

## Kaleidoscope Project

# Birchwood Residential Treatment Centre - Birkenhead

## 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

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and generally clean. The service had enough staff although did have staffing pressures. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning. Client feedback about the service was positive and they felt involved in their care and treatment. Managers and staff were willing to go above and beyond to provide care and support.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The ligature risk assessment did not have a clear review date or audit trail. Managers could not be assured that this had been appropriately reviewed or that it included all current environmental risks.
- There were issues with the environment such as water damage and damp in areas of the building. The provider was aware of these issues and was taking action with the landlord to address them.
- The first aid kits included items that had expired and not been removed or replaced.
- Supervision compliance rates for the provider's targets were low for the 12 months prior to the inspection, although the provider had an action plan in place to address this and the compliance rate was improving.

# Summary of findings

## Our judgements about each of the main services

| Service                               | Rating   | Summary of each main service  |
|---------------------------------------|--|---|
| Residential substance misuse services | Good  | Our rating of this service stayed the same. We rated it as good. See the summary above for details. |

# Summary of findings

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# Summary of this inspection

## Background to Birchwood Residential Treatment Centre - Birkenhead

Birchwood Residential Treatment Centre – Birkenhead provides support and treatment for up to 20 men and women who require drug or alcohol detoxification and stabilisation. The service provides medically managed detoxification.

Birchwood Residential Treatment Centre - Birkenhead is provided by the Kaleidoscope Project, a not for profit organisation. The Kaleidoscope Project registered as the provider of Birchwood Residential Treatment Centre – Birkenhead in November 2018.

The service had been inspected once previously on the 4 September 2019. The service was rated as good overall at the 2019 inspection and good across all five domains. No regulatory breaches were identified at the 2019 inspection. One action the provider should take was identified around some environmental issues.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

The service is registered to provide the regulated activities: accommodation for persons who require treatment for substance misuse; and treatment of disease, disorder or injury.

The service has a registered manager.

Care in the service is funded by specific contracts with local authorities, one-off purchases from individual health care organisations and local authorities, and individuals purchasing their own treatment.

### What people who use the service say

Clients were positive about the care and treatment they received from the provider. Clients felt safe in the service and described staff as being friendly and attentive. Clients told us that staff listened to them and included them in decisions about their care and treatment.

Clients were complimentary of the group sessions at the service and felt that they were beneficial. The service user audit completed by the provider was very positive about staff and their attitudes towards the clients.

## How we carried out this inspection

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

- Visited the location, looked at the quality of the environment and observed how staff cared for clients
- Spoke with the registered manager
- Spoke with five other staff members
- Spoke with four clients who were using the service
- Reviewed six care and treatment records of clients and eleven prescription charts
- Attended a daily staff meeting and observed a group session for clients
- Looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

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 the ligature risk assessment is reviewed and updated in line with the organisation's policy and procedure. The service should consider how they have assurance that documentation has been reviewed and that there is a clear audit trail. (Regulation 12)
- The service should ensure that all first aid kits are appropriately checked and that any expired items are removed and replaced. (Regulation 12)
- The service should continue to monitor and address the environmental issues in a timely manner.
- The service should continue to monitor and improve supervision compliance rates.
- The service should review its engagement with families and carers. The service should ensure there are formal established feedback and communication mechanisms in place for client's carers and families.

# Our findings

## 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 

Our rating of safe stayed the same. We rated it as good.

### Safe and clean care environments

**The premises were mostly safe, clean and fit for purpose. However, not all areas were well maintained and a minority of client areas were not clean.**

#### Safety of the building layout

Staff completed thorough risk assessments of all areas and removed or reduced any risks they identified. The provider had a comprehensive ligature risk assessment for the location which included all identified risks, although there was no audit trail regarding when the risk assessment had last been reviewed. The provider could therefore not be assured that the risk assessment was up to date and that it reflected all current risks at the location. Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe.

Staff could not observe clients in all parts of the premises. The layout of the building did not facilitate clear observation or lines of sight for staff. The service had implemented door sensors on the bedrooms to provide staff with information as to when the doors were being opened. Staff were present throughout the building and were aware of their responsibilities with managing the environment.

