

St Thomas Fund

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated St Thomas Fund as good because:

- Staff supported clients to safely complete their community drug or alcohol detoxification treatment with a local substance misuse service. St Thomas Fund provided accommodation for clients completing their community detoxification treatment programme in premises that were safe, clean, well equipped, well furnished and well maintained.
- Staff carried out a comprehensive assessment with each client, before they accessed the service. The assessment incorporated physical and mental health, plus social support needs. Staff referred clients to partner agencies as appropriate.
- The prescribing doctor at the local community substance misuse service conducted a face-to-face consultation with all clients before prescribing medicines to them. Staff reviewed the effects of medicines on patients' physical health regularly and in line with National Institute of Health and Care Excellence guidance.
- Client care records contained a comprehensive, up-to-date risk assessment, which included a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- Client recovery plans were written with the joint input of the clients and their support worker. The recovery plans were holistic, addressed all the identified needs of the clients and based upon the strengths of the client, to enable the client to build upon their personal strengths towards recovery.
- Staff had completed all mandatory training, including safeguarding children and adults. Staff also completed a wide range of specialist training, to enable them to effectively carry out their roles.
- Staff were discreet, respectful, and responsive when caring for clients. They gave clients help, emotional support and advice when they needed it. Staff understood and respected the individual needs of each client.
- Clients expressed strong, positive views about the service accepting dogs, subject to individual risk assessment. They told us that not allowing dogs into the service would have constituted a significant barrier to accessing treatment for some people.
- Clients could give feedback on the service and their treatment and staff supported them to do this. Clients participated in recruitment interviews for new members of staff and service contract review meetings with commissioners.
- Clients had access to a range of activities and complementary therapies, such as massage, meditation, acupuncture, creative writing, mindfulness, yoga, cycling and badminton. Clients attended mutual aid groups throughout the week.
- The management team had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the service and a clear understanding of how their service worked with other agencies, to meet the needs of clients.
- Staff expressed enthusiasm and pride in their work. They felt supported and respected by their managers and able to raise concerns without fear of retribution.

However:

- At the time of our inspection, there was no risk assessment in place for a selection of exercise equipment in the garden.

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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Good 

St Thomas Fund

Services we looked at

Substance misuse services

Summary of this inspection

Background to St Thomas Fund

The St Thomas Fund provides residential substance misuse rehabilitation treatment based on cognitive behavioural therapy alongside a person-centred approach to eight people in a large Victorian house. It is situated in a residential area of Hove. It offers a safe, supportive and substance free environment in which people can make informed choices about their future.

The St Thomas Fund is part of Change, Grow, Live which is a registered charity providing support to those who have encountered problems with their drug and alcohol use. The service provides accommodation and support for clients who are receiving drug or alcohol detoxification treatment from a local community substance misuse service. All client detoxification medicines are prescribed by the community substance misuse service and regular prescriptions are made by a local GP.

The registered service we inspected is the first in a three-stage residential detoxification and rehabilitation pathway operated by St Thomas Fund. Clients who successfully complete detoxification treatment at the registered location are offered a place at the second service, to continue with the rehabilitation phase of their recovery process.

There is a registered manager in place. The service is registered with the Care Quality Commission (CQC) to provide accommodation for persons who require treatment for substance misuse.

The most recent comprehensive inspection of the service took place in March 2017. At the time of that inspection CQC did not rate substance misuse services. We found the service had breached one regulation because they had not renewed disclosure and barring service checks every three years, for all staff, in line with their own policy.

The requirement notice issued to the St Thomas Fund related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We conducted a follow up inspection of the service in October 2017 and found that the provider had made the required improvements.

Our inspection team

The team that inspected the service comprised one CQC inspector, one CQC assistant inspector, and one specialist advisor who had experience in substance misuse.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

Summary of this inspection

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the registered manager
- spoke with three other staff members
- observed one group session
- looked at the care and treatment records for four clients
- looked at policies, procedures, staff training records, meeting minutes and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with were very happy with the quality of the service they received, and the way staff treated them.

Clients gave highly positive feedback about relationships with their recovery workers.

Clients greatly valued the service's acceptance of dogs. This removed a potential barrier to some clients feeling able to access the service.

