients, their families and carers by ensuring they had information needed to make informed decisions about the planning and development of their care and treatment. Clients told us that the service was person-centred, they were given sufficient information to make informed decisions to aid their recovery and they were involved in regular reviews of their recovery plans which were goal-focussed. We also saw evidence within care records that clients were involved in decisions about their care and treatment.

Staff empowered people who used the service to have a voice by offering them a variety of ways and opportunities to give feedback on the service they received. The service commissioned an external organisation to conduct a non-biased consultation exercise in December 2018 with clients about how they viewed the service. The exercise identified that clients felt the service made a positive difference to their lives, the aftercare service provided support and reassurance once the 12-step programme was completed, individual needs were met, managers and staff were approachable, engaged with clients and were trusted.

The consultation also identified that clients felt that there should be celebrations when their peers had completed the programme and more information available about the service prior to admission. We saw an action plan which evidenced the provider had taken the feedback on board in a positive way and was using it to improve the service.

People using the service could also give feedback via weekly residents' meetings, client surveys, questionnaires, advocacy services, social media pages, the provider's

website and complaints, comments and suggestions boxes. During our tour of the environment, we saw 'you said, we did' noticeboards which evidenced that staff had responded to feedback positively and used it to improve the service.

Staff provided carers with information about how to access a carer's assessment. Carers and families were offered bespoke support and signposted to peer led carers groups within the community and referrals were made to other organisations in the local area that provided specialist support and carer's assessments.

Staff also enabled clients to be involved in decisions about the service. Clients were able to be involved in the recruitment of staff, attend annual general meetings and clients who had completed their treatment programme were used as experts by experience.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Outstanding ☆

Access and discharge

At the time of our inspection visit, the service was operating at 60 per cent occupancy so there were no waiting lists. During times of full occupancy, any clients awaiting admission to the service remained under Middlesbrough Recovering Together's community services and were allocated a pre-habitation worker for support until a place became available.

The service had alternative care pathways and referral systems in place for people whose needs could not be met by the service. If a client's care needs were agreed to be too complex, for example due to a mental health diagnosis or medical issue that required inpatient nursing care, they would be considered for out of area rehabilitation instead. For clients whose needs did not meet the eligibility criteria for the service, a community based plan could be implemented.

Clients could access alternative treatment options if they were unable to comply with the service's care and treatment programme. All clients who left the service in an unplanned way remained under Middlesbrough Recovering Together and continued to receive care and treatment within its community services. The provider reported that 40 per cent of clients had left the service in an unplanned way in the last 12 months. The service offered naloxone for clients who exited the service unexpectedly. Naloxone is a medication, which blocks the effects of opioids and can prevent deaths from overdoses. Mutual aid meetings were offered. Mutual aid is a term used to describe a group of people with similar experiences helping each other to overcome their issues.

The service actioned any referrals within one week from receipt.

The service did not have a set a target for time from referral to triage to comprehensive assessment and from assessment to treatment/care. However, a pre-rehabilitation worker within Middlesbrough Recovering Together worked with all clients prior to admission to ensure they were ready and able to begin their care and treatment at the service. This meant that clients did not feel compelled to commence treatment unprepared or unwillingly and received continual care and support.

Recovery and risk management plans reflected the diverse and complex needs of clients where appropriate and included clear care pathways to other supporting services.

The service had clearly documented acceptance and referral criteria that had been agreed with relevant services and key stakeholders.

Prior to discharge, the service's sustainable homes lead identified whether clients had a home to go to and if not, found them suitable accommodation. Discharge was arranged in consultation with the client, their family members or carers. Clients discharged after completing the programme were offered an aftercare service, which included drug, and alcohol related advice, help with housing and employment and other initiatives to encourage abstinence from alcohol or illicit drugs.

Staff supported patients during referrals and transfers between services. We saw evidence of this support in care records and clients who spoke with us said that they had been supported by staff to access local mental health services and help with domestic violence issues.

Substance misuse services

The service complied with transfer of care standards. Referral forms and discharge documentation used throughout Middlesbrough Recovering Together contained standard clinical headings to ensure all essential client information was shared with other health care services.

The facilities promote recovery, comfort, dignity and confidentiality

There were six client bedrooms at the service. However, the service catered for up to eight clients which meant that some clients of the same gender had to share accommodation. Prior agreement was sought with both clients before they were placed in a room together.