The service provided mixed sex accommodation. The manager stated that prior to the COVID-19 pandemic, the service had been able to manage male and female clients on separate corridors. Due to the service needing to consider areas for isolation, the service was no longer managing the bedrooms in this way. Staff considered any potential risks within risk assessments and would adjust client bedrooms as appropriate. The manager was aware of the potential risks involved with this change and was clear about how this would be managed until further changes could be made.

A call bell system was present in the majority of client bedrooms.

### Maintenance, cleanliness and infection control



# Residential substance misuse services

The premises were mostly clean, well furnished and fit for purpose although not always well maintained. The provider did not own the building and were reliant on the landlord to address any building issues. There were patches of water damage and damp in some areas of the building, these were in a minority of client bathrooms and bedrooms. The provider had escalated these issues with the landlord but were not satisfied with the timeliness at which the issues were being addressed. We saw evidence of the provider escalating these concerns and there was an ongoing complaint with the landlord about these issues. The provider was considering potential options for the service in the future.

Staff made sure cleaning records were up-to-date and the premises were mostly clean.

Staff followed infection control policy, including handwashing. The provider had established clear processes to ensure that the potential risks of the COVID-19 pandemic could be managed. The provider had a positive relationship with infection control specialists and had liaised with them for advice and guidance where necessary.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment.

The service had first aid kits located around the building. There were items in these kits that had expired and not been removed or replaced from the first aid kits. The first aid kits had been checked by staff but these expired items had not been identified. The manager was made aware of this and confirmed that action would be taken to address this.

## Safe staffing

**The service had enough nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm. However, the COVID-19 pandemic had affected staffing and had increased pressures on the service.**

## Nursing staff

The service had enough nursing and support staff to keep clients safe, although the service was under staffing pressures at the time of the inspection. Managers regularly had to cover shifts to ensure that there was appropriate cover and support in the service.

The service had reducing vacancy rates. At the time of the inspection, the service had four vacancies that the provider was actively recruiting to.

The service was using bank and agency nurses and support workers to ensure that all shifts were covered. Between 27 April 2021 and 27 October 2021, the service had used 1,180 hours of bank staff. For the same period, 301 shifts were covered by agency staff. This figure included 175 twilight support staff shifts that were block booked to support the service between the hours of 6pm and midnight.

Managers limited the impact from the use of bank and agency staff by requesting staff familiar with the service. Managers reported that they attempted to block book agency staff where possible to ensure that there was consistency for clients.

# Residential substance misuse services

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Managers described the induction process that would be followed for bank and agency staff which included shadowing staff, making them aware of all essential information and being introduced to the building and clients.

The service had low turnover rates. The provider monitored the reasons for staff leaving the service and considered any areas they may need to address in relation to this.

Managers supported staff who needed time off for ill health. Managers explained how they supported staff who were experiencing ill health and the processes that they followed in these situations.

Levels of sickness were low. For the 12 months prior to the inspection, the provider reported that there had been 103 days of sickness between 38 episodes of staff sickness. The overall staff sickness rate for the 12 months prior to the inspection was 1.2%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The registered manager could adjust staffing levels according to the needs of the clients.

The provider reported that all shifts had been covered in the last six months, either through bank staff usage, overtime or management covering shifts. Where managers had concerns about staffing levels, the occupancy rate of the service would be lowered to ensure that the service could be managed safely.

Staff reported that some sessions or activities either had to be amended or cancelled due to staffing issues, although the provider attempted to ensure this was not a regular occurrence.

Staff shared key information to keep clients safe when handing over their care to others. The provider held daily staff meetings to share key information. The service used handover documents which were detailed and provided a clear ongoing summary for each client.

## Medical staff

There was adequate medical cover. Most prescribing was carried out by the non-medical prescriber and a GP with a special interest in substance misuse. The GP visited the service regularly as part of the service's multidisciplinary team. Clients who required non specialist GP support could access this outside via their GP practice. The service had access to the organisation's clinical lead who could provide advice and guidance where necessary.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. The provider monitored training compliance figures which indicated that staff had been able to stay up to date with the provider's targets.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

# Residential substance misuse services

## Assessing and managing risk to clients and staff

**Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Safety planning was an integral part of recovery plans.**

### Assessment of client risk

Staff completed risk assessments for each client on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed six client records and all had a completed risk assessment.

Staff used a recognised risk assessment tool.

