

# Crouch House and Crouch Cottage

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

During our comprehensive inspection in July 2019 we had serious concerns about some aspects of the safety of the environment in Crouch House (the accommodation for the service). The provider had not ensured that the premises where clients slept had appropriate locks on the external door, despite this being raised by previous clients, or that clients were able to call for assistance if needed. We served a warning notice which required the provider to make immediate improvements.

We also served a warning notice which related to the provider not having appropriate governance procedures in place. However, following the inspection the provider clarified the governance arrangements which we were assured were appropriate for the model of service it was delivering.

The provider took immediate action to make improvements and decided not to take another cohort of clients until we had completed a follow up inspection. The provider developed and implemented a comprehensive improvement action plan.

We undertook a follow up inspection a few months after our original inspection to ensure the provider had taken the appropriate action.

During this inspection we found that the provider had made all the required improvements and had taken the opportunity to ensure it was able to deliver a high quality, safe service prior to the next cohort of clients commencing the programme in January 2020.

We therefore lifted the warning notice.

- The provider had installed a safe, coded lock on the external door and had installed an intercom system so clients could call for assistance if needed and speak to staff when they were in Crouch Cottage (outside of therapy hours and during the night).
- The provider had contracted with a health and safety company to carry out a full range of health and safety inspections, including fire safety, environment and premises management, people safety and management and the assessment of health and safety

risks. The company will also provide online health and safety training and advice for staff. The provider had a contract in place with its landlord to ensure any issues raised were addressed in a timely manner.

We also found that:

- At the point of first contact with Sporting Chance clients were comprehensively risk assessed and the majority would start therapy with one of the community therapists within 48 hours or would enter a detoxification programme which was provided by another partner provider. Clients would only be admitted to Crouch House once detoxification had been completed; the provider had a very strict criteria for admission and would only take clients who had completed detoxification and were physically fit.
- On admission, clients were assessed by a GP; this included physical health assessments. The GP would follow up on any physical health monitoring as needed and would visit the clients if they became unwell. Care plans were holistic and centred around the clients specific needs.
- Crouch House provided a unique, bespoke psychosocial model of rehabilitation for addictions, including substance misuse, to a specific client group (professional sport personnel). It provided a range of therapies which were in line with best practice and national guidance. The therapeutic programme was based on the 12 step abstinence model but the service also provided other effective therapeutic activities such as equine therapy, meditation and yoga.
- Clients could access a range of physical activities. For example, clients had access to an extensive gym, scuba diving and golf visualisation. For those clients still actively involved in professional sport, coaches and nutritionists from professional clubs would attend to monitor and ensure clients kept up their level of physical fitness in order to ensure they could resume their career following completion of the programme.
- The service had a team of four psychotherapists/ counsellors who were responsible for the delivery of the 12-step programme; all received regular mandatory training and could access additional

# Summary of findings

training as required. Staff received regular supervision and appraisal. The service contracted with specialist therapists who provided therapies such as the equine therapy etc.

- Clients had a wide choice of food to meet all their nutritional needs. There was a well equipped kitchen in the accommodation where clients could prepare food and drink when they wished.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning. Feedback from clients was overwhelmingly positive.
- The service was easy to access. Staff planned and managed discharge well. Following discharge clients could be supported close to their home by therapists employed by the Sporting Chance charity. It could refer clients to alternative services if it could not meet client's needs.
- The design, layout, and furnishings at Crouch House supported clients privacy and dignity. There was one shared bedroom for two clients; clients agreed to share prior to admission, and two single bedrooms.

Clients could keep their personal belongings safe. There were quiet areas for privacy. In addition, there was a separate therapy building in which group work and one to one sessions were held.

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed, the specific needs of the clients and were visible in the service and approachable for staff and clients.
- All working at Crouch House and the Sporting Chance service had a good understanding of the vision and purpose of the service – some of the team were founding members of the Sporting Chance charity.
- All working at Crouch House felt respected, supported and valued. They felt able to raise concerns without fear of retribution. They were confident in the leaders.
- The provider had good systems and processes in place for ensuring the service ran smoothly on a day to day basis and that it worked well with its detoxification provider and the wider Sporting Chance charity.
- Although the service gathered feedback from clients on whether they felt the service had had a positive effect on their lives it was working with its stakeholders to establish the best measures to monitor the service and planned to implement these on commencement of the next 26-day programme.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	Good

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# Summary of findings

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Good 

# Crouch House and Crouch Cottage

**Services we looked at:**

Residential substance misuse services

# Summary of this inspection

## Background to Crouch House and Crouch Cottage

Crouch House and Crouch Cottage provides a unique, bespoke, residential psychosocial model of rehabilitation for addictions (including substance addiction) to a specific client group (professional sport personnel). Crouch House and Crouch Cottage are part of the wider addiction support service provided by the Sporting Chance charity.