There was no lift within the building, so clients with mobility issues were placed in accommodation on the ground floor where there was an accessible shower room.

Patients' engagement with the wider community

Staff supported patients to maintain contact with their families and carers and to develop and maintain relationships with people that mattered to them. Clients who spoke with us said that staff had helped them to rebuild relationships with their loved ones and remain in contact with their children. The service allowed clients to take breaks from the programme to spend overnight stays with family members.

Staff encouraged clients to access the local community and activities. The service supported access to partner organisations and faith groups. In the 12 months prior to our inspection, clients had attended recovery games, recovery walks, and a recovery exhibition at the Tate Modern in London. At the time of our inspection visit, two clients were working as volunteers for a homeless charity on a Friday evening.

Staff ensured that patients had access to education and work opportunities. The 12-step rehabilitation programme provided lifelong learning credits. Clients who successfully completed the programme were able to progress to the service's ambassador programme which offered a level two accredited qualification in peer mentoring and employment skills. The service also ran a job club with a Job Centre Plus representative which offered work placements and assistance with writing job applications and curriculum vitae. Staff supported clients approaching the end of the programme to access basic skills and higher education programmes. The service also offered onsite support at college and university for clients who had completed the programme as part of their two-year aftercare.

Meeting the needs of all people who use the service

The service building had accessible rooms to see people in. Ramps were available and rooms used to see clients, carers and family members were on the ground floor and were wheelchair accessible.

Staff demonstrated an understanding of the potential issues facing vulnerable groups such as lesbian, gay, bisexual and transgender people, black, and minority ethnic people and other vulnerable groups. We saw evidence within clients' care records that issues around equality and diversity, risk and vulnerability had been considered and factored into the client's ongoing care and treatment.

The service ensured client's emotional needs were met by working in partnership with specialist organisations. Trauma counselling was provided by another charitable organisation in the area, after it was recognised some female clients had unresolved issues with historical abuse and domestic violence. Another charitable organisation provided education around positive relationships and domestic violence for male clients. Those with a history of abuse were referred to specialist service for male survivors of domestic abuse.

During our tour of the service, we saw client noticeboards which contained information about gender specific groups, work clubs, health and wellbeing, the service's community garden, a timetable of community based events and art groups.

The building did not have a lift installed so clients with disabilities or mobility issues were placed in accommodation on the ground floor where there was a wheelchair accessible shower room. The suitability of the accommodation for individuals with physical disabilities and mobility issues was assessed by a partner agency who decided if the service could accommodate their needs.

Clients planned their own weekly meals and bought food, drinks and other provisions, which they cooked and prepared themselves. This meant that clients' dietary needs such as coeliac, vegetarian, vegan, halal or kashrut were met.

Outstanding ☆

Substance misuse services

The service arranged for clients with hearing impairments to have access to signers through the local authority if required.

Clients had access to their chosen place of worship within the community.

The service worked with local organisations and community groups to widen opportunities and increase networks. The service offered peer led activities which included, floristry, sporting activities, crafts, men and women specific groups, cooking, community garden projects and nature and wildlife programmes. Clients were given employment advice and information and supported to access mutual aid, health and wellbeing programmes. The service also offered individual recovery coaching to help clients through their recovery.

The service also ran its own ambassador programme for anyone in abstinence for six months or longer. This programme included a bespoke open college network level two accredited qualification that underpins the role of an ambassador. The ambassador role involved providing support to those accessing treatment services across Middlesbrough Recovering Together.

Listening to and learning from concerns and complaints

Staff protected clients who raised concerns or complaints from discrimination and harassment. If a complaint was made against a client's coach, the service could arrange for an alternative coach to be assigned to the client pending the outcome of the investigation. If there was a complaint against another client, staff kept both parties separated if there was any potential risk of conflict.

The people who used the service used complaints and comments boxes to give feedback on the service. Introduction booklets issued to clients on admission contained a copy of the complaints procedure, including how to contact make a complaint to NHS England or Parliamentary and Health Service Ombudsman. During our previous inspection in January 2018, clients did not know how to make an external complaint. However, the service had now addressed this by displaying the external complaints process in posters in areas used by clients and staff reminded clients of the process during daily activity sessions. The five clients we spoke with during this latest inspection knew how to make an external complaint.

Staff received feedback on the outcome of investigations into complaints during meetings and supervision. Lessons learned from investigating complaints were used to improve practice within the service.