### Management of client risk

Staff knew about any risks to each client and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, clients. Staff followed procedures to minimise risks where they could not easily observe clients.

Staff followed policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm. Clients reported that, when they had been searched on arrival, staff had done this in a way that was respectful of their dignity and non-intrusive.

### Use of restrictive interventions

Restrictive interventions were not routinely used in the service. Staff received training in conflict resolution and were aware of how to de-escalate clients when necessary.

The provider asked each client entering the service to agree to terms of treatment which included a list of rules that clients were expected to follow whilst receiving treatment in the service. These were set out in the client welcome pack and each client was expected to sign the terms of treatment to indicate that they understood and agreed to follow them. Clients that we spoke to told us that they had been made aware of the rules on admission and that staff explained the reasons for any restrictions. We noted that, in client feedback that had been collated by the service, some clients stated the rules could vary at times which was confusing and that they had struggled with the rules. The provider's rules were discussed during the daily client community meetings where any concerns or issues could be brought to the provider's attention. The provider reviewed the terms of treatment to ensure that they were appropriate.

## Safeguarding

**Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. They were up-to-date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service had clear visiting policies in place.

# Residential substance misuse services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff told us they were comfortable in identifying and raising safeguarding risks with their client group. They felt they knew where to go to get support within the team. Staff could give clear examples of how to protect clients from harassment and discrimination.

## Staff access to essential information

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Client notes were comprehensive and all staff could access them easily.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. 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 when safely prescribing, administering, recording and storing medicines. The service had robust process in place for managing medicines and staff were aware of their responsibilities in relation to this. The majority of medicines were dispensed by the local staff team.

Staff reviewed clients' medicines regularly and provided specific advice to clients and carers about their medicines. A local pharmacy provided and delivered all the medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Staff followed current national practice to check clients had the correct medicines. The service had a non-medical prescriber and the provider completed regular medication audits. The organisation's clinical lead was available to provide advice and support where necessary.

We reviewed 11 medication folders during the inspection. No errors were identified when reviewing and the folders were comprehensive in the information provided. The folders included blood screening results, allergies, vaccination status, homely remedies and self-administration protocols.

The service had systems to ensure staff knew about safety alerts and incidents, so clients received their medicines safely. Staff reviewed the effects of each client's medication on their physical health according to NICE guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. 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, there was a positive reporting culture at the service. The provider had an electronic incident reporting system that staff could report incidents on. Managers had a process for reviewing these incidents.

# Residential substance misuse services

Staff reported serious incidents clearly and in line with provider policy. Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to client care. We reviewed several incidents and saw evidence that changes had been made as a result and feedback had been given to staff.

## Are Residential substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

### Assessment of needs and planning of care

**Staff completed comprehensive assessments with clients on admission to 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.**

Staff completed a comprehensive assessment of each client either on admission or soon after. We reviewed six care plans for residing clients. Care plans were personalised, holistic and recovery-orientated. Staff regularly reviewed and updated care plans when clients' needs changed. The care plans demonstrated staff's understanding of the clients' history, risks and needs. The plans were discussed thoroughly in meetings we observed. We also could see a strong client voice within the care plan.

The service did monthly care plan audits and could show examples of learning and improvement. To support this, at the same time they audited clinical communication to ensure that all plans were consistent and contained the correct information.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. All clients had their physical health assessed soon after admission and there was evidence in the care records seen that this was regularly reviewed during their time in the service.

### Best practice in treatment and care

**Staff provided a range of treatment and care for clients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported clients with their physical health and encouraged them to live healthier lives. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the clients in the service. The service provided detoxification programmes and had clinical guidelines for these which were in line with national guidance. The service had a clear treatment plan and informed clients of what to expect when receiving treatment in the service.

# Residential substance misuse services

The service provided groups and sessions on a set program to support patients care, they offered these both in the morning and afternoon. Some examples of these included, personal goal setting, dealing with trauma, lifestyle boundaries and peer led support groups sessions. Clients gave consistently positive feedback about these groups and sessions. The groups were also extended into the evenings such as alcoholics anonymous and narcotics anonymous. We attended a group session regarding harm minimisation and observed how clients were engaged and receptive to the session.

Staff delivered care in line with best practice and national guidance.