The charity was set up to provide psychosocial support near to professional sport clients own home and if needed in a residential setting.

Crouch House and Crouch Cottage bases its therapeutic programme around a mutual aid approach and 12-step programme. It takes a cohort of four client, who might have a variety of addictions through an intensive 26-day programme. The ethos of the service focuses around an understanding of the specific struggles related to having a career in competitive sports and the difficulties related to the end of a professional sporting career (which could be when the client is still quite young).

The service is in the grounds of a large, sports resort complex, where clients have most of their meals provided and access to a wide range of sports and relaxation facilities. The residential service is provided from three separate buildings made up of client accommodation (Crouch House), staff offices and accommodation (Crouch Cottage) and a separate building where one-to-one and group activities take place.

The service is funded entirely by a number of professional sports associations. All clients are associated with these organisations.

Crouch House is registered to provide accommodation for persons who require treatment for substance misuse. It has a registered manager who is based at the site.

The service was last inspected in June 2017 at this inspection the service was not rated and met all the requirements of the Health and Social Care Act regulations.

## Our inspection team

The team that conducted the initial inspection of the service comprised of one CQC inspector, one CQC assistant inspector and a specialist advisor with experience of working in a substance misuse service.

The follow up inspection was undertaken by an CQC inspection manager with experience of working in substance misuse services and the CQC head of inspection for the region.

## Why we carried out this inspection

We inspected this service in July 2019 as part of our ongoing programme of inspecting substance misuse services.

We undertook a follow up inspection of this service in November 2019.

The service had not admitted any clients between these inspections.

## How we carried out this inspection

We carried out an announced inspection to the service to review the quality of care and treatment delivered to clients. The inspection team visited the service on 16 July

2019. We also undertook a follow up inspection on 11 November 2019 to check that the provider had made the required improvements identified at the inspection in July 2019.

# Summary of this inspection

Before the inspection, we reviewed information that we held about this service.

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?

During the comprehensive inspection visit, the inspection team:

- spoke with all three clients who were using the service (only one was receiving support for substance misuse)
- spoke with the registered manager

- spoke with two other staff members including therapists and the deputy chief executive officer
- reviewed one care record and one set of notes for the current substance misuse service client and three sets of notes for clients who had recently completed their stay
- looked at a range of policies, procedures and other documents relating to the running of the service.

During the follow up inspection the team:

- spoke with the register manager, chief executive and deputy chief executive
- check the environment at Crouch House, Crouch Cottage and the therapy building
- reviewed the policies and procedures folder
- reviewed the governance arrangements
- reviewed the documentation used to undertake assessment and plan case or client

## What people who use the service say

Clients we spoke with were positive about the service, they felt that staff were responsive to their needs and treated them with compassion and respect. Clients felt that the service had benefited their lives and supported them to live a healthier lifestyle.

They were able to access an appropriate diet to meet their needs from the local resort complex which also had a modern well equip gym, swimming pool and golf course which meant they could maintain a high level of fitness



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

**We rated safe as good because:**

- During our comprehensive inspection of the service in July 2019 we had serious concerns about some aspects of the safety of the environment. The provider had not ensured that the premises where clients slept had appropriate locks on the external door, despite this being raised with them by previous clients, or that clients were able to call for assistance if needed. We served a warning notice which required the provider to make immediate improvements.
- The provider's fire procedure stated that weekly fire checks should be completed but (in July 2019) we found that these had not been completed since April. In Crouch House two of the fire extinguishers were out of date.

However:

- The provider took immediate action to make improvements and decided not to take another cohort of clients until we had completed a follow up inspection. The provider developed and implemented a comprehensive action plan.
- During the follow up inspection we found that the provider had made all the required improvements and had taken the opportunity to ensure it was able to deliver a high quality, safe service.

