

St Thomas Fund

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.

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 do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Not all staff at the service had renewed their disclosure and barring service check in line with the organisation's policy of renewing these every three years.

However, we found the following areas of good practice:

- Staff completed a thorough risk assessment of all clients prior to them moving in to the service. All six of the client care records we reviewed had an up to date risk assessment signed by staff and client. The risk assessment included physical and mental health as well as current and historic substance misuse issues.
- The service had a comprehensive safeguarding policy for adults and children which made reference to the six principles of safeguarding within the Care Act 2014. All staff had completed adult safeguarding training, and 12 out of 13 staff had completed child safeguarding training. Staff were aware of the safeguarding process and how to make referrals to the local authority.
- Staff started the assessment process when they received the referral and before the client moved in to the service. Staff completed these assessments at a local community drop in group. Care plans were holistic and recovery focussed including physical health, mental health and substance use. Care plans showed good evidence of client involvement.
- The service ran a comprehensive programme of therapy throughout the week which allowed time for group sessions and individual keyworker sessions. Clients were supported to meet twice daily with staff for a feelings check when they could talk about positive experiences or concerns they may have.
- The service had good access to physical healthcare when needed, including dentists and the blood borne virus clinic which took place at the local community substance misuse team.
- Staff received core training in equality, diversity and inclusion, safeguarding adults and children, first aid, data protection and the Mental Capacity Act. Additional specialist training was available in assessment skills, group work, motivational interviewing and psychoactive substances. Supervision and appraisals were up to date for all staff and appraisals had been booked for the following year.
- We observed staff treating clients with kindness and respect at all times. Staff promoted clients' independence and recovery and encouraged clients to access community facilities wherever possible. The service held community meetings which gave all clients the opportunity to raise any concerns or issues they may have with the running of the service.
- The service had rooms for clients to speak with staff confidentially and to have keyworker sessions. There were communal areas for clients to use and specific rooms for group therapy. Clients could make hot drinks and snacks throughout the day and had all day access to the kitchen and garden areas.
- There was a ground floor bedroom which allowed the service to accommodate one wheelchair user. The service had an additional temporary bed for clients from their move on houses who might have needed additional support on a short term basis.
- Staff reported high levels of job satisfaction and motivation. There was a supportive culture within the staff team and morale was good amongst all staff we spoke with.

Summary of findings

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St Thomas Fund

Services we looked at

Substance misuse services

Summary of this inspection

Background to St Thomas Fund

The St Thomas Fund provides residential treatment based on cognitive behavioural therapy, alongside a person centred approach to eight people in a large Victorian house. It is situated in a residential area of Hove. It offers a safe, supportive and substance free environment in which people can make informed choices about their future. The St Thomas Fund is a charitable organisation providing support to those who have encountered problems with their drug and alcohol use. The service does not provide pharmacological interventions. All clients' prescriptions are made by the community substance misuse service or the local GP.

The service was last inspected in September 2013. There were no compliance issues identified at the previous inspection.

There is a registered manager in place. The service is registered to provide accommodation for persons who require treatment for substance misuse. The service made an application on 1 December 2016 to have the registration for treatment of disease, disorder or injury removed as the service no longer provides this regulated activity.

Our inspection team

The team that inspected the service comprised CQC inspector James Holloway (inspection lead), one CQC assistant inspector and one specialist advisor who was a nurse with experience of working in substance misuse services.

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 understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with the registered manager
- spoke with two other staff members employed by the service provider
- spoke with two peer support volunteers
- attended and observed one initial assessment and one client therapy group

Summary of this inspection

- looked at six care and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients who were using the service. All were positive about their experience and spoke highly of the service provided. All clients said they felt safe, staff listened to and respected them. Clients said that staff took a positive interest in their welfare and found the mix of individual keyworker sessions and group work an effective way of working. Clients told us that activities were rarely cancelled and if the scheduled activity had to be cancelled, staff always arranged an alternative activity.