The provider reviewed clients' physical health needs and staff recorded them within the care plans. Staff made sure clients had access to physical health care, including specialists as required. The provider had strong links with a local GP who visited the service regularly and was available to provide advice and support. Clients that we spoke to gave positive feedback about the service supporting their physical health needs.

The service met clients' dietary needs and assessed those needing specialist care for nutrition and hydration. The service had a kitchen on site that could consider individual client's dietary needs and preferences. The kitchen staff had processes in place to monitor and manage any specific dietary requirements as required.

Staff helped clients live healthier lives by supporting them to take part in programmes or giving advice. Group sessions around healthier living and health and wellbeing were included in the provider's schedule. The provider also held activities such as sports and local walks to encourage healthier lifestyles.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes.

The provider used technology to support clients. The provider had utilised tablets to ensure that clients in isolation could continue to access group and individual sessions where appropriate. The manager noted that there had been some issues with clients taking the tablets when they left the service and was working to purchase more to ensure that these could continue to be used to support clients care and treatment.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The provider had a monthly clinical and therapeutic audit programme which included areas such as the clinic room, equipment, medication and clinical notes. Managers used results from audits to make improvements. The provider produced a quarterly report on a variety of performance indicators and outcomes including referral and admission rates, percentage of successful assisted withdrawals, client engagement with groups, incomplete assisted withdrawals, re-admissions and bed days used. These reports also reflected on how the service was currently performing and any areas of improvement.

## **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 and opportunities to update and further develop their skills, although the supervision compliance rate was low. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of the clients. Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff.

# Residential substance misuse services

The provider gave each new member of staff a full induction to the service before they started work. Staff reported that the induction process was positive and this included shadowing of staff and e-learning. Managers described how agency staff members would be introduced to the service, building and clients when attending the service and would not be left alone until they were aware of all relevant information and comfortable to do so.

Managers supported staff through regular, constructive appraisals of their work. Managers monitored the appraisal compliance rate and were able to ensure that these were taking place.

Managers supported medical and non-medical staff through constructive supervision of their work. The provider's aim regarding supervision was for it to be held every six weeks. Managers noted that the compliance rate for staff supervisions was lower than their target that they were aiming for. In the 12 months prior to the inspection, the provider had a compliance rate of 43% for staff having their supervision within the prescribed six-week period. However, 87% of staff had received their supervision within an eight-week period. Managers explained that pressures on the service and staffing had impacted on their ability to complete formal supervision of staff. Managers had put an action plan in place to address this and were working towards improving this compliance rate.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed team meeting minutes from the service. Team meetings were well attended, and the manager explained how they would ensure that staff who could not attend would be made aware of the outcomes of the meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The provider had a comprehensive training programme available to staff and had recently enabled staff to access some new training courses including responding to change, problem solving, confidence building and communication skills.

The provider made sure staff received any specialist training for their role. Staff could access additional training through a recognised application process where it was deemed appropriate for their role. The service had recently provided external access to chemsex training for staff which had received positive feedback and improved staff awareness.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers explained how they would address poor performance where it was identified. Staff told us they understood these processes and felt well supported by it.

Managers recruited, trained and supported volunteers to work with clients in the service. The service had five volunteers at the time of the inspection. Managers explained how they were involved in the service and the positive impact volunteers had for the clients.

## Multi-disciplinary and interagency team work

**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. They had effective working relationships with staff from services providing care following a client's discharge and engaged with them early on in the client's admission to plan discharge.**

Staff held regular multidisciplinary meetings, once to twice weekly depending on risk, to discuss clients and improve their care. This was supported by the specialist GP and non-medical prescribers. The service held daily meetings for staff to meet and discuss clients including any new concerns, issues or actions that needed to be taken to support clients.

# Residential substance misuse services

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings. The service had a detailed handover document that supported staff in having a thorough understanding of each client in the service.

The provider was involved and had relationships with external organisations that enabled them to access additional support for clients where needed. The provider had positive relationships with these organisations such as the local housing and probation teams. We saw evidence of the provider liaising and working with these organisations to support clients.

## **Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

**The service was not registered to accept clients detained under the Mental Health Act. Staff knew who to contact if they were concerned about a client's mental health.**

## **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.**

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was one Deprivation of Liberty Safeguards application made in the last 12 months and managers monitored staff so they did them correctly. The provider made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The provider had a policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards and felt confident that they would be able to access this when necessary. Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. There was evidence across the six care records that we reviewed that the capacity of clients was considered and reviewed on a regular basis.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

## Are Residential substance misuse services caring?

Our rating of caring stayed the same. We rated it as good.



