Ciconia Recovery Ltd

Ciconia Recovery London

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was our first comprehensive inspection of Ciconia Recovery London. The service registered with the CQC in April 2020. The service is a community-based alcohol, drug and accompanying mental health service.

We rated this service as good because:

- The service provided safe care for clients. Staff used a recognised risk assessment tool which included areas of potential risks to clients such as overdose or suicide. Staff safely carried out physical health checks on clients going through assisted withdrawal from alcohol. Medical staff followed best practice guidance when prescribing medicines for clients.
- Staff developed care plans to support clients going through a community detoxification. Clients receiving treatment for attention deficit hyperactive disorder (ADHD) had a comprehensive assessment completed by the doctor. Staff provided appropriate care and treatment interventions suitable for clients' recovery. Staff worked hard to reduce the physical and mental health problems related to substance misuse.
- The team had access to the full range of specialists to support clients with their substance misuse and mental health. This included a doctor and a medical director who specialised in addictions and dual diagnosis. Staff worked well together as a multidisciplinary team and relevant services outside the organisation. Staff actively engaged with GPs and other healthcare organisations to provide holistic care to the clients.
- Managers ensured that staff received training, supervision, and appraisal to ensure they were competent working in substance misuse and dual diagnosis.
- Staff demonstrated a compassionate understanding of the impact clients' care and treatment could have on their emotional and social wellbeing. Clients were positive about the care they received from staff.
- The service was easy to access and clients self-referred. The service had a clear admission criteria of which clients they could accept for treatment. The service only accepted clients whose needs they assessed they could safely meet. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service aimed to support people in harder to reach communities through participating in community events and online conferences. For example, the doctor recently gave a talk on gender and neurodiversity at the local arts centre celebrating international women's day.
- The service was well led, and the leadership team had the skills and experience to aid clients in their recovery. Staff identified risks and planned for them by completing a service risk register. Risks included medicines management, infection control and COVID-19. The governance processes ensured that its services ran smoothly. This included audits and systems to monitor the effectiveness of the service and improve client care.

However:

- Whilst risk was appropriately assessed and managed, improvements were needed in how staff recorded individual client risks and how they were managed in their care and treatment records.
- Staff understood how to protect clients and children from abuse. However, improvements were needed to ensure the service established appropriate networks with other stakeholders, for example, their host local authority, to work in partnership to ensure that vulnerable adults and children were protected from abuse.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to Ciconia Recovery London

Ciconia Recovery London is a community-based alcohol, drug and accompanying mental health service. The service provides clinical treatment to clients based throughout the UK (United Kingdom), with some clients being based internationally.

The service provides treatment to people over the age of 18. Clients were self-funded or used private insurance to fund their care and treatment.

The service provides a range of treatments that include community-based alcohol detoxification and opiate substitute prescribing as part of a gradual reduction programme leading to abstinence. The service also provides assessment and treatment for attention deficit hyperactivity disorder (ADHD) in adults.

The service had a caseload of 133 clients at the time of the inspection. Most of these cases were for ADHD assessment and treatment. The registered manager told us that they had stopped providing alcohol detoxification after the last client had completed it the same week we inspected the service. The registered manager also told us the service planned to stop opiate substitute prescribing for abstinence to concentrate solely on their ADHD clients.

The current registered manager is the consultant psychiatrist (medical practitioner) of the service.

The service has been registered with the Care Quality Commission (CQC) since April 2020. The service is registered to provide treatment of disease, disorder or injury. There is a registered manager in place.

This was the first time we have inspected Ciconia Recovery London.

What people who use the service say

We spoke with five clients who used the service. Clients described it as a friendly place. One client said that it 'felt like home' and was 'comfortable'. Another client stated they had good communication with the service.

Clients described the assessment process as comprehensive, clearly explained and with good liaison between the service and their GP.

Clients said they received thorough telephone assessments before starting treatment. Three clients said staff took an integrated approach and discussed lifestyle factors when managing their conditions, this included diet and nutrition, yoga, meditation and individualised coping mechanisms beyond traditional therapy.