We therefore lifted the warning notice.

- The provider had installed a safe, coded lock on the external door and had installed an intercom system so clients could call for assistance if needed and talk to staff when they were in Crouch Cottage.
- The provider had employed a health and safety company to carry out a full range of health and safety inspections, including fire safety, environment and premises management, people safety and management and the assessment of health and safety risks. The company also provides online training health and safety training and advice for staff.
- The provider had a contract in place with its landlord to ensure any issues raised were addressed in a timely manner.
- At the point of first contact with the provider (Crouch House being only part of the wider Sporting Chance service) clients

Good



# Summary of this inspection

were comprehensively risk assessed and the majority would start therapy with one of the community therapists within 48 hours or would enter a detoxification programme which was provided by another partner provider.

- Clients would only be admitted to Crouch House once detoxification had been completed; the provider had a very strict criteria for admission and would only take clients who were, at the very least 72 hours out of detox and physically fit.
- On admission, clients were assessed by a GP; this included physical health assessments. The GP would follow up on any physical health monitoring as needed and would visit the clients if they became unwell.
- The GP monitored any client who might be taking medication. Clients had to be able to administer any prescribed or homely medicines themselves but the service kept these in a locked cupboard in Crouch Cottage for safety reasons. The care plans were holistic and centred around each client's specific needs.
- Staff had training on how to recognise and report adult abuse.
- When things went wrong, staff apologised and gave clients honest information and suitable support.

## Are services effective?

### We rated effective as good because:

- Clients received a comprehensive assessment prior to admission to Crouch House by a Sporting Chance community therapist. The service did not provide a detoxification service and clients admitted were very low medical risk. Clients who required detoxification received this service from a detoxification provider that Sporting Chance worked in partnership with. Following detoxification clients would be admitted onto the therapy programme at Crouch House. A further assessment was carried out on admission. Care plans were holistic and based around the specific needs of the individual clients to enable them to live a healthier lifestyle and return to their sports career.
- Crouch House provided a unique, bespoke psychosocial model of rehabilitation to a specific client group (professional sport personnel). It provided a range of therapies which were in line with best practice and national guidance. The therapeutic programme was based on the 12 step abstinence model but the service also provided other effective therapeutic activities such as equine therapy, meditation and yoga.

Good



# Summary of this inspection

- The service provided a range of physical activities. For example, clients had access to an extensive gym, swimming pool, scuba diving and golf visualisation.
- For those clients still actively involved in professional sport, coaches and nutritionists from professional clubs would attend to monitor and ensure clients kept up their level of physical fitness in order to ensure they could resume their career following completion of the programme.
- The service had a team of four psychotherapists/counsellors who were responsible for the delivery of the 12-step programme. Additional specialist therapists provided therapies such as the equine therapy and complimentary therapies.
- All staff received regular mandatory training and could access additional training as required. Staff received regular supervision and appraisal.
- Staff supported clients to make decisions about their care.

## Are services caring?

### We rated caring as good because:

- Clients were positive about the support they received; they felt that staff were responsive to their needs and treated them with compassion and respect. Clients felt that the service had benefited their lives and supported them to live a healthier lifestyle.
- Staff treated clients with compassion had a thorough understanding of each clients individual needs. They actively involved clients in decisions and care planning.
- Clients had regular one-to-one time with their recovery support therapist.
- Staff were passionate about the service they provided and wanted to deliver the best care possible to their clients.
- Clients were provided with information about how to complain on entering the service and it was clearly written in the contract that clients signed on admission.
- Clients were encouraged to maintain relationships with their families. Families were encouraged to visit each Sunday and counselling was available to families who had been affected by the clients addictions or behaviours.
- The service received feedback from the clients professional clubs about the positive effect the programme had had on their employees.