# Residential substance misuse services

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

**Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care or treatment.**

Staff were discreet, respectful, and responsive when caring for clients. Clients felt that staff were kind, polite and courteous. Clients reported that staff were attentive to their needs and responded to them when they required assistance.

Staff gave clients help, emotional support and advice when they needed it. Clients told us that staff took the time to help them understand and manage their own care, treatment or condition. We reviewed a copy of the provider's client feedback audit that reflected on individual client's positive and negative feedback from their time in the service. Clients were very positive about the staff within the service and the overall experience of the care and treatment that they were provided.

Staff directed clients to other services and supported them to access those services if they needed help. The provider had links with external organisations that they could access where additional needs or support were identified for a client. The provider had evidence of where this had taken place and how this had been managed.

Clients said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each client. Staff had an awareness of the clients in the service and their specific needs and requirements. We attended a staff meeting in the morning that considered any changes to client needs or actions that staff needed to take.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients. Staff followed policy to keep client information confidential.

We observed an example of where managers and staff were willing to go above and beyond to ensure that an emergency admission could be offered a placement in the service. Managers and staff were proactive in gathering information that they needed to facilitate this process in a safe manner and were making plans of how they could ensure that this admission could be supported.

## **Involvement in care**

**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 available.

## **Involvement of clients**

Staff introduced clients to the building and the services as part of their admission. All clients received a welcome file when they were admitted to the service. The assessment process included an introduction to the service, and an explanation of the detoxification process. The clients' welcome file included a detoxification handbook, client handbook, and information about how to make a complaint or compliment. Clients signed their agreement to the terms of their treatment on admission. Clients were aware of the additional restrictions there would be in place within this type of service and were kept up to date about any changes to their individual restrictions. This was discussed at every morning's community meeting.

# Residential substance misuse services

Staff involved clients and gave them access to their care planning and risk assessments. Clients reported that they felt involved in their care and treatment by staff. We saw evidence in the care records that clients had been given or offered a copy of their recovery plan. Staff made sure clients understood their care and treatment.

Staff involved clients in decisions about the service, when appropriate. The service held regular community meetings which enabled clients to be updated on the service and allow them to offer any suggestions to improve the service.

Clients could give feedback on the service and their treatment and staff supported them to do this. The provider had completed a client feedback audit that included positive and negative feedback from clients, including actions taken by the provider to improve the service as a result of this feedback. The provider encouraged feedback and reviews of the service following a client's discharge. For those clients who didn't wish to share their concerns in open forums, the service had appointed a service user representative that clients could speak to and share their feedback with on a one to one basis.

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

Staff noted that engagement with families and carers could be limited due to the nature of the service, although they described ways in which they would informally keep them up to date where possible. Clients felt that staff involved family and carers when the clients' wanted them to and if they requested it. The service had been able to facilitate visiting where it was appropriate and could be managed safely.

The service did not have a formal process or groups to support and seek feedback from family members and carers.

The service had the appropriate technology to allow out of area patients to communicate with family and friends.

## Are Residential substance misuse services responsive?

Our rating of responsive stayed the same. We rated it as good.

## Access and discharge

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

## Bed management

The service was in the majority easy to access, they had identified in their most recent quarterly performance report that they were only meeting 67% of their admissions within three weeks of referral. However, they had identified this risk and had mitigation and plans in place to reduce any additional waiting times. The provider was offering a variety of pathways for clients to enter the service, including a pathway that had been set up with the local acute hospital. Managers monitored bed occupancy and considered the appropriateness of each referral prior to admission. Managers

# Residential substance misuse services

regularly reviewed length of stay for clients to ensure they did not stay longer than they needed to. The service had an admissions planner to monitor and manage all admissions to the service and ensure that these could take place appropriately and safely. This included the expected discharge of clients. Managers ensured staff were aware of any planned admissions and discharges.

The service had a clear admissions process that staff followed to ensure that they understood each client's needs and background prior to and on arrival at the service.