Clients attended the weekly community meeting which they said was a good way of raising issues with the staff, which staff acted on. Clients commented on there being little interaction with the other services run by the organisation so moving on could feel disjointed. Clients reported the staff worked in a person centred, supportive way, which was flexible to their needs and promoted their recovery as individuals.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Not all staff at the service had renewed their disclosure and barring service check in line with the organisation's policy of renewing these every three years.

However, we found the following areas of good practice:

- The service was staffed 24 hours a day and there were no current staffing vacancies. Staff had access to an on call manager from 5pm every day in the case of emergencies.
- Staff completed a thorough risk assessment of all clients prior to them moving in to the service. All six of the client care records we reviewed had an up to date risk assessment signed by staff and client.
- Staff were aware of the safeguarding process and how to make referrals to the local authority. The service had a comprehensive safeguarding policy for adults and children which made reference to the six principles of safeguarding within the Care Act 2014.
- Staff stored clients' medicines in locked storage and provided them with it when they requested it. The service required residents to take their medicine in line with their prescription. Staff completed risk assessments if clients requested to keep their medication in their own rooms. All staff and clients received naloxone medicine administration training, used to block the effects of opioids, especially in overdose. This ensured staff maintained safe practice if this was required.
- The service had a good track record on safety and had reported no serious incidents or adverse events in the six months prior to inspection.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- All six care records we reviewed had comprehensive assessments and care plans. Care plans were holistic and recovery focussed including physical health, mental health and substance use.
- Client care records showed that clients had signed to say they had received a full induction into the service. Clients also signed consent to share and data protection agreements which staff stored in their client care record.
- The service ran a comprehensive programme of therapy throughout the week which allowed time for group sessions and individual keyworker sessions.
- The service was flexible to the needs of the clients and worked with clients who had lapsed from abstinence.
- Staff received core training in equality, diversity and inclusion, safeguarding adults and children, first aid, data protection and the Mental Capacity Act. All staff completed an induction to the service and received regular supervision. Appraisals were up to date for all staff and had been booked for the following year.
- The majority of admissions to the service were planned in advance in collaboration with the local community substance misuse service, or homeless services. Staff worked with clients to plan their discharge in a controlled, safe way to ensure a smooth transition to move on services.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were supportive and encouraging towards clients. We observed staff treating clients with kindness and respect at all times.
- Staff promoted clients' independence and recovery and encouraged clients to access community facilities wherever possible.
- We reviewed six care records which all showed evidence that clients took an active role in developing their care plans. Clients had regular one to one keyworker time to discuss and review their care plan.
- The service held community meetings which gave all clients the opportunity to raise any concerns or issues they may have with the running of the service.
- Clients had access to advocacy and we saw information leaflets displayed around the service with advocacy details.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients had their own bedrooms which they could personalise if they wished. Clients could make hot drinks and snacks throughout the day and had all day access to the kitchen and garden areas.
- The service had rooms for clients to speak with staff confidentially and to have keyworker sessions. Clients could have visitors and there were rooms available to meet visitors without disturbing other clients.
- There was a ground floor bedroom which allowed the service to accommodate one wheelchair user.
- Staff supported clients with their spiritual needs and the service had requested on behalf of the clients for the local imam and rabbi to visit.
- Staff gave clients information on how to make a complaint as part of the induction pack. Any learning from complaints was shared at governance and team meetings to ensure all staff were aware of complaints and any follow up.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff spoke of the organisational values of empowerment, social justice and long term recovery and demonstrated this in their interactions with clients. Staff provided clients with appropriate support without fostering independence. This reflected the organisation's value of long term recovery.
- The service had good governance systems in place which was reflected by the high rates of staff supervision and appraisals. Appraisals had all taken place and were booked for the following year. Staff mandatory training rates were improving and processes were in place to ensure this continued.
- We spoke with four members of staff who reported good morale. We observed an open culture and staff felt able to report concern without fear of victimisation.
- The service demonstrated a commitment to improvement, shown in the introduction of inclusion champions to ensure the needs of clients with protected characteristics were being met.
- The service arranged 'completion ceremonies' for clients when they completed their admission successfully. Clients were given a completion certificate and positive affirmation to take away with them.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed capacity assessments if required. Staff did not routinely assess clients' capacity, however, capacity was presumed in accordance with the Mental Capacity Act. No clients were subject to Deprivation of Liberty Safeguards at the time of the inspection.
- Training compliance rates for Mental Capacity Act training was 69% at the time of the inspection. Increasing training rates was part of the service quality improvement plan to ensure all staff received up to date Mental Capacity Act training.
- There were policies in place to ensure staff knew which actions to take if a client was unable to consent due to temporary incapacity and staff used these effectively. Staff would monitor the client and not ask for consent if they assessed the client as lacking capacity, but would wait until a more appropriate time. This ensured that all clients were aware of the treatment programme they had consented to.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was based in a converted terraced house and had client bedrooms across three floors. Clients had access to communal living rooms, a shared kitchen and a garden at the rear. Group work took place in a cabin in the garden. Staff had office space on the first floor.
- Clients had a cleaning rota to ensure all areas of the service were kept clean and tasks were distributed evenly. The service was clean at the time of the inspection.
- There were food hygiene posters visible in the kitchen to promote general cleanliness and hygiene awareness.
- The service had an up to date legionnaires risk assessment and an accompanying scheme of control. Staff used this to identify measures required to control potential risks from bacteria. The service had a logbook to monitor these measures, which we saw was being completed in accordance with the policy.
- Staff stored clients medicine in locked storage and provided them with it when they requested it. Staff required clients to take their medicine in line with their prescription. Staff completed risk assessments of those clients who requested to keep their medicine in their own rooms. The service did not administer medicine. All clients would be prescribed their medicine either by the Brighton community substance misuse team or the local GP.