Clients had flexibility and choice in the appointment times available. Clients said appointments did not always run on time, but staff informed clients when they did not. Clients often waited longer than their appointment time to be seen as previous appointments often over ran. However, clients said this did not cause problems as the doctor spent a good amount of time with them. Clients said they appreciated this.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors, a CQC pharmacy inspector and one specialist advisor with a specialism in addictions. An expert by experience supported the inspection remotely making telephone calls to clients.

During this inspection, the inspection team:

visited the service and observed the environment and how staff were caring for clients

spoke with the registered manager

spoke with four staff including the deputy service manager, a key worker and the medical director

spoke with five clients

reviewed 10 clients' care and treatment records

observed an alcohol detoxification appointment

reviewed prescribing and the medicines prescription process

reviewed other documents concerning the operation of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

The service should ensure that staff clearly record clients risk management plans, including relapse prevention plans, in clients care and treatment records.

The service should ensure that staff record dates of when actions should be completed in their service delivery planning.

The service should engage with local safeguarding agencies to strengthen its processes for protecting vulnerable adults and children from abuse.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Substance misuse services

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

Are Substance misuse services safe?

Good

We rated safe as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. A yearly fire risk assessment had been carried out by the deputy service manager to ensure the safety of staff and clients if a fire were to break out. Staff took part in annual fire drills to ensure safe evacuation in case of a fire. Staff followed the service's medical emergency policy in case of an accident or an urgent situation. This included how to use the service's newly installed automated external defibrillator (AED) in case of emergency.

Interview rooms contained alarms for staff to summon assistance in an emergency. Clients and visitors signed in and out at reception. Parts of the building, where only staff were allowed access, had keypads fitted to the doors.

The clinic rooms had the necessary equipment for clients to have thorough physical examinations. The service had two clinic rooms. The clinic room on the ground floor contained a couch, blood pressure machine, weighing scales and a first aid kit for physical examinations.

All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure equipment was well maintained, clean and in working order. Equipment such as a breathalyser, weighing scales and blood pressure machine had been recently purchased as new in February 2022.

Staff made sure cleaning records were up-to-date and the premises were clean. The service contracted domestic staff to clean the premises. Cleaning staff recorded maintained records of when they had cleaned the premises.

Staff followed infection control guidelines, including handwashing. Staff disposed of sharps waste appropriately. Removal of clinical waste was collected by an appropriate external company. Staff wore the correct personal protective equipment, such as gloves, when carrying out urine drug screening. The service had a blood spillage fluid kit.

Good

Substance misuse services

The service had appropriate COVID-19 measures in place. The provider had up to date guidance based on national COVID-19 guidance which included wearing masks, social distancing, the frequency of cleaning rooms and frequently touched surfaces, and screening clients for COVID-19 symptoms before they attended the service.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the team, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

The service had enough staff to keep clients safe. The team consisted of one full time medical practitioner, who was also the registered manager. There was one full-time deputy service manager and a full-time senior support worker who helped to run the service and support clients. In addition, the service had a full-time administrator to support staff with appointments and answering the telephones. The doctor was intending on de-registering as the registered manager to concentrate on clinical duties and seeing clients. They planned for the deputy service manager to take over the registered manager role.

The service had enough medical staff. In addition to the full-time medical practitioner, there was always medical cover available during opening hours. The service had an external part time medical director who supervised the doctor.

The service had two vacancies at the time of the inspection. These were for an additional doctor and a support worker. These had been recruited to and were waiting for the required recruitment checks to be completed.

The team caseload was 133 at the time of the inspection. Staff members did not have individual caseloads. The doctor assessed each client, including medical reviews and completing clinical decisions. The support worker provided key work sessions and telephone follow up appointments. The deputy service manager was responsible for the day to day running of the service. The administrator booked appointments and managed the telephone system.

Managers planned to cover staff sickness and absence. For example, the medical director covered the doctor if they had planned leave or took sickness absence.

The service ensured robust recruitment processes were followed. We looked at the staff records for three staff working at the service. Each staff member had an up-to-date criminal record check to ensure they were safe to work with vulnerable adults. New staff provided valid references to ensure suitably for employment.

The service could get support from a psychiatrist quickly when they needed to. The medical practitioner was a registered psychiatrist.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Staff completed 11 mandatory training courses. Mandatory training included basic life support, fire safety and lone working.