The provider reported that they had received 30 compliments and three complaints in the last 12 months. Only one of the complaints was upheld. The provider treated all feedback seriously and even put general routine feedback through its complaints process in order to identify any possible improvements to clients' care and experience within the service.

Are substance misuse services well-led?

Outstanding ☆

Leadership

Leaders within the service provided clinical leadership. Leaders ensured staff received training and certificates in recovery to wellness coaching and supervision was provided by an external coach. The service manager and lead coach within the service received clinical supervision from a fully certified coach.

Leaders had the skills, knowledge and experience to perform their roles. The leadership team had worked at practitioner level and acquired skills and experience to support staff in engaging and managing the needs of the client group. Leadership experience also included international learning from residential rehabilitation services and peer led communities.

The provider had a clear definition of recovery which was shared and understood by all staff.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Daily flash meetings ensured real time updates of issues and developments within the service. Managers meetings reviewed activity and future developments and a monthly operational update report was compiled and shared with the chief executive officer. The leadership team and trustees attended and participated in events and celebrations. The

service worked to provide high quality care through individualised care planning, staff training and development and using feedback from the people who used the service.

Leaders were visible in the service and approachable to clients and staff. The service manager and chief executive officer regularly attended meetings with staff and clients, both collectively and individually.

Vision and strategy

Staff knew the provider's vision and values and agreed with them. The vision of the organisation was hope for all those affected by substance abuse. Its values included support, empathy, non-judgement, inclusiveness, honesty and openness and equality. All staff had a job description which clearly outlined their role within the service and encompassed these visions and values.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing at daily flash meetings and team meetings.

Staff could explain how they were working to deliver high quality care within the budgets available. The service invested in training for its staff which ensured they had the skills and knowledge to deliver high quality care.

Culture

There were high levels of satisfaction across all staff who worked at the service. Staff felt respected, supported and valued. Staff morale and job satisfaction was high and there were low levels of stress and sickness within the team. Leaders monitored staff morale, job satisfaction and sense of empowerment via supervision and appraisal sessions, having an open-door approach and during team meetings.

The provider had conducted a staff consultation exercise in November 2018 so it could obtain feedback from its employees about the service and wider organisation. The results of this consultation showed that staff felt proud, respected and accepted. There was a strong sense of teamwork and collaboration, honesty, openness and transparency and room to grow and develop. There was a clear direction and awareness of staff's roles and purpose.

The provider confirmed that no bullying, harassment or discrimination cases had been lodged in the last 12 months.

The service had Investors in Volunteers and Mindful Employer status, the latter of which related to helping employers to support mental wellbeing at work.

The service had recently appointed a freedom to speak up guardian to help and support staff in raising concerns about the service and provider. There were plans to extend the role to supporting clients. This role is a legal requirement for NHS funded services. The provider was committed to promoting a culture of openness and transparency within the service and had appointed the role to encourage staff to speak out about any concerns or issues they had. We sought feedback from the freedom to speak up guardian and they reported that the organisation had a very open environment and staff, volunteers and ambassadors had always been comfortable in speaking to management who had responded positively in relation to any issues or questions they had raised. Staff within the service told us they were confident that if any difficulties arose, managers within the service would deal with them appropriately.

The provider recognised staff success within the service via feedback, appraisals and pay increases. Staff appraisals included conversations about career development and how it could be supported.

Staff had access to support for their physical and emotional health needs. The service encouraged participation in smoking cessation programmes, health checks and staff were given paid time off to attend medical appointments.

The provider promoted equality and diversity in its day to day work and provided opportunities for career progression. The provider had an equality and diversity policy and all staff received equality and diversity training. Staff provided rooms for prayer and halal food options for Muslim clients and signposted lesbian, gay, bisexual and transgender clients to external help organisations. Eighty per cent of employees at the service were previously affected by substance misuse and as such, were used as experts by experience. Staff were able to progress in their career based on their knowledge and skills. The provider offered trainee roles within the service which enabled staff to progress from treatment to volunteer and then to a trainee role, providing them with skills and knowledge

required for a more specialist role. Examples included two clients that had progressed into a programme support role and a 12-step rehabilitation coach who had progressed into a lead coach role.

Governance

The provider's policies and procedures had been equality impact assessed by an external organisation to ensure they did not discriminate people with protected characteristics under the Equality Act 2010 or disadvantage vulnerable groups.