Safe staffing

- The service was staffed 24 hours a day. Staff worked at the service on day shifts or night shifts. Two members of staff, which always included a senior project worker, were on duty for each shift. The manager worked at the service from 9am – 5pm Monday to Friday. The day shift ran from 9am – 5pm; the night shift from 4.30pm –

11pm, then sleep in at the service. The overnight worker would then start duty at 7pm until 9.30am. From 5pm until 9am there would only be one member of staff on the premises, although there was always an on call manager from the organisation available.

- The service employed one manager, two senior project workers, four recovery workers, two night and two weekend workers as well as four peer mentors. The service had a student social worker on placement at the time of the inspection. The local GP practice provided medical support. Staff encouraged clients to register with the community GP to promote engagement with the community as much as possible.
- The service had no staffing vacancies at the time of the inspection. One project worker was on long term sick leave.
- Clients reported that staff were always available and the staff presence was good.
- The service used bank staff infrequently, and used the same bank staff wherever possible to ensure continuity.
- Not all staff had renewed their disclosure and barring service checks in accordance with the organisation's policy of renewal every three years. All staff had a disclosure and barring service check.

Assessing and managing risk to clients and staff

- We observed one initial assessment completed by the senior project worker. The assessment was thorough, person centred and covered risk and any safeguarding issues.
- Staff completed a thorough risk assessment of all clients prior to them moving in to the service. The risk assessment included physical and mental health as well as current and historic substance misuse issues.
- We reviewed six client care records which each had an up to date risk assessment signed by staff and client.

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- All staff had completed adult safeguarding training, and 12 out of 13 staff had completed child safeguarding training. Staff were aware of the safeguarding process and how to make referrals to the local authority.
- The service had a comprehensive safeguarding policy for adults and children which made reference to the six principles of safeguarding within the Care Act 2014.
- All staff and clients received naloxone medicine administration training to ensure safe practice if this was required in the event of an opiate overdose. Naloxone is medicine used to reverse the effects of opiate use and overdose. Naloxone was stored securely in locked storage. In addition to this there were two emergency kits in the staff office and clients stored their personal kits in their rooms.
- The service had a lone working policy in place as the night worker was the only staff member on the premises at night. This was a robust policy to ensure correct procedures were followed at night to ensure both staff and clients' safety.