Managers monitored mandatory training and alerted staff when they needed to update their training. The deputy service manager informed staff when they needed to attend training and organised this on their behalf.

Assessing and managing risk to clients and staff

Good

Substance misuse services

Whilst risk was appropriately assessed and managed, improvements were needed in how staff recorded individual client risks and how they were managed in their care and treatment records.

Assessment of client risk

Staff completed risk assessments for each client on admission. We reviewed the risk assessments of 10 clients using the service. Staff used a recognised risk assessment tool which included areas of potential risk such as overdose or suicide. Staff screened for common risks such as injecting history, risks associated with children and blood borne virus status.

Staff recognised and responded to warning signs and deterioration in clients' physical health. We looked at a record of a client who had completed a community alcohol detoxification. Staff recorded that the client had attended the clinic each day for the first five days. The doctor completed the clinical institute withdrawal assessment for Alcohol (CIWA-Ar) each day when the client attended the clinic. This ensures the safety of the client and is a clinical assessment for staff to escalate any physical health concerns, such as nausea, tremors, and sweating. Use of the CIWA-Ar followed best practice guidance.

Prior to commencing treatment, the doctor referred the client for baseline blood tests at the clients GP. These baseline blood tests included a full blood count and liver function tests. This helped to assess whether the client could safely undergo an alcohol detoxification at home.

The service had a protocol for staff to follow when a client underwent a community alcohol detoxification. The protocol identified who could be safely detoxed at home. Staff excluded clients who were too high risk to commence a detoxication at home. This included people who were pregnant, had a history of delirium tremens, had a history of seizures or not able to follow up. Staff ensured that the client had a relative or friend with them throughout the duration of the detoxification to provide support. During the alcohol detoxification the doctor met with the client at the clinic every day for the first five days and then again on day 7 depending on their CIWA-Ar score. This meant the client could be monitored closely and any concerns could be escalated in line with national guidance.

The service offered opioid detoxification to clients. The service had a protocol for staff to follow when commencing clients on an opioid detoxification. The protocol demonstrated the risks of accidental overdose due to the client's loss of opioid tolerance during a detoxification. The doctor offered buprenorphine as treatment for an opioid detoxification. Records showed staff completed the Clinical Opiate Withdrawal Scale (COWS) tool when they assessed clients. Use of these tools to assess clients' withdrawal followed best practice guidance.

Management of client risk

Staff demonstrated a good understanding of the risks associated with substance misuse and individual client risks. However, improvements were needed in how risk management plans were recorded in clients care and treatment records. Five client care records did not demonstrate how staff would respond to a sudden deterioration in a client's health. For example, one client had a risk of relapse, but this was not recorded in a risk management plan. Another client did not have a risk management plan for their physical health co-morbidities. When we spoke with staff, they were aware of these risks and told us how these potential risks were being managed and mitigated.

Staff were clear about what action they took to manage client's risk. For example, only offering face to face appointments for assessments and medical reviews. Staff carried out urine drug testing at every appointment to screen for illicit substances. The keyworker provided additional support through regular telephone calls to check on clients' welfare.

Good

Substance misuse services

Staff only treated clients who consented to sharing information with their GP. The doctor undertook regular assessments of clients' physical health and referred them to their GP if they identified signs and deterioration in their health.

Following feedback from the inspection, the registered manager has provided evidence that staff were now recording risk management plans clearly in clients' records.

Staff followed clear personal safety protocols, including for lone working. Staff made sure their diaries were up to date with appointments to ensure the team knew staff were within the building.

Safeguarding

Staff understood how to protect clients and children from abuse. However, improvements were needed to ensure the service established appropriate networks with other stakeholders, for example their host local authority, to work in partnership to ensure that vulnerable adults and children were protected from abuse.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. At the time of the inspection, all staff had recently received training in safeguarding vulnerable adults and children.

Staff knew how to recognise adults and children at risk of or suffering harm. For example, staff supported a client who had children at home. Staff discussed with the family what support mechanisms they had to ensure the child's safety whilst the client was undergoing treatment. However, staff did not always discuss safeguarding concerns with the local authority.