Good



# Summary of this inspection

## Are services responsive?

### We rated responsive as good because:

- The facilities at Crouch House supported clients comfort, privacy and dignity. There were areas where clients could have quiet time alone if needed.
- Clients could use their mobile phones to contact family and friends during set times outside of therapy sessions. Clients signed up to this as part of their contract on admission to the service.
- Staff were passionate about ensuring they encouraged an accepting culture at the service.
- Clients had a wide choice of food to meet their nutritional needs. There was a well equipped kitchen in the accommodation where clients could prepare food and drink when they wished.
- The service was easy to access. Staff planned and managed discharge well. Following discharge clients could be supported close to their home by therapists employed by the Sporting Chance charity. It could refer clients to alternative services if the provider could not meet clients' needs.
- The staff at Crouch House worked well with the wider Sporting Chance therapy service, the private detoxification provider, the local GP and the therapists who provided the additional therapy. They supported one another as a team.
- Clients were supported to attend local support groups. Before or after these meetings the clients had meals out in the local community.

Good



## Are services well-led?

### We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles. Leaders we spoke with were committed, knowledgeable, caring and professional. They had a good understanding of the services they managed, the specific needs of the clients and were visible in the service and approachable for staff and clients.
- All working at Crouch House and the Sporting Chance service had a good understanding of the vision and purpose of the service – the registered manager was a founding member of the Sporting Chance charity.
- All working at Crouch House felt respected, supported and valued. They felt able to raise concerns without fear of retribution. They were confident in the leaders.

Good



# Summary of this inspection

- The provider had good systems and processes in place for ensuring the service ran smoothly on a day to day basis and that it worked well with its private detoxification provider, local GP, contracted therapists and the wider Sporting Chance charity.
- Although the service gathered feedback from clients on whether they felt the service had had a positive effect on their lives and the professional clubs clients were employed by it is working with its stakeholders to establish the best measures to monitor the service. It planned to implement these at commencement of the next 26-day programme.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The service only accepted clients who were able to fully consent to the all aspects of the programme. Clients had to be, at least, 72 hours clear of completing the detoxification programme prior to being admitted to the service.






Staff supported clients to make decisions on their care for themselves.

## Overview of ratings

Our ratings for this location are:

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

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

Staff completed a regular walk around of the service every four weeks after each group of clients had completed their programme. Any obvious damages to the environment were identified and a list of maintenance work was compiled by the registered manager and sent to the landlords maintenance staff. As the landlords of the service, they were responsible for the maintenance of the site including the gas and safety checks and maintaining the fire safety equipment.

At the time of our comprehensive inspection in July 2019 we found that in Couch House that one of the fire extinguishers was out of date and one of the fire extinguishers had been condemned. The service had a local procedure to carry out weekly fire system checks. However, when we looked at the documentation that was meant to be completed following the check we found that this had not been completed.

During our follow up inspection, we found that a health and safety company had been contracted to carry out a full range of health and safety inspections, including fire safety, environment and premises management, people safety and management and the assessment of health and safety risks. The company will also provide online training health and safety training and advice for staff. Managers had

reviewed the contract with the landlord to ensure any issues raised were addressed in a timely manner. All fire extinguishers were now in working order and had appropriate check dates identified.

The service had bedrooms and bathrooms suitable for all clients and had only taken male clients for as long as the manager could remember. However, the manager explained that should a female client be admitted they would ensure they were provided with a private room with an ensuite facility.

At our comprehensive inspection in July 2019 we found that the service did not have a system for clients to call for help from the accommodation building (Crouch House) to the staff office and staff sleep over room (Crouch Cottage). This meant that in the event of a medical emergency or any slips, trips or falls there was no way for the clients to call for help other than shouting between the buildings.

During our follow up visit an intercom system had been installed so clients could call staff at any time they needed. This was checked on a weekly basis to ensure it was working.

We saw that the furnishings of the service were well maintained. It was the responsibility of the clients to clean the accommodation daily. However, the landlord was responsible for the general cleaning and cleaning staff came in three times a week and at the end of each 26-day programme when they would carry out a deep clean of the premises, Cleaning staff were also available as and when required by the service.

At our comprehensive inspection in July 2019 we found that the main door to the client accommodation was broken and did not lock so anyone could freely access

# Residential substance misuse services

Crouch House. This had been identified by two previous clients in their feedback to the service as a possible safety issue. When discussed with the manager there had been no plans to address this.

During our follow up inspection, we found that a coded, safe lock had been installed. Clients would be given the code for the lock at the start of each programme, so they could access the accommodation. The code would be changed for each set of clients going through the programme.