Track record on safety

- The service had a good track record on safety and had reported no serious incidents or adverse events in the six months prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff completed an incident form after each incident. Staff then sent the completed form to the service manager to investigate. All incidents were reviewed at the monthly governance meeting and any lessons learnt were shared with the wider staff team.
- The service kept an incident log which contained all incident forms staff had completed. These included episodes of client aggression towards one another or to staff, incidents of lapses in substance use and also if anything had broken or become unsafe through damage in the service. The service followed their policy and reported incidents to CQC appropriately.
- We were told of a recent example of an incident involving an ex-client returning to the service having used substances and how staff had responded including contacting the on call manager. Processes were made more explicit and staff awareness was raised following this incident.

Duty of candour

- The service had an up to date duty of candour policy. Staff were aware of their duty of candour to clients and were open and transparent in discussing incidents with clients. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

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

Assessment of needs and planning of care

- Staff started the assessment process when they received the referral and before the client moved in to the service. The senior project workers completed these assessments at a local community drop in group. This ensured the assessment could be thorough enough and could take place over several sessions. Staff then got to know the client and the client could begin to develop meaningful relationships with staff. When a client was admitted to the service the assessment process continued which informed the client's care plan.
- We reviewed six care records which each had comprehensive assessments and care plans. Care plans were holistic and recovery focused including physical health, mental health and substance use recovery needs.
- Any physical health issues that the service could not address were referred to the local GP service.
- Client care records showed that clients had signed to say they had received a full induction into the service. Clients also signed consent to share and data protection agreements which staff stored in their client care record.
- All client information was securely stored on the organisation electronic recording system. All staff could access this when needed.

Best practice in treatment and care

- The service ran a comprehensive programme of therapy throughout the week which allowed time for group sessions and individual keyworker sessions. Groups included mindfulness, foundations of recovery, acupuncture and a peer support group.

Substance misuse services

- Clients were supported to meet twice daily with staff for a feelings check when they could talk about positive experiences or concerns they had.
- The service had good access to physical healthcare when needed, including dentists and the blood borne virus clinic run at the local community substance misuse team.
- The service was flexible to the needs of the clients and worked with clients who had lapsed from abstinence. The service saw any lapses as an opportunity to learn and staff spent time with clients who had lapsed to support them to understand their reasons for doing so. In adopting this flexible approach the staff ensured improved engagement with the clients.

Skilled staff to deliver care

- Staff received core training in equality, diversity and inclusion, safeguarding adults and children, first aid, data protection and the Mental Capacity Act. Additional specialist training was available in assessment skills, group work, motivational interviewing and psychoactive substances.
- All staff completed an induction to the service and received regular supervision.
- Appraisals were up to date for all staff and had been booked for the following year.
- The service held a monthly team meeting to discuss issues and provide peer support.

Multidisciplinary and inter-agency team work

- Staff at the service had strong links with the local authority and their safeguarding teams. All staff knew how to make contact with the local multi-agency safeguarding hub to raise any safeguarding issues.
- The service had also established close links with the local homeless service, community substance misuse service, GP practice and pharmacy.
- The service held weekly team meetings and there was an evening and morning handover between staff to update staff on incidents, client risk and any other relevant information. Handover information was recorded and stored for all staff to access if needed.

Adherence to the Mental Health Act

- At the time of the inspection there were no clients subject to the Mental Health Act.

- Staff had links with the local authority and approved mental health practitioner service. Staff knew the process for requesting a Mental Health Act assessment.

Good practice in applying the Mental Capacity Act

- Staff completed capacity assessments if required. Staff did not routinely assess clients' capacity, however, capacity was presumed in accordance with the Mental Capacity Act. No clients were subject to Deprivation of Liberty Safeguards at the time of the assessment.
- Training compliance rates for Mental Capacity Act training was 69% at the time of the inspection. Increasing training rates was part of the service quality improvement plan to ensure all staff received up to date Mental Capacity Act training. Staff we spoke with demonstrated a good understanding of Mental Capacity Act legislation.
- There were policies in place to ensure staff knew which actions to take if a client was unable to consent due to temporary incapacity and staff used these effectively. Staff would monitor the client and not ask for consent if they assessed the client as lacking capacity, but would wait until a more appropriate time. This ensured that all clients were aware of the treatment programme they had consented to.