Staff knew how to make a safeguarding referral. The service had a safeguarding children and adults' lead.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive, and all staff could access them easily. Staff used electronic records to keep client information. Where records were paper based staff found these easy to access and upload to the electronic system. Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff stored and managed all medicines and prescribing documents safely. The service had arrangements in place for the safe management and control of prescription forms in line with national guidance. Staff kept records of the use of controlled stationery. Staff gave prescriptions to the client, or they sent them electronically to the pharmacy.

Access to medicines storage areas was appropriately restricted. The service only kept a short supply of medicines onsite. Staff did not store controlled drugs at the premises.

Clinical rooms were clean, spacious, and equipped with handwashing facilities. Staff had access to emergency medicines, equipment, and medicines disposal facilities.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff were provided with training regarding naloxone and actively encouraged clients to have access to it. Clients were provided with information on how to use it.

Staff completed medicines records accurately and kept them up to date. Staff kept records of when they administered medicines to assist with alcohol and opiate detoxification.

Staff followed national practice to check clients had the correct medicines when they were admitted, or they moved between services. Staff reconciled clients' medicines before they commenced treatment. The prescribing doctor ensured they received the clients' medicines history from their GP before they were prescribed any medicines from the service. This ensured safe prescribing.

At the time of the inspection staff had not reported any incidents related to medicines. The provider had a policy to ensure staff knew how to report medicines related incidents.

Staff reviewed the effects of each client's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance. The doctor recommended clients take vitamins when they underwent alcohol detoxification. Staff referred clients to other services for blood borne virus tests before they commenced treatment. ECGs were performed on clients who met the relevant criteria and in accordance with national guidance.

Track record on safety

Since the service had registered with the CQC (Care Quality Commission) in April 2020, staff had not reported any serious incidents.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff understood their responsibilities to raise concerns and report incidents when something went wrong. Since the service opened staff had not reported any incidents. The provider had an incident reporting policy for staff to follow.

The deputy service manager supported staff with incident reporting. Staff could discuss incidents in their supervision or at the monthly staff meeting.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if things went wrong.

Good

Substance misuse services

Are Substance misuse services effective?

Good

We rated effective as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

We reviewed nine care and treatment records during the inspection. Staff completed a comprehensive assessment of each client. Assessments covered a client's history of drug and alcohol use, social needs, physical health, and mental health needs. Staff also included details about clients' families and dependences. Staff ensured that assessments were carried out face to face with the client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. The medical practitioner carried out physical health observations with clients before commencing treatment. These included blood pressure, height, and weight. This helped inform treatment plans for the client.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Care plans were personalised, holistic and recovery orientated. For example, one client was supported to access family therapy to help with their relationships whilst their attention deficit hyperactive disorder (ADHD) was being assessed.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Managers used results from audits to make improvements.

Staff provided a range of care and treatment suitable for the client's recovery. The team worked with clients to reduce health and other problems related to drug misuse. Staff signposted clients to additional psychosocial interventions local to them that could support them in their recovery. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing, and achieving specific personal goals.

The service had urine testing kits available to detect the illicit use of non-prescribed opiates. In addition, staff carried out breath alcohol content tests on clients undergoing alcohol detoxification. This ensured clients were monitored appropriately.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as NICE). The service provided care and treatment based on national guidelines, for example, Opioid dependence: buprenorphine prolonged-release injection.

Good

Substance misuse services

For clients receiving assessment and treatment for their attention deficit hyperactive disorder (ADHD) staff followed NICE guidelines. This included completing baseline blood tests, blood pressure, height, and weight. In addition, the doctor reviewed the client's current medication with their GP and completed a mental health and social circumstances review.

Staff made sure clients had support for their physical health needs. The service recommended clients access testing for blood borne virus' through their GP. The service could arrange for blood tests to be undertaken at a local private clinic; however, this would incur an additional charge.

Staff requested a summary of the clients' medical history from their GP as well as requesting them to complete a health questionnaire. The clients' GP was kept informed of their treatment at the service including any changes to their medication.

In line with national guidance, staff recommended clients use thiamine to minimise memory loss because of alcohol misuse.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The doctor carried out regular physical health checks on clients. Staff assessed all clients for their blood pressure, pulse, weight and height, whether they smoked or drank alcohol.