The governance systems at the service were robust and effective. Care records contained all relevant and essential information about clients, including up to date risk assessments, risk management plans, care plans and recovery plans. Incidents and complaints were reported in line with the provider's policies, investigated and lessons learned were used to improve practice. Clients were treated with kindness and respect and felt involved in decisions about their care and treatment. There were no staff vacancies and sufficient numbers of skilled and experienced staff to deliver safe care and treatment.

The provider had addressed two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that were identified during our previous inspection in January 2018 and had strived to improve the service it provided to clients

Quality assurance and clinical governance meetings were attended by staff from all levels and chaired by a trustee. Managers meetings offered the opportunity for leaders to consult staff on current and future developments, ensuring decisions made were based on a wider opinion and understood by all. Mentoring was used to share knowledge and learning within the team.

Essential day to day issues such as client risk were discussed during daily flash meetings. Other team meetings were used to discuss more specific and process driven issues. Management meetings concentrated on present and future service delivery, action plans and service improvements. Quality assurance and clinical governance meetings covered complaints and compliments, safeguarding and incidents and associated reports were issued to the chief executive office and board of trustees.

We contacted commissioners for their feedback on the service. They stated there were no concerns about the service's performance; they were exceeding their contractual obligations and meeting their key performance indicators.

Staff implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at service level.

Staff undertook and participated in local clinical audits. These included audits of care records, the service's fire procedures, health and safety and audits of information held in relation to clients' housing benefit applications.

Staff submitted data and notifications to external bodies and internal departments as required. Reports were sent to the board of trustees and chief executive officer; safeguarding referrals were sent to the local authority's safeguarding team and statutory notifications were sent to the Care Quality Commission.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. Staff knew how to refer or signpost clients to other services.

The provider had a whistleblowing policy in place which staff had easy access to.

Management of risk, issues and performance

There were clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. All policies and procedures had recently been equality impact assessed by an external organisation.

Staff maintained and had access to the service's risk register. Staff had the ability to submit items to the provider risk register. The risks recorded at the time of our inspection were in relation to the service building and matched issues raised by staff and clients.

The service had a business continuity plan which contained procedures for dealing with emergencies such as adverse weather, loss of information technology systems or flu outbreaks.

The service monitored sickness and absences to ensure the needs of clients were always met. The average sickness absence rate for the service was only 0.6% and annual leave was considered when planning staff rotas.

Information management

The service used systems to collect data from facilities and directorates. However, staff we spoke with said that the layout of the care records system did not always make it easy to quickly access client's information.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems protected clients' confidential information. Staff received information governance training which stressed the need to ensure client's personal information was treated in accordance with the Data Protection Act. The care records system required a username and password to access client information and any paper records were stored in locked cupboards which were only accessible to authorised staff. We spoke with five clients who confirmed staff had explained the service's confidentiality agreements in relation to the sharing of their personal information.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. This information was in an accessible format; was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies where appropriate, including safeguarding referrals to the local authority's safeguarding team and statutory notifications to the Care Quality Commission.

The service had information-sharing processes and joint-working arrangements with other services such as the two partner organisations within Middlesbrough Recovering Together.

Engagement

Staff and the people who used the service had access to up-to-date information about the work of the provider and the service via meetings, the provider's website and social media pages and noticeboards within the service building.

Clients and their carers and families had opportunities to give feedback on the service they received in a manner that reflected their individual needs. These include comments and complaints boxes, social media pages, via the provider's website, in person, at client forums and weekly client meetings. Changes made as a result of feedback received included the installation of a call system at the front door which the administrator answered. This was in response to complaints from clients that the sound of the doorbell previously used constantly interrupted their concentration during activity sessions.

There were consistently high levels of constructive engagement with staff, the people who used the service and external stakeholders. Clients and staff met with members of the provider's senior leadership team and governors to give feedback. The service manager and chief executive officer regularly spoke with clients and staff when client activity sessions were in operation and they attended staff team and client meetings where they discussed ideas, suggestions and feedback about the service.

The service's leaders engaged positively with its commissioning team and regularly met to review the service's contract, key performance indicators and service level agreements. Healthwatch were invited to all the service's events and leaders routinely attended stakeholder events hosted by Healthwatch to feed in the views of the recovery community. The service extended invitations to meetings with Healthwatch to clients' representatives such as family members, carers and advocacy services. The service also held regular multidisciplinary meetings which were attended by staff from the two partner organisations within Middlesbrough Recovering Together.