Equality and human rights

- The service had a ground floor bedroom to allow a wheelchair user to stay at the service. Group therapy sessions also took place on the ground floor to make it possible for all to attend.
- Staff undertook training in equality, diversity and inclusion as part of their core mandatory training. The organisation had produced a set of quality standards for equality, diversity and inclusion which they also used as a staff training tool.

Management of transition arrangements, referral and discharge

- The service had strong links with local homeless services, although the majority of referrals came from the community substance misuse service. The majority of admissions to the service were planned in advance in collaboration with the local community substance misuse service, or homeless services.
- Staff worked with clients to plan their discharge in a controlled, safe way to ensure a smooth transition to move on services, although some clients reported this

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process could be disjointed. We were told that the service had on average one to two unplanned exits each month. The service had a robust policy on who to inform should a client leave the service unexpectedly to ensure all relevant agencies were aware.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Clients spoke of staff showing a caring approach and attitude to them. We observed staff treating clients with kindness and respect at all times.
- Staff were supportive and encouraging towards clients. We observed one therapy group at which staff were non-judgemental and allowed each client time to contribute fully. Staff facilitated the group in a respectful, supportive manner.
- Staff promoted clients' independence and recovery and encouraged clients to access community facilities wherever possible.
- Clients reported that staff supported them with more than just substance misuse issues, but also other issues including financial, training and employment support. This was done in a respectful way to maintain clients' dignity.

The involvement of clients in the care they receive

- Staff developed initial care plans with clients soon after they moved in. Staff went through the induction checklist within 24 hours of the client moving, the initial care plan 'my immediate plan' was developed within the first week and the longer term 'recovery goals plan' was put together by the client and staff within four weeks. Care plans were collaborative and we saw evidence of client involvement.
- We reviewed six care records which all showed evidence that clients took an active role in developing their care plans. All clients we spoke with told us they had been involved in care planning and had been offered a copy of their care plan.
- The service held community meetings which gave all clients the opportunity to raise any concerns or issues they may have with the running of the service. Clients also completed significant event sheets weekly. These gave clients the opportunity to write down anything that

had happened to them which they considered had had a significant impact on their week. Clients shared these with each other and staff, and these could then be used to plan the week ahead.

- Clients had access to advocacy and we saw information leaflets displayed around the service with advocacy details.
- Staff gave clients an induction pack when they first moved in. This contained information on what they could expect from the service, and what the service would expect of them. Clients signed to show their agreement.
- Clients had regular one to one keyworker time to discuss and review their care plan.

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

Access and discharge

- Clients stayed on average between two and four months at the service before moving on to another service run by the same provider, which provided accommodation for up to nine months. This promoted continuity and ensured a smooth transition to the next stage of recovery.
- The majority of new admissions were planned and the assessment process began in the community before the client moved in to the service.
- The service had a waiting list. The manager screened referrals to ensure the mix of clients was suitable and compatible as far as possible. Whilst people were on the waiting list their risk was managed by the community service which had made the referral.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients had their own bedrooms which they could personalise if they wished. Staff encouraged this to give the clients a sense of ownership and belonging.
- The service had rooms for clients to speak with staff confidentially and to have keyworker sessions. There were communal areas for clients to use and specific rooms for group therapy.

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- Clients could make hot drinks and snacks throughout the day and had all day access to the kitchen and garden areas.
- The building was clean and well maintained. The kitchen was well equipped and all equipment had in date portable appliance testing stickers.
- The service had fire alarms and fire doors which the manager tested regularly.
- Clients could have visitors, including their children, and there were rooms available to meet visitors without disturbing other clients. This gave clients the opportunity to meet visitors in private. The service followed the policy on children visiting to protect the child and clients.