Clients told us they felt welcomed and that coming into the service was the best decision they had ever made.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- Staff supported clients to safely complete their community drug or alcohol detoxification treatment with a local substance misuse service. St Thomas Fund provided accommodation for clients completing their community detoxification treatment programme in premises that were safe, clean, well equipped, well furnished and well maintained.
- Doctors at a local community substance misuse service prescribed medicines to clients. The prescribing doctor conducted a face-to-face consultation with all clients before prescribing medicines to them. Medicines were stored appropriately within the clinic room.
- The service had enough staff, who knew the clients and received basic training to keep clients safe from avoidable harm.
- Client risk assessments were holistic and up-to-date. Risk assessments contained a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- 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 gave Naloxone kits to clients and trained them in how to use the single-injection dose of Naloxone. Naloxone is an emergency medicine administered to temporarily reverse opiate overdose.

However:

- At the time of our inspection, there was no risk assessment in place for a selection of exercise equipment in the garden. Immediately following our inspection, staff suspended client use of the exercise equipment until a risk assessment had been carried out so they could ensure clients were fit to use the equipment and able to use it safely.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff carried out a comprehensive assessment with each client, before they accessed the service. The assessment incorporated physical and mental health, plus social support needs. Staff referred clients to partner agencies as appropriate.
- Client recovery plans were holistic and based upon the strengths of the client, to enable them to build upon their personal strengths towards recovery.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with National Institute for Health and Care Excellence guidance on best practice. They ensured that clients had good access to physical healthcare and supported patients to live healthier lives.
- Staff received monthly supervision and attended regular team meetings. Staff had access to training relevant to their roles.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.
- Staff had effective working links with local services, such as community mental health teams, housing providers, children and family services, social work and criminal justice agencies.

Are services caring?

We rated caring as good because:

- Clients told us they felt welcomed and that coming into the service was the best decision they had ever made.
- Staff spoke with respect, dignity and compassion when discussing clients. They demonstrated a genuine interest in clients' well-being; were non-judgemental; and, they ensured that clients' needs were met.
- Clients attended a weekly community group meeting, during which they provided feedback on the service they received. Staff discussed client feedback from these meetings during team meetings.
- Clients participated in recruitment interviews for new members of staff and service contract review meetings with commissioners.
- Clients we spoke with gave very positive feedback about relationships with their recovery workers.
- Clients expressed strong positive views about the service accepting dogs, subject to individual risk assessment. They told us that not allowing dogs into the service would have constituted a significant barrier to accessing treatment for some people.

Good



Summary of this inspection

Are services responsive?

We rated responsive as good because:

- Staff completed a comprehensive discharge plan with each client. Clients could return to the services if needed following discharge. Most clients who completed treatment transferred to the second stage within the provider's three-stage treatment pathway.
- Clients had access to a range of activities and complementary therapies, such as massage, meditation, acupuncture, creative writing, mindfulness, yoga, cycling and badminton. Clients attended mutual aid groups throughout the week.
- Clients had unrestricted access to the kitchen, so could make hot and cold drinks and snacks whenever they wanted. Clients participated in a rota for shared cooking and household chores.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Are services well-led?

We rated well-led as good because:

- Managers had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the service they managed and could explain clearly how the team was working to provide high quality care.
- Managers dealt with poor performance when needed.
- Staff expressed enthusiasm and pride in their work and told us they felt safe to raise concerns without fear of retribution. Staff said they felt supported and respected by their managers.
- Staff reported that they had strong working relationships within their team and with staff from partner organisations. Staff we spoke with had a clear understanding of how their service worked with other agencies, to meet the needs of clients.
- Staff could submit items to the provider's risk register. The service had a contingency plan which outlined how the service would continue to meet clients' needs if the building was not operational, for instance in the event of a fire.
- Staff had access to the equipment and information technology needed to do their work. Information governance systems safeguarded the confidentiality of client records.

Good



Summary of this inspection

- Clients and carers had opportunities to give feedback on the service they received. Staff discussed feedback from clients and carers during meetings.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






- Training in Mental Capacity Act (MCA) was part of the service's mandatory training programme.
- At the time of our inspection, all staff had completed up-to-date MCA training. Staff we spoke with had a good working knowledge of the principles of the Act.
- There was an MCA policy which staff could refer to for further guidance.
- Managers supported staff with issues relating to the MCA, as needed.