The service recognised that social isolation was a risk to recovery and as such, enabled clients to be exposed to areas of life that involved celebration and engagement with other people. The service provided seasonal celebrations at a local alcohol-free bar such as an Independence Day party in 2018, during which students from a technical college in America worked with clients and staff. The service also hosted Halloween and Christmas parties and summer holiday family events which clients helped plan and deliver.

The service had its own choir which comprised clients and staff. The choir had gained a good reputation which had led to an opportunity to perform at the Tate Modern, an event which received positive feedback from attendees and provided a further opportunity for engagement between the clients and members of the public.

Learning, continuous improvement and innovation

Outstanding ☆

Substance misuse services

The service participated in accreditation schemes, external and peer reviews and research to improve the quality of the service. The service was working with an external research consultant who had conducted consultation with staff and current and past clients around quality, values and culture. Reports and findings from this exercise were being reviewed by managers within the service who were in the process of formulating responses and improvement plans which they intended to share with staff and clients.

The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded. The provider had purchased an online system which, enabled managers to have rapid access to evidence of good practice and assist in the overall governance of the service's processes.

The provider used innovative ways to engage with members of the public to raise awareness of the service's work and issues faced by people affected by drug and alcohol addictions. An example of this included an initiative in which the service took out a coffee bike into the community. Members of the public enjoyed a cup of coffee which was a blend designed by the recovery community whilst staff and clients shared their experiences and knowledge of issues about alcohol and drug addictions.

The service had given clients the opportunity to become involved in a Royal College of Arts project which allowed them to express their hopes, dreams and how they felt about their addictions by working in partnership with an art student who was completing their final assignment.

The provider's managed its budgets well which meant there were sufficient reserves to invest in care and treatment and staff training and development.

All staff at the service had objectives focused on improvement and learning. Staff were able to undertake roles and tasks that would enhance their development, skills and experience to help further their opportunities for career progression.

The provider recognised staff success within the service via feedback, appraisals and pay increases.

Outstanding practice and areas for improvement

Outstanding practice

Staff were highly motivated and inspired to offer clients care and support that was kind and promoted dignity and self-esteem. The feedback we received from the clients and carers we spoke with was continually positive. They said that staff went the extra mile, were always kind, caring, respectful, supportive and they felt really cared for. They also said service they received had exceeded their expectations. Staff were referred to as being amazing. Staff provided carers with advice and support to manage stress and anxiety and worked in partnership with external counsellors and allowed clients breaks from the treatment programme in order to visit sick relatives.

The service commissioned an external organisation to conduct a non-biased consultation exercise in December 2018 with clients about how they viewed the service and were forming action plans in response to their feedback.

Clients said the service was person-centred, they were given sufficient information to make informed decisions to aid their recovery and they were involved in regular reviews of their recovery plans which were goal-focussed. Carers and families were offered bespoke support and signposted to peer led carers groups within the community.

The service proactively enabled clients to be exposed to areas of life that involved celebration and engagement with other people to combat social isolation. Examples included seasonal celebrations at a local alcohol-free bar, hosting Halloween and Christmas parties and allowing clients to plan and deliver summer holiday events.

The provider used innovative ways to engage with members of the public to raise awareness of the service's work and issues faced by people affected by drug and alcohol addictions. This included taking a coffee bike into the community. Members of the public drank coffee which was a blend designed by the recovery community whilst staff and clients shared their experiences and knowledge of issues about alcohol and drug addictions.

The service had given clients the opportunity to become involved in a Royal College of Arts project which allowed them to express their hopes, dreams and how they felt about their addictions by working in partnership with an art student who was completing their final assignment.

The provider had appointed its own freedom to speak up guardian to help and support staff in raising concerns about the service and wider organisation and there were plans to extend the role to supporting clients.

The provider had purchased an online system to enable the service to rapidly access evidence required to demonstrate good practice and assist with the overall governance of the service's processes.

Leaders invited clients' representatives to their meetings with Healthwatch. The service held regular multidisciplinary meetings which were attended by staff from the two partner organisations within Middlesbrough Recovering Together.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider exploring ways to make client information more readily accessible to staff within its electronic care records system.
- The provider should consider exploring ways of avoiding the need to place clients of both genders on the same floor or for clients to share rooms.