Staff used recognised rating scales to assess and record severity and outcomes. Staff completed the Alcohol Use Disorders Identification Test (AUDIT) with clients to assess the degree of their alcohol dependency. The doctor completed the clinical opiate withdrawal scale (COWS) for clients receiving opiate detoxification. This helped the doctor assess a client's withdrawal from opiate medicines and monitor this throughout their treatment. Staff completed the generalised anxiety disorder assessment (GAD-7) with those clients receiving mental health treatment. Staff sent a questionnaire at the beginning of a client's treatment and then at the end. This was a way of measuring effectiveness of treatment for clients.

Staff used technology to support clients. The doctor used their online electronic system to obtain clients' blood results before commencing an alcohol detoxification or titrating clients. Staff provided text, telephone and video call support which clients found particularly helpful.

Managers used results from audits to make improvements. Staff took part in the service's audit plan. These audits looked at health and safety, infection, prevention and control, medicines storage, prescriptions and safe environments. The deputy service manager used these audits to make improvements to clients' care and treatment.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills.

The service had had experienced staff with the right skills to meet the needs of each client. The doctor was supported by the key worker to treat clients receiving addictions treatment and mental health treatment. This included maintaining regular contact with each of the clients on the team caseload. The key worker had many years' experience working in

substance misuse before joining the organisation. The doctor was a member of the Royal College of Psychiatry and provided seminars on addictions and dual diagnosis. The service medical director provided support to staff alongside their other role working for another community substance misuse service. Staff also had previous experience working in health and social care roles.

Managers gave each new member of staff a full induction to the service before they started work. This included orientation to the premises and training.

Managers made sure staff attended regular team meetings, such as business meetings, multidisciplinary meetings, and leadership meetings. Managers ensured meetings minutes were shared with staff that could not attend.

Managers identified any training needs their staff had and delivered specialist training to develop their skills and knowledge. For example, staff received training in administering naloxone.

Staff received training in meeting the needs of clients from diverse communities. This was covered as part of the equality and diversity training which all staff attended. In addition, staff received training from the doctor in buprenorphine injections and supporting people with attention deficit hyperactive disorder (ADHD).

Staff received supervision every three months and a yearly appraisal of their performance. In addition, the doctor met regularly with the medical director for clinical supervision, who had a specialism in addictions. Supervision records showed that staff discussed complex cases, well-being, training and development.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Staff met monthly for their staff meeting. Staff shared pertinent information at these meetings including incidents, new referrals, and complex cases. Staff could approach the doctor to discuss clients at any time.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care. Staff ensured multidisciplinary input into clients' assessments. For example, with input from medical staff and recovery workers as well as the clients' GP.

Staff had effective working relationships with external teams and organisations. The service discharged people when specialist treatment was no longer necessary. The service worked closely with the clients' GP as well as other NHS and independent health substance misuse services to ensure relevant information was transferred. The doctor had close links with the local communities and provided educational talks. For example, the doctor provided talks on depression, ADHD, and prescribed medication addiction to the local neighbourhoods.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Good

Substance misuse services

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles. Staff received training in the Mental Capacity Act and knew to seek support for the service managers if needed. The Mental Capacity Act was included in mandatory training. There was a clear policy on the Mental Capacity Act, which staff knew how to access.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. Staff worked under the principle that capacity is always assumed and where they queried a clients' capacity this was discussed as a team.

Are Substance misuse services caring?

Good

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Clients said staff treated them well and behaved kindly. We gathered feedback from five clients who used the service. Clients described it as a friendly place. One client said that it 'felt like home' and was 'comfortable'. Another client stated they had good communication with the service. Clients said that staff provided good information and were supportive of them.

Staff were discreet and respectful when caring for clients. We observed staff interacting with clients in a thoughtful way. Staff provided emotional support to clients to minimise their distress. We observed a client's medical appointment and saw that the staff member knew the client well.

Staff gave clients help and advice when they needed it. The client's satisfaction survey showed that clients felt the information they had received about their healthcare had helped them. A client also fed back that staff provided them with help and advice when required.