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

- St Thomas Fund operated from a three-storey domestic dwelling in Hove. The main entrance to the premises was locked and visitors gained access via an intercom system.
- All areas were clean, well maintained, well-furnished and fit for purpose.
- Staff completed and regularly updated thorough risk assessments of the building and removed or reduced any risks they identified. However, at the time of our inspection, there was no risk assessment in place for a selection of exercise equipment in the garden. Immediately following our inspection, staff suspended client use of the exercise equipment until a risk assessment had been carried out so they could ensure clients were fit to use the equipment and able to use it safely.
- Staff always followed infection control guidelines, including handwashing.
- Staff made sure equipment was well maintained, clean and in working order.
- Staff had access to personal alarms when working in the premises, or when visiting clients in the community.
- Members of staff acted as the designated first aider and fire warden each day.

Safe staffing

- Staffing numbers were based on agreed roles with commissioners to meet delivery of individual sessions and group work.

- The service did not use agency staff. There were no staffing vacancies at the time of our inspection.
- The service used volunteers to support clients in their recovery. Some volunteers had experience of recovery, but that was not a requirement for them to take on the role. Volunteers completed training and received supervision to enable them to support clients in recovery in groups or individual sessions.
- Staff had appropriate references and current disclosure and barring service (DBS) checks in place.
- At the time of our inspection, staff had completed all mandatory training.

Assessing and managing risk to clients and staff

- We reviewed the care records for four clients, which included their individual risk assessment. Staff used the risk assessment template within the provider's electronic recording system.
- The risk assessments we reviewed contained a consideration of a range of relevant factors for each individual, including physical and mental health; housing; family situation; and substance misuse. The risk assessments were up-to-date and contained evidence that staff had shared information about risks with appropriate stakeholders. The risk assessments also contained a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- Staff regularly reviewed client risks within team meetings. Staff could discuss emerging risks with managers each day.
- The service had a violence at work policy to help staff manage the potential for aggression in the service. Staff followed clear personal safety protocols, including for lone working.

Substance misuse services

Safeguarding

- Staff we spoke with understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral. At the time of our inspection visit, all staff had completed up-to-date safeguarding training in relation to adults and children.
- Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team.
- Staff enabled clients to maintain contact with their children. Staff followed the provider's safeguarding policy when they facilitated planned visits.

Staff access to essential information

- Staff stored information relevant to clients and the running of the service on the provider's electronic recording system. Staff uploaded any paperwork to ensure information was easily accessible.
- Electronic information was available to all relevant staff to deliver client care.

Medicines management

- Staff worked closely with doctors contracted by the community substance misuse service who had responsibility for prescribing medicines to clients. Staff supported clients to visit the prescribing doctor at their office in Brighton. Client medicines were stored in an individual locker in the medication storage room.
- The prescribing doctor conducted a face-to-face consultation with all clients before prescribing medicines to them.
- A nurse at the local community substance misuse service administered Pabrinex injections prior to the start of alcohol detoxification treatment. The physical health nurse also administered Pabrinex injections during alcohol detoxification treatment. Pabrinex is a medicine used to treat symptoms of vitamin B or C deficiency which can be exacerbated by alcohol misuse.
- Staff gave Naloxone kits to clients and trained them in how to use the single-injection dose of Naloxone. Naloxone is an emergency medicine administered to temporarily reverse opiate overdose. Volunteer mentors were also trained to administer Naloxone.
- Staff jointly reviewed the effects of medicines on patients' physical health with staff at the local

community substance misuse service and in line with National Institute for Health and Care Excellence guidance, especially when the patient was prescribed a high dose medicines.

- Staff accompanied clients to all their appointments at the local community substance misuse service.

Track record on safety

- During the 12-month period April 2018 to March 2019, St Thomas Fund reported no serious incidents.