## Safe staffing

Crouch House had a team of four therapists (counsellors/ psychotherapists) who delivered the 26-day programme. The registered manager was a psychotherapist. A member of staff stayed in the staff accommodation every night and was a trained counsellor. In addition to this, the service had contracts with a range of additional therapist who could provide a range of therapies such as scuba diving, physiotherapy, equine therapy, shiatsu therapy and alternative therapies such as hot stone therapy.

The therapists were available throughout the day during the whole of the programme; staff and the clients felt there were enough staff available to meet their needs. There were normally two therapists on site during the day and one member of staff available in a sleep-in capacity overnight.

The GP would provide out of hours medical care if needed. In the event of a medical emergency staff would call an ambulance.

The service had a sickness rate of 0% for the reporting period for the inspection.

The service had a turnover rate of 0% for the reporting period for the inspection. All the staff present in the service had been there for over 3 years; the registered manager was a founding member of the Sporting Chance charity. The provider had not recruited any new staff but had made one of the part time workers into a substantive full-time therapist post.

Staff and clients told us they had not had activities cancelled due to short staffing. Sometimes staff had to move activities to a different time if a specific staff member was unavailable.

The service had a spreadsheet indicating what mandatory training staff should complete and when. All staff had completed mandatory training which included Basic Life Support, health and safety, fire training and medication awareness.

## Assessing and managing risk to patients and staff

At the point of first contact with the provider (Crouch House being only part of the wider Sporting Chance service) clients were comprehensively risk assessed and the majority would start therapy with one of the community therapists within 48 hours or would enter a detoxification programme which was provided by a private partner provider.

Clients would only be admitted to Crouch House once detoxification had been completed; the provider had a very strict criteria for admission and would only take clients who were very low medical risk and had finished detoxification at least 72 hours prior to admission, and were physically fit.

At the time of our comprehensive inspection only one client was participating in the programme as a result of their substance misuse. We checked the record for this client and found that staff had completed a pre-admission risk assessment and an assessment for participation in the residential psychosocial therapy programme. The assessments were comprehensive and staff could complete additional more detailed assessments if their initial assessment identified that this was needed. At the time of the inspection none of these had been needed.

On admission, clients were assessed by a GP; this included physical health assessments. The GP would follow up on any physical health monitoring as needed and would visit the clients if they became unwell. The GP monitored any client who might be taking medication.

Staff worked with clients to identify plans in the event they might leave treatment early.

Staff told us that they were always available to clients during the whole of the programme and we saw evidence of risk being documented in written notes twice a day.

The service had a standard contract for clients to explain the ethos and expected behaviour, aims, boundaries and routines of the service. The contract included conditions of residence. Staff asked clients to agree to these rules before admission and were clear that the clients could leave treatment freely if they so wished.



# Residential substance misuse services

The service did not have a list of banned items which clients were not allowed to bring into the buildings. Staff told us they searched clients' belongings on admission, which clients agreed to as part of the contract. However, there was no searching policy available in the policy file held in the staff office.

## Safeguarding

Staff had received training in and knew how to identify and report safeguarding concerns relating to adults at risk.

The manager told us that they had good contact with the families of the clients and any potential child safeguarding issues would be discussed on the Sunday family day and reported and acted on appropriately.

## Staff access to essential information

All notes were hand written and kept in the staff office, the door to the office was open throughout the inspection. However, a member of staff would always be present in the office when the office was open, otherwise the door would be kept locked

Clients were aware of their treatment goals and had signed up to them while they were staying at Crouch House. Client files were uniform and consisted of pre-admission risk assessments, assessment for residential treatment, signed contracts and a daily log which consisted of therapeutic updates and an area where any elevation in risk could be identified.

## Medicines management

Clients had to be able to administer any prescribed or homely medicines themselves, but the service kept these in a locked cupboard in Crouch Cottage for safety reasons.

The timings of medication were agreed by the GP when the clients were admitted to the service. Staff kept a record of medications that had been taken by the client. However, we found two occasions, during one week, when the record had not been completed.

The manager completed a medicines reconciliation when clients arrived ensuring that they recorded all regular medicines and the GP also provided a written description of what, if any medication the client was receiving.

## Track record on safety

The service reported no serious incidents in the 12 months prior to the inspection.

## Reporting incidents and learning from when things go wrong

Staff knew which incidents to report and how to report them using an incident report.