The service had out-of-area placements. The provider had strong links with referring organisations and maintained regular contact to update and provide feedback on these placements. The provider also sent quarterly reports to a referring organisation to update them on outcomes and key performance indicators.

## Discharge and transfers of care

Staff carefully planned clients' discharge and worked with care managers and coordinators to make sure this went well. The service considered a client's discharge plan and arrangements prior to admission to the service. There were examples of where the service had extended a client's stay at the service where it was felt that there was an ongoing need or risk. Managers described how they would manage this and that the client's wellbeing was a priority in this situation.

Staff supported clients when they were referred or transferred between services.

The provider had a discharge pack which would be given to clients to provide information about their discharge and signposting them to additional resources and information. The provider had a process in place if clients unexpectedly discharged themselves before treatment was completed. The provider had an unplanned discharge form that would be completed in these situations and they would inform the relevant organisations. The provider had links with local agencies and organisations to access additional support or assistance where necessary. The manager gave an example of an unplanned discharge and the actions that the service had taken to address this.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.**

**The food was of a good quality and clients could make hot drinks and snacks at any time.**

Staff used a full range of rooms and equipment to support treatment and care. The living areas were spacious and clients had access to a large outdoor area. The service had quiet areas and a room where clients could meet with visitors in private.

All clients had individual bedrooms. The three ground floor bedrooms had ensuite bathrooms that would be predominantly allocated to clients with mobility issues or specific requirements. The other bedrooms had shared bathrooms with the provider monitoring this and ensuring clients were aware of privacy and dignity issues.

Clients could make phone calls in private. Clients were given access to mobile phones during their isolation period, although were asked to hand these in to staff when the isolation period ended as part of their agreed terms of treatment.

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Clients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Client feedback about the food was positive. The kitchen staff monitored and were aware of any specific dietary needs for each client and could tailor meals and food to meet these requirements.

## **Clients' engagement with the wider community**

**Staff supported clients with activities outside the service, such as work, education and family relationships.**

Staff helped clients to stay in contact with families and carers. Staff described how they would help to facilitate and manage client's relationships with their families and carers where appropriate.

Due to the type of service being provided, the length of stay for clients was often relatively short and so opportunities to engage in the local area or with services was limited.

Staff encouraged clients to develop and maintain relationships in the service.

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

**The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had three bedrooms on the ground floor that had ensuite facilities which were accessible to people using a wheelchair.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Clients had access to information around the building itself. The provider gave clients a welcome pack on admission to the service which gave details about their treatment and the service.

The provider had an LGBTQ+ representative and offered one to one sessions if a client requested them. Clients could also be signposted to local LGBTQ+ support groups and networks.

Managers made sure staff and clients could get help from interpreters or signers when needed. The provider was aware of how to access interpreters when necessary and would facilitate this for clients.

The service provided a variety of food to meet the dietary and cultural needs of individual clients. Food was prepared onsite, and could cater for clients with health, religious or cultural dietary needs or preferences.

Clients had access to spiritual, religious and cultural support. The provider took actions to support clients' religious and spiritual requirements.

The service supported clients with a range of groups and clubs. These included scheduled trips out, sports activities as well as a variety of arts and crafts.

## **Listening to and learning from concerns and complaints**

**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.**

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Clients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in client areas. Staff explained that clients would generally bring any concerns or complaints to their attention during the community meetings.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. There had been one formal complaint in the last 12 months.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

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

The service used compliments to learn, celebrate success and improve the quality of care. The service had received a number of compliments and positive feedback from both clients and external organisations in the 12 months prior to the inspection.

## Are Residential substance misuse services well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

### Leadership

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

Managers were experienced and knowledgeable about the service and clients. It was an established management team with the registered manager having been settled in their post for a number of years. The deputy manager was being supported in post and the service provided additional leadership and management training as part of their development.

Managers were visible and regularly supported shifts, in particular due to COVID-19 staffing pressures. Staff and clients were positive about the management team and how the service was run. All stated that managers were visible around the service and described them as being supportive.

The local management team and staff were aware of additional support that could be accessed within the organisation and felt confident that they could utilise this when needed.

### Vision and strategy

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

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Staff were aware of the provider's vision and values. The service's values were excellence, innovation, integrity and engagement. Staff felt that that they were relevant to their work at the service.

The provider had a mandatory training course around the organisation's values and mission with all but one staff member having completed this training at the time of the inspection.