Reporting incidents and learning from when things go wrong

- Staff reported incidents to the registered manager and recorded these on a standard reporting form.
- The management team investigated incidents and provided feedback to staff in team meetings and daily planning meetings. During our inspection, we noted an example of an incident where the investigation was not sufficiently thorough. Immediately after our inspection, the provider informed us that they were going to re-investigate the incident.
- Staff were open and honest with clients when things went wrong and discussed how they would improve the service.
- Staff were debriefed by managers following serious incidents.

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

Good 

Assessment of needs and planning of care

- Staff carried out a comprehensive assessment with each client, before they accessed the service. The assessment incorporated physical and mental health, plus social support needs. Staff referred clients to partner agencies as appropriate.
- Staff ran relapse management groups and motivation groups to encourage clients to increase their motivation to reach their goals.
- Staff monitored and responded to clients' changing needs using information captured in their key working sessions.

Substance misuse services

- We reviewed the recovery plans for four clients. The recovery plans were written with the joint input of the clients and their support worker. The recovery plans were holistic, addressing all the identified needs of the clients. The recovery plans were based upon the strengths of the client, to enable the client to build upon their personal strengths towards recovery.
- All client records were stored securely and electronically so that staff could access them when needed.
- Staff carried out drug tests on client urine samples and used breathalysers to test that clients had not consumed alcohol.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance and the Orange Book 2017 for people undergoing alcohol and opiate detoxifications. Staff at the local community substance misuse service prescribed methadone and buprenorphine for the management of opioid dependence. They also administered chlorthalidone for alcohol detoxification, and prescribed vitamin B and thiamine, in line with NICE guidance.
- Staff provided clients with a comprehensive programme of cognitive behavioural therapy (CBT) based sessions throughout the week. The therapeutic programme included sessions in mindfulness, acupuncture and massage.
- A nurse at the local community substance misuse service provided an initial physical health check to clients, before the start of their treatment. The nurse also provided ongoing physical health monitoring during treatment. Recovery workers escalated concerns about deteriorating physical health and staff accompanied clients to GP appointments when they had significant concerns about their health.
- Staff used the treatment outcomes profile (TOPS) tool to report to local authority commissioners. The TOPS tool is used to measure change and progress in key areas of clients' lives such as substance use, mood, crime, social life and physical health. Staff also measured clients' recovery progress using the recovery star plan, which allowed the key-worker and client to reflect on progress made in their recovery and set further treatment goals.
- Managers conducted clinical audits in the service, including staff completion of national drug treatment monitoring system (NDTMS) data submissions; and, client risk assessments and recovery plans.

- Staff facilitated client access to blood borne virus testing at the local community substance misuse service.
- Staff supported clients to live healthier lives. Staff encouraged clients to take regular exercise and offered cooking lessons, during which they provided advice on healthy eating. Staff referred clients who wanted support to stop smoking to the local public health service.

Skilled staff to deliver care

- Staff worked closely with a local community substance misuse service to contract the services of the doctors who held prescribing clinics for clients. The staff team included a range of experienced and qualified substance misuse professionals.
- All staff received a monthly supervision session.
- Staff attended team meetings, that occurred an average of once a month.
- Staff completed a wide range of relevant specialist training offered by the provider, to enable them to carry out their roles.
- Managers addressed staff performance issues in supervision and followed their internal capability procedure with the support of the human resources team where necessary.

Multi-disciplinary and inter-agency team work

- Staff met for a team meeting on average once per month. The minutes of each meeting were recorded and distributed to staff. The minutes demonstrated evidence of a wide range of topics being discussed, including learning from recent incidents.
- Staff held monthly reflective practice sessions. At the time of our inspection, the provider was planning to introduce an external clinical supervisor, to ensure the quality of group reflective practice sessions.
- Staff we spoke with demonstrated that they had effective working links with local external services such as community mental health teams, housing providers, children and family services, social work and criminal justice agencies. Staff consulted with and referred clients to these teams as appropriate.
- Staff regularly attended multiagency groups, with a view to effectively managing client risks and recovery. Staff also accompanied clients to selected appointments with other agencies, such as housing and welfare benefit teams, and health services.