Where an incident was identified, the manager was informed, and immediate concerns related to the incident were resolved. The staff team discussed issues several times a day, so all were aware of any incidents and any learning that might be needed as a result.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

On referral to the Sporting Chance service all clients were triaged and would receive support from either a counsellor local to them or would be admitted to the detoxification provider. They would then be booked onto the 26-day programme at Crouch House. On admission to Crouch House staff completed an assessment of clients' needs, of risk.

The service had access to and staff could complete additional nationally recognised rating tools such as the Severity of Alcohol Dependence Questionnaire if needed. However, all clients admitted to the service for substance misuse issues needed to have completed detoxification prior to admission so these were rarely needed. Clients could stay in the detoxification for as long as needed; paid for by their professional associations. Crouch House had a very strict admission criteria and would only take clients who were physically fit and had completed detoxification.

On admission, clients were assessed by a GP; this included physical health assessments. The GP would follow up on any physical health monitoring as needed and would visit the clients if they became unwell.

Although documentation was uniform, care plans were holistic and centred around the clients specific needs. Treatment plans were available for each client and these

# Residential substance misuse services

reviewed how the clients had progressed during the week and included any information relating to progress in their group work. Treatment plans were very focussed on the 12-step model.

## Best practice in treatment and care

Crouch House provided a unique, bespoke, psychosocial model of rehabilitation for addictions, including substance misuse, to a specific client group (professional sport personnel). It provided a range of therapies which were in line with best practice and national guidance. The therapeutic programme was based on the 12 step abstinence model but the service also provided other effective therapeutic activities such as equine therapy, meditation and yoga.

The service provided a range of physical activities. For example, clients had access to an extensive gym, swimming pool, scuba diving and golf visualisation. For those clients still actively involved in professional sport, coaches and nutritionists from professional clubs would attend to monitor and ensure clients kept up their level of physical fitness in order to ensure they could resume their career following completion of the programme.

## Skilled staff to deliver care

The provider had a team of four psychotherapists/counsellors who were responsible for the delivery of the 12-step programme; therapy was provided in an intensive timetable of group counselling, as well as individual counselling sessions. The service contracted with specialist therapists who provided therapies such as the equine therapy etc.

The team of counsellors/psychotherapists were experienced in implementing the 12-step approach. Staff could access any additional training they wished to support their development and therapy delivered to clients; all paid for by the Sporting Chance charity.

All staff received regular managerial and clinical supervision in line with their professional guidelines. We saw evidence supervision was being planned and recorded by the manager. All staff said they felt supported in their role.

At the time of this inspection all the staff at the service had an in-date appraisal or one booked.

The service employed additional therapists on a contracted basis to provide a wide variety of additional therapies such as physiotherapy, yoga, golf visualisation and equine therapy.

## Multi-disciplinary and inter-agency team work

Staff held twice daily handover meetings where information about the clients was handed over between staff. Staff worked well as a team.

The service had good working relationships with the wider Sporting Chance community therapy service, the private detoxification provider, local GPs and professional clubs (if needed). Clients could access any additional healthcare as needed.

## Adherence to the MHA and the MHA Code of Practice

The service did not provide treatment for persons detained under the Mental Health Act.

## Good practice in applying the MCA

The service did not admit anyone who did not have the capacity to consent to the programme and did not admit anyone who had not completed detoxification. Staff were aware of how to manage clients who may relapse and not have capacity for a period whilst they were under the influence of substances.

## Are residential substance misuse services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

The clients we spoke with said that the staff were kind and respectful. They said that they felt they were treated with dignity and that staff would not tolerate discrimination at the service.

Clients felt that they understood their treatment programme and medication and said that staff had fully explained treatment options to them.

We saw staff interact with clients in a kind and compassionate manner.

# Residential substance misuse services

Clients had one-to-one time with their recovery support therapist regularly which they recorded in the paper notes. This helped staff to continuously assess the clients' needs.

The staff members had experienced addiction prior to achieving their own recovery and this helped to promote a caring service. It supported service users to feel understood and validated as the staff members understood the thought processes the clients in early stages of recovery may be experiencing.

Clients were provided with information about how to complain from the initial stages of their stay at the service and it is clearly written in the contract. In addition, posters detailing how to complain to the CQC were on the walls in the client accommodation, with the contact details clearly displayed.

Clients were supported to attend local support sessions in the community three times a week in order to link with the local community networks, this had a positive impact on clients care and wellbeing.