Values were included as part of individual staff supervisions. There was a specific section in the supervision document that gave staff an opportunity to share any good practice or feedback linked to the provider's values. Staff told us that through this and other processes they could provide suggestions and feedback to promote improvement in line with the organisation's values.

## Culture

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff were positive about working at the service and felt that the management team were approachable and effective. Staff reported that they could go to managers with any concerns and felt that they would be listened to.

Managers recognised the pressures that both the service and staff were under and were conscious of ways in which they could continue to address and improve this.

The service held daily meetings for staff to discuss and address any ongoing concerns, actions or issues. The service also held team meetings. Although these were not always held every month, managers were able to gather staff on a regular basis to give them the opportunity to give feedback and raise concerns.

## Governance

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

Managers generally had a good oversight of the service and the key issues and areas, although some gaps were identified that indicated that governance processes were not always completely effective. The ligature risk assessment did not have a clear audit trail or last review date which meant that managers could not be assured that this had been reviewed as per the organisation's expectations. There were also items in the first aid kits that had expired which had not been replaced and removed when the kits were checked. This indicated that some review and audit processes were not always as effective as they should have been.

The provider had implemented an action plan to improve supervision compliance rates in the service to meet their targets as an organisation. In the 12 months prior to the inspection, the provider had a compliance rate of 43% for staff having their supervision within the prescribed six-week period. However, 87% of staff had received their supervision within an eight-week period. Managers were working towards improving the compliance rate although noted the difficulties that the service faced due to ongoing pressures. Managers noted that they offered ongoing and informal support to staff whenever it was required.

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The provider had a monthly clinical audit programme which included checks on areas such as the clinic room, equipment, medication and clinical notes. The provider also completed therapeutic audits. The provider identified areas of improvement as a result of these audits and we saw examples of actions that the provider took to inform staff and address these, for example, an issue regarding mutual aid not being recorded on the provider's electronic system with the management reminding staff of the importance to do this and where it should be recorded.

The provider had a clinical governance structure. The provider held monthly clinical governance which considered ongoing clinical issues and actions. These meetings also focused on the positive actions and the impact of changes.

The service provided commissioning reports for its key commissioner, which included key performance indicators. These documents contained quarterly updates on performance areas and outcomes for the provider, along with feedback about how the service was operating.

## 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.**

Managers had access to the local and organisational elements of the corporate risk register. They escalated concerns when required, and these were reviewed and removed when necessary. It was reviewed regularly as part of the organisation's clinical governance structure. We reviewed the risk register and the majority of risks on the organisational risk register were in line with those raised by the management team, such as the waiting list for placements being high due to the number of referrals, with there being identified controls in place to manage this risk. The local risk register was not as clear as to what the current risks were. There were lower level risks remaining on the document that had been addressed but were not clearly identified as closed.

## Information Management

### **Staff collected and analysed data about outcomes and performance.**

Managers were aware used information and data to monitor the performance of staff and the service. Managers used this data to make changes and address any issues that they had identified. They collated data for example percentage of successful withdrawals, client engagement with groups, incomplete assisted withdrawals, re-admissions and bed days used. We saw data in the most recent quarterly report that waiting times were at 67% for admissions within three weeks of a referral being offered to the client. The provider was aware of the reasons for this. The service had an item on their corporate risk register regarding waiting lists due to high numbers of referrals and had created an action plan to mitigate the issues regarding this.

The service collated data on a quarterly basis and shared this internally and with relevant partners within the service's system such as their key commissioner. This data was reviewed at clinical governance meetings internally which was attended by both local and regional management.

There was evidence the service used information on outcomes to improve the service. Where the service had not met their targets, they were aware of the reasons for this and could identify how actions would be taken to address this in the future. The provider had a clinical and therapeutic audit programme to review and monitor key areas across the service and identify actions that needed to be taken to improve performance.

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The provider monitored and accurately reported data to the drug treatment monitoring system in line with national reporting requirements

**Managers engaged actively other local health and social care providers to ensure that people with substance misuse problems experienced seamless care.**

The provider was involved in the local frequent attenders meeting, with representatives from health and social services, the police and Healthwatch. The provider shared outcomes and feedback during these meetings to work closely with the other organisations to improve the outcomes for clients who frequently attended the local emergency department.