Substance misuse services

Good practice in applying the Mental Capacity Act

- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles.
- Staff we spoke with explained what they would do if they recognised that a client lacked capacity. For example, if a client was under the influence of alcohol or drugs, staff would reschedule their appointment, so they could engage in treatment when not under the influence of substances.
- There was an MCA policy which staff could refer to for further guidance.
- Staff obtained advice regarding the MCA issues from managers.
- Managers told us that all clients were asked to sign a consent and confidentiality form before starting treatment with the service, however electronic care records we reviewed did not include evidence of staff assessment of client capacity to engage with treatment.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We observed many good and positive interactions between staff and clients. Staff showed patience and treated clients with kindness and compassion. One client told us the staff were lovely, kind and respectful and that they felt listened to.
- Staff demonstrated a thorough understanding of the needs of individual clients, and a desire to provide high quality care.
- Clients we spoke with told us that staff treated them with respect and politeness. All clients we spoke with said staff were friendly and non-judgemental. Clients felt they had a good rapport with staff. This was in accordance with National Institute for Health and Care Excellence guidance statement 1.4.3 which states that practitioners working in all settings where care and support is delivered should take time to build rapport with people they support.

- Clients expressed strong positive views about the service accepting dogs, subject to individual risk assessment. They told us that not allowing dogs into the service would have constituted a significant barrier to accessing treatment for some people.
- Staff spoke with respect and compassion towards clients during the daily planning meeting we observed. Clients appeared relaxed and highly engaged during the session.

Involvement in care:

- Clients we spoke with told us they felt they led their recovery process and that they felt involved at every stage of it.
- Clients attended a weekly community group meeting. Staff discussed client feedback from these meetings during team meetings.
- Clients participated in recruitment interviews for new members of staff and service contract review meetings with commissioners.
- Staff obtained feedback on how clients were feeling during a daily “feelings check” meeting. Clients each maintained a diary, in which they recorded their feelings and an account of their experience of treatment with the service.
- Staff involved and sought feedback from clients during the daily planning meeting we observed. This was in accordance with National Institute for Health and Care Excellence guidance statement 1.6.4 which states that service providers should consider using a range of approaches to gather views and experiences such as focus groups, interviews or observations and use the lived experiences of people who use the service.
- Staff worked collaboratively with clients during the nutrition session we observed. Staff involved clients in a discussion about healthy eating, before leading a cooking session aimed at improving daily living skills.
- Staff displayed information about local advocacy services on notice boards.

Involvement of families and carers:

- Staff encouraged clients to maintain relationships with their family and friends.
- Clients we spoke with told us their families could visit them at the service at any time. One client told us arrangements were made for her to see her family and daughter when she wanted to see her.

Substance misuse services

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

Good 

Access and discharge

- Staff completed an initial assessment with every client, covering areas such as substance misuse; physical and mental health; housing; employment; family situation and safeguarding; and social support networks.
- The service accepted referrals from a range of local partner agencies. However, in order to access the service, clients were expected to engage with the local community substance misuse service. Staff from St Thomas Fund worked closely with staff from the community substance misuse service to ensure that the needs of each client were addressed.
- At the time of our inspection, the typical waiting time between referral and admission was two to three months.
- During the 12-month period April 2018 to March 2019, the average occupancy rate was 94%.
- Staff visited potential clients who had difficulty visiting the service for their initial assessment.
- Staff completed a comprehensive discharge plan with each client. Clients could return to the service if they needed following discharge. Most clients who completed treatment transferred to the next service within the provider's treatment pathway.
- Staff completed a risk assessment and risk management plan for clients in case of unexpected exit from treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- The service offered a number of activities and complementary therapies to clients. Examples were massage, meditation and acupuncture.
- Staff offered a range of recovery groups, on topics such as motivation, mindfulness, relapse prevention and anxiety.
- Staff referred clients to trauma groups within the local community.