Staff supported clients to understand and manage their own care treatment or condition. The satisfaction survey results showed that most clients reported staff had explained their treatment to them in a way that they could understand. Clients described the staff as being thorough and comprehensive in their initial assessments, both over the phone and face-to-face. Two clients said they received several telephone calls before receiving a face-to-face assessment. This ensured clients could understand the treatment process from the beginning. Three clients said staff took an integrated approach and discussed lifestyle factors when managing their conditions, this included diet and nutrition, yoga, meditation, and individualised coping mechanisms beyond traditional therapy.

Staff directed clients to other services and supported them to access those services if they needed help. Three clients reported that the service had a good approach to shared care with their GP's especially when it came to prescribed medication.

Involvement in care

Good

Substance misuse services

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff involved all clients within their care plans. Staff made sure clients understood their care and treatment. From the satisfaction survey 87 clients reported to be involved within the planning of their care. Three clients said staff involved them in their care planning. For example, staff discussed lifestyle factors with clients such as diet and nutrition.

Staff supported clients to give feedback on the service. The provider's satisfaction survey results showed that clients could give feedback on the service and their treatment received. One client reported that the service was 'very open' to suggestions on how they could improve, and that staff were willing to discuss this.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Care plans showed where staff had engaged with client's families to provide them with support. Records showed staff involving families in their loved one's care and treatment. For example, clients having the support of a close friend or relative during their alcohol detoxification as required.

Staff helped families to give feedback on the service. There was a system in place within the service that allowed clients to provide feedback through the satisfaction survey.

Are Substance misuse services responsive?

Good

We rated responsive as good.

Access and waiting times

The service was easy to access. Staff planned and managed clients discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services to. The service could accept referrals from anyone and most clients self-referred. Clients came from all over the UK and internationally. For clients who lived overseas, staff insisted they travel so they could receive an assessment face to face.

The service had a clear admission criteria of which clients they could accept for treatment. The service only accepted clients whose needs they assessed they could safely meet. Clients who were not assessed as suitable were referred to other services, including inpatient detoxification services or their local NHS.

Staff could see referrals within a reasonable time. The service had an agreed response time for accepting referrals. For example, clients were assessed for treatment and given an appointment as soon as practicable. Treatment could then commence as soon as necessary medical checks had been performed.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. Staff prided themselves on supporting communities that were harder to reach. For example, the doctor visited the local community's art centre to give a talk on ADHD and addictions. Also, the doctor linked in with the local places of worship to raise awareness about addictions and the stigma attached to it.

Staff tried to contact people who did not attend appointments and offer support. The service had a did not attend policy in place. This meant staff had a clear protocol to follow if the client did not engage with the service.

Clients had some flexibility and choice in the appointment times available. Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments did not always run on time, but staff informed clients when they did not. Clients often waited longer than their appointment time to be seen as previous appointments often over ran. However, clients said this did not cause problems as the doctor spent a good amount of time with them. Clients said they appreciated this.

Staff supported clients when they were referred, transferred between services, or needed physical health care. When a client was discharged the service sent a letter to their GP confirming the outcome and whether any follow up was required. If the client needed, staff could refer them to local NHS services to continue their treatment.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. The service had enough rooms for clients to meet with the doctor or key worker on the premises. The reception area welcomed clients and had comfortable furnishings whilst clients and visitors waited for appointments. The site also had several accessible toilets for clients to use to produce urine drug screen. The environment was welcoming, and COVID-19 measures were in place to protect clients visiting the service.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service could support and adjust for people with disabilities, communication needs or other specific needs. The service was accessible for clients using wheelchairs and clients with other mobility needs.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Interpreters were available for clients who did not speak English. The service had information leaflets available in languages spoken by the clients and local community. Staff produced information leaflets on addictions and mental health in various languages such as Albanian, Urdu and Arabic.

Staff demonstrated an understanding of the potential issues facing vulnerable groups. This included LGBTQ+ and ethnic minorities.

Listening to and learning from concerns and complaints

Good

Substance misuse services

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service had not received any formal complaints in the previous 12 months.