Meeting the needs of all clients

- There was a ground floor bedroom which allowed the service to accommodate one wheelchair user.
- The service had an additional bed which potential clients could use in an emergency. The service would prioritise those who were assessed as vulnerable for the next available bed. There was an additional temporary bed for clients from the provider's move on houses who might need additional support on a short term basis. The room used was a private room with access to the same facilities as the main bedrooms.
- The service could access interpreter services if needed, although the manager reported that this had not been required whilst he had been in post.
- Staff supported clients with their spiritual needs and the service had requested on behalf of the clients for the local imam and rabbi to visit.
- Staff could provide information in a variety of formats to best support individual client needs.

Listening to and learning from concerns and complaints

- Staff gave clients information on how to make a complaint as part of the induction pack. Information on how to make a complaint was also displayed on notice boards within the service.
- The service had a three stage complaints process. Initially the service manager investigated complaints, the complainant then had the option of requesting the complaint be escalated to stage two or three involving the directors or chief executive.
- The complaints policy stated that staff would acknowledge complaints within five days and respond

to these within 28 days. In the 12 months prior to inspection there had been one complaint that was under investigation, which was proceeding within the policy timescales.

- Any learning from complaints was shared at governance and team meetings to ensure all staff were aware of complaints and any follow up.

Are substance misuse services well-led?

Vision and values

- Staff spoke of the organisational values of empowerment, social justice and long term recovery and demonstrated this in their interactions with clients.
- Staff promoted clients' independence as much as possible by encouraging clients to attend community groups and use community resources. Staff provided appropriate support without fostering independence. This reflected the organisation's value of long term recovery.

Good governance

- Staff supervision was up to date and appraisals had taken place and were booked for the following year.
- Staff mandatory training rates were improving and processes were in place to ensure this continued. Staff were encouraged to attend additional training wherever appropriate, for example assessment skills training, motivational interviewing, managing challenging behaviour and psychoactive substances awareness training.
- Staff knew how to report incidents and any learning from these was discussed at regular team meetings.
- Staff participated in audits including peer audit of client care records. Staff took part in the organisation audits and had recently completed a service user involvement audit.

Leadership, morale and staff engagement

- We spoke with four members of staff who all told us they enjoyed their job and felt well supported. There was a supportive culture within the staff team and morale was good amongst all staff we spoke with.
- We observed an open culture and staff felt able to report concern without fear of victimisation.
- Staff reported high levels of job satisfaction and motivation. Staff had opportunities for career

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development and the two senior project workers had been given distinct roles within the development of the service. The purpose of clarifying these roles was to give the senior support workers time to focus on a specific service improvement area.

- Staff were transparent and involved clients in reviewing incidents, when appropriate if things went wrong.

Commitment to quality improvement and innovation

- The organisation had introduced inclusion champions to ensure the needs of clients with protected characteristics were being met.

- The service arranged 'completion ceremonies' for clients when they completed their admission successfully. Clients were given a completion certificate and positive affirmation to take away with them.
- The service had established a variety of evidence based therapies such as acupuncture and mindfulness. Staff had also made links with local organisations including a local professional football club to offer an alternative way of supporting clients. The aim of this was to move away from purely discussing substance misuse issues, but to treat clients as individuals who were not defined by their substance use.

Outstanding practice and areas for improvement

Outstanding practice

- The service worked flexibly with clients who lapsed in their detoxification programme. Clients were not immediately asked to leave if they lapsed, but staff saw any lapses as opportunities to learn and develop.

This flexible approach allowed for clients to understand their substance use behaviour and triggers more thoroughly and therefore clients had a greater chance of longer term success and abstinence.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff disclosure and barring service checks are renewed every three years in accordance with their policy.

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff receive up to date Mental Capacity Act training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>Four members of staff had not renewed their disclosure barring service checks following the three month alert period notifying them their current check needed to be renewed.</p> <p>This is a breach of Regulation 12 (2)(c)</p>