The service had a very clear ethos of maintaining the confidentiality of clients as they may have quite a high public profile due to their professional sports career. All clients signed up to maintaining confidentiality as part of their contracts.

## Involvement in care

Clients told us they did not have a copy of their care plan, but they were able to access one if they wished, they all confirmed they were in agreement with the plan that had been developed with them.

Clients, carers and dependents were involved in client's care and were able to attend a weekly family day, which meant that the service was planning and making shared decisions with client's care when appropriate with the client's consent. Clients were encouraged to maintain relationships with their families and counselling could be provided where relationships had been affected by the clients substance use or behaviours.

The clients were able to access advocacy from within their professional clubs or the governing body if they wished.

**Are residential substance misuse services responsive to people's needs?**

(for example, to feedback?)

Good 

## Access and discharge

The Sporting Chance service were easy to access and quickly ensured that clients requiring detoxification received this before progressing to the residential psychosocial programme to support recovery at Crouch House. Staff had a strict criteria for admission to Crouch House and clients had to be at the very least 72 hours free of detoxification and physically fit.

When we undertook our comprehensive inspected only one client was receiving care for substance misuse. The medical information was transferred from the detoxification service including an assessment of the clients mental and physical health.

The service managed discharge well. However, where discharges were unexpected staff provided harm reduction advice and liaised with the client's team liaison or family to ensure support was in place. All client records reviewed included an address to send the client to should they wish to leave.

Staff discussed appropriate times for clients to be admitted and discharged with the client. They aimed to only admit and discharge in working hours Monday to Friday but would be flexible in discharging clients to meet their needs. The service took four clients for a 26-day programme eight times a year.

The service contacted all clients at the end of their programme to see if they had found it helpful. Feedback was positive and all client said the service had helped them live healthier lives. In addition, the service offered 12 aftercare 1:1 sessions with a counsellor when they returned to their home area.

## The facilities promote recovery, comfort, dignity and confidentiality

The facilities at Crouch House supported clients comfort, privacy and dignity. There were areas where clients could have quiet time alone if needed. There was a shared bedroom, for two clients, and two single rooms. Rooms could be decorated with family pictures while the clients were in residence. However, due to the relatively short

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periods of admission clients did not bring large amounts of property and possessions. The rooms were not locked, and clients were able to access them throughout the day when not in treatment. There had been no problems with clients accessing other clients belongings or clients not being able to keep their belongings private or safe as a result of the unlocked bedroom doors. Clients agreed to respect one another's privacy and belongings at the start of the programme.

As part of their contracts clients agreed not to use their mobile phones during therapy and so there were set times when clients could access their mobile phones. This was to ensure clients were able to have space from the issues which may be happening outside of the therapeutic environment and focus on their recovery.

The main therapeutic spaces were in a converted building in the grounds; the service had individual 1:1 rooms and a group room.

Within the Crouch House there was a large bright lounge and a well equipped kitchen where snacks and drinks could be prepared throughout the day. Clients had a wide choice of food to meet their nutritional needs, at additional facilities on the ground, where clients took most of their meals.

The grounds also had leisure and gymnasium equipment available to the clients to enable them to maintain their physical fitness and specific fitness sessions were planned and arranged for clients six days of the week.

## Patients' engagement with the wider community

Clients were supported to attend local support groups. Before or after these meetings the clients had meals out in the local community.

Clients were encouraged to maintain contact with their families and friends during the length of the programme. There was an opportunity for clients to meet with their families on a Sunday. There was support available from the counsellors for any issues that affected family members.

## Meeting the needs of all people who use the service

Staff were passionate about ensuring they encouraged an accepting culture at the service. Although staff had no formal links with LGBTQ organisations they explained how they could help clients to access this support if needed.

Staff supported clients to meet their religious needs through helping them to access local places of worship. Staff told us they could support clients who had religious dietary requirements. Clients who spoke a language other than English were offered an interpreter, and where the client wished, their relatives could act as a translator with the service's support. We were told this had not had to be used in the 12 months prior to the inspection.

The service only admitted clients who were physically fit. If a client had mobility issues, even if only due to a temporary sporting injury and could not access all the accommodation and therapy rooms freely or could not participate fully in the programme the service was unable to admit them to the programme. It would refer them to an alternative service that could meet their needs, or they would come on a programme once they were physically fit.