Clients knew how to complain or raise concerns. One client said they knew the staff would act on anything they fed back. Clients were informed about how to make a complaint when they started treatment at the service. Complaints leaflets were available, including easy read versions and in languages other than English. Clients said they felt comfortable to raise complaints with staff or could make a complaint by email if needed.

The service had a complaints policy which outlined the process for staff to follow. This included how to acknowledge complaints and investigate them. Clients were informed that they could contact the care quality commission as well as the local government ombudsman if they remained unsatisfied with the response from the service.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Substance misuse services well-led?

Good

We rated well-led as good.

Leadership

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

Leaders could clearly explain their roles and demonstrated a sound understanding of the services they managed. Staff spoke positively about clients' recovery and how they supported them to achieve their goals. The doctor regularly gave talks on mental health and addictions to the local community. The last talk was on leadership, gender and neurodiversity to celebrate international women's day.

Leaders were visible in the service and approachable for clients and staff. The registered manager and deputy service manager worked on site and were in close contact with staff throughout the day. The medical director provided clinical supervision and annual appraisal to the doctor (registered manager) on site regularly.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

Staff knew and understood the service's vision and values and how they applied to the work of their team. The provider had a clear definition of recovery, and this was shared and understood by all staff. Staff emphasised the importance of supporting people to reduce their alcohol and/or drug intake and to increase their wellbeing. The service knew the importance of dual diagnosis and treating client's alcohol and drug addictions alongside their mental health.

Good

Substance misuse services

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff reported low levels of stress and felt positive about the work they did. Staff felt able to raise concerns with management if they needed to, although each of the staff we spoke with did not have concerns to share. The service had a whistle blowing policy in place. The policy advised who staff should contact, both internally and externally, if they had concerns about poor practice.

Managers dealt with poor performance when needed, although we were informed there had been no reported issues of poor staff performance.

Staff worked well together as a team. Staff came together each day to discuss clients informally as well as at the monthly team meetings.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for development, for example through attending training.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

The service had appropriate systems to evaluate the safety and effectiveness of the service were in place. The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held monthly team meetings where staff discussed pertinent information such as staffing, client assessments and emerging risks. The managers and medical director met every quarter for governance meetings. The minutes of these meetings from April – December 2021 showed staff discussed staffing structures, finances and risk.

Staff had implemented recommendations from reviews incidents and safeguarding alerts. The quarterly governance meetings would discuss complaints and serious incidents where appropriate.

Staff completed audits to provide assurance on the performance of the service. Staff audited care plans, risk assessments and the environment. However, this did not include clinical audits to measure effectiveness of opioid treatment.

Staff knew to submit notifications to external bodies as required, for example to social services.

Staff also knew to make notifications to the Care Quality Commission in accordance with regulations.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service maintained a risk register. This included medicines management, COVID-19 and infection control, violent and aggressive behaviour to staff. This ensured staff could identify the risks and planned for them.

The service had plans in place in case of an emergency, such as adverse weather conditions or an IT fault.

The provider used information to plan for service delivery. Staff had decided to stop taking referrals for alcohol detoxification. To plan for this, staff had completed a site improvement plan in January 2022. This plan included actions under staffing, case management systems and the impact on client care. However, these actions had no identified date of when they should be completed by. This meant staff may not effectively and safely transition over into the new service model.

Information management

Staff collected analysed data about outcomes and performance.

The service used systems to collect data about performance. As the service was standalone and a small staff team the system was not over-burdensome. staff collected data such as the number of clients being seen by the service, their referral source and they type of treatment pathway clients used.

Staff had access to equipment and information technology to support clients. Staff used an electronic record system to record client information.

The service manager and deputy service manager had access to information to support them in their managerial role. For example, HR records, supervision records and staff training data.

Engagement

Staff, clients, and carers had access to up-to-date information about the provider. The service was small, so staff accessed information through emails and regular meetings. Clients and carers could use the organisations website for up-to-date information about what was going on with their services.

Clients could give feedback on the service via client satisfaction surveys. The service had a tablet device in the waiting area for clients to provide swift feedback. Clients could also provide feedback about the service online. Staff feedback was more informal, through meetings or supervision.

Learning, continuous improvement and innovation

Managers and staff were clearly committed to improving the service and responded to feedback from clients and staff.