- There were rooms for meetings, one to one sessions, group sessions, family visits and socialising. All rooms were quiet and private and had signage to alert anyone passing to be aware of counselling or meetings taking place.
- Clients had free access to the garden and smoking area.
- Clients had unrestricted access to the kitchen, so could make hot and cold drinks and snacks whenever they wanted. Clients participated in a rota for shared cooking and household chores.
- Clients were able to personalise their bedrooms. The rooms we viewed were comfortable and homely.
- Clients could store valuable items in a small personal safe in their bedroom or in the safe in the staff office. Clients had keys for their bedroom doors.
- There were two twin bedrooms within the premises, which meant that the privacy and dignity of those clients could be negatively impacted. Staff asked clients prior to admission if they were willing to share a room with one of their peers. Staff reinforced a culture of mutual respect to all clients, including those clients sharing twin rooms.
- The service offered a range of activities seven days per week such as creative writing, mindfulness, yoga, cycling and badminton. Clients attended mutual aid groups throughout the week. These were groups led by people who were in recovery and offered support to other people in recovery or maintaining abstinence. This was in line with NICE guidance.
- Staff enabled clients to maintain contact with their children. Staff followed the provider's safeguarding policy when they facilitated planned visits.
- Staff enabled clients to have visitors, including their children. There were rooms available so that clients could meet visitors away from other clients. The service followed their safeguarding policy, to protect the client and child.

Meeting the needs of all people who use the service

- All clients received a client handbook on admission. The handbook included details on behaviour and boundaries, confidentiality, information sharing, admission procedure, care planning, treatment, and leisure activities.
- All clients received an induction to the service on their day of admission.

Substance misuse services

- All clients received individual and group training regarding prevention of drug and alcohol related harm during their stay.
- There was one bedroom on the ground floor that had been adapted for clients with restricted mobility.
- Staff made sure clients could access information on treatment, local services, their rights and how to complain.
- The service was able to provide information in accessible formats, so the clients could understand more easily.
- Staff supported clients with a protected characteristic to access and complete their treatment programme.
- The service was able to provide information leaflets in languages spoken by clients.
- Managers made sure staff and clients could get hold of interpreters or signers when needed.
- Staff encouraged clients to access a local advocacy service as needed.

Listening to and learning from concerns and complaints

- Clients knew how to complain or raise concerns.
- Staff understood the policy on complaints and knew how to handle them.
- The service received one complaint and three compliments during the 12-month period April 2018 to March 2019.
- Managers investigated complaints and identified themes.
- Staff protected clients who raised concerns or complaints from discrimination and harassment. Clients received feedback from managers after the investigation into their complaint.

Are substance misuse services well-led?

Good 

Leadership

- Managers had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the service they managed and could explain clearly how their team was working to provide high quality care.

- Managers were based in the same office as the rest of the staff team and were highly integrated into the daily operation of the service. Staff we spoke with told us they were approachable for clients and staff alike.

Vision and strategy

- Staff and managers knew and understood the provider's visions and values and how they applied to the work of their team.
- Staff we spoke with contributed their ideas towards the development of the service.

Culture

- Staff we spoke with expressed enthusiasm and pride in their work.
- Staff told us they felt safe to raise concerns without fear of retribution. Staff told us they felt supported and respected by their managers.
- Managers dealt with poor performance when needed.
- Staff reported that they had strong working relationships within their team and with staff from partner organisations.

Governance

- The management team completed a programme of clinical audits throughout the course of each year. Front-line staff did not participate in carrying out the audits, but audit results were discussed in team meetings.
- Staff we spoke with had a clear understanding of how their service worked with other agencies, to meet the needs of clients.

Management of risk, issues and performance

- Staff had the ability to submit items to the provider's risk register. The service had a contingency plan which outlined how the service would continue to meet clients' needs if the building was not operational, for instance in the event of a fire.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems safeguarded the confidentiality of client records.
- Managers had access to information to support them in their management role.
- Information was stored in an accessible format.

Substance misuse services

- Staff made notifications to external bodies, such as safeguarding teams, commissioners as needed.

Engagement

- Clients and carers had opportunities to give feedback on the service they received via feedback forms and open forum meetings.

- Managers and staff discussed feedback from clients and carers during meetings.
- Managers engaged with external stakeholders, such as commissioners, housing providers and local support agencies.

Outstanding practice and areas for improvement

Outstanding practice

The service accepted clients with dogs, subject to individual risk assessment. Clients welcomed this

initiative, as it removed a potentially significant barrier to accessing treatment for some people. Clients we spoke with viewed the acceptance of dogs as a demonstration that the provider genuinely cared about helping people.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff conduct an appropriate risk assessment on every aspect of the internal and external environment at the premises.