## Listening to and learning from concerns and complaints

Clients were given information about how to complain about their treatment in the initial contract and there were posters reminding them of the process for complaining on display in communal areas. Clients said they felt comfortable that the staff would act on their concerns.

The service had received no complaints within the year prior to the inspection.

## Are residential substance misuse services well-led?

Good 

## Leadership

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

The service had an experienced therapist manager who was also the registered manager. The registered manager had been in post since the organisation had started and was a founding member of the Sporting Chance charity. Staff said they felt the manager was approachable and experienced in their therapeutic role.

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Staff were confident in the leaders. Leaders we spoke with were committed, knowledgeable, caring and professional.

## Vision and strategy

There was a clear statement of purpose which was kept in the service policy file and could be accessed by all staff at any time. All working at Crouch House and the Sporting Chance service had a good understanding of the vision and purpose of the service – some of the team were founding members of the Sporting Chance charity.

All working at Crouch House felt respected, supported and valued. They felt able to raise concerns without fear of retribution.

## Culture

There was a positive culture at Crouch Cottage. Staff felt valued by the organisation and the team worked cohesively and positively together. Staff did not feel there was a top down culture and that they could raise concerns to the manager and above with no fear of repercussions.

We were told about a member of staff that was being supported to complete additional university level counselling qualifications to enable them to provide an enhanced level of care and support to the client group.

The service did not have a whistleblowing policy. However, staff told us they could raise concerns if they felt they needed to and felt that the senior managers were caring and supported them if there were any difficulties.

## Governance

The provider had good systems and processes in place for ensuring the service ran smoothly on a day to day basis and that it worked well with its detoxification provider and the wider Sporting Chance charity.

There were clear records of mandatory training; all staff completed these at the same time at appropriate time intervals. Records also showed that all therapy staff completed at least 30 hours continuing professional development each year in order to ensure they could maintain their professional registration.

There were staff supervisions happening regularly and staff were receiving appraisals.

All staff had Disclosure and Barring Service checks (DBS) in place and the service was managing this process using the online system of checking.

There were clear processes for monitoring the quality of care plans which were developed by the team in collaboration with clients. These clearly identified the goals clients wanted to achieve. There were clear, daily monitoring arrangements in place to ensure clients achieved their goals.

During our follow up inspection, we found that a health and safety company had been contracted to carry out a full range of health and safety inspections, including fire safety, environment and premises management, people safety and management and the assessment of health and safety risks. The company will also provide online training health and safety training and advice for staff. Managers had revised the contract with the landlord to ensure any issues raised were addressed in a timely manner.

The small team communicated well with each other throughout the day; any incidents or issues were reported, discussed and put right immediately.

There was a policy and procedures file which contained all the service policies and procedures and information about the running of the service. Any member of staff could access this at any time. All staff had a good knowledge of these.

The service did not have any plans in place for emergencies. For example, what to do in the event of adverse weather or a diarrhoea and vomiting outbreak.

The service provided a regular report to the Sporting Chance charity that described how the service was run, the number of clients completing the programme, an overview of feedback, any issues with the running of the service or issues with the landlord. The Sporting Chance charity stakeholders were supportive of the service.

## Information management

Handwritten, daily contemporaneous notes and medication records were kept in a file in the office. In the handover, staff recorded information about clients they had been concerned about or who had done something of note.

Client files were kept in an office which had an open door throughout the inspection. However, a member of staff would be in the office at all times, otherwise the door would be locked.

## Engagement

# Residential substance misuse services

Managers maintained good contact with stakeholders from the sports organisations commissioning the service and client's families and put on regular events.

Clients and carers had opportunities to give feedback about the service they received in a manner that reflected their individual needs. There was an opportunity for clients to give feedback on an ad hoc basis and this was encouraged as part of their programme. Staff actively engaged with families to provide feedback and this was reviewed by the manager. Clients and staff were able to meet with members of the provider's senior leadership team to give feedback if required.

## **Learning, continuous improvement and innovation**

The service encouraged creativity within the staff team and all suggestions of additional therapy could be tried out and implemented if clients wished.

The service was working with its stakeholders to establish the best measures to monitor the service and it planned to implement these at commencement of the next 26-day programme.