

# Wington Lodge

## Quality Report

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Date of inspection visit: 07 April 2016

Date of publication: 04/10/2016

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

### 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.

### Overall summary

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us they felt safe with the staff that cared for them. They stated that they felt respected and supported by staff.
- Staff completed robust admission assessments before clients joined the service. This ensured that

the clients admitted were appropriate for the care that staff provided. As part of the process, staff completed emergency discharge plans for clients that were vulnerable to social problems.

- The therapies and care provided complied with the guidance of the National Institute of Health and Care Excellence (NICE) and Public Health England. The clients were positive about the care they received and the range of therapies and activities available.

# Summary of findings

- Staff received mandatory training, appraisal and supervision. However, the supervision was variable and minimal goals were identified for staff development within the appraisal process.
- Staff worked with clients to keep them safe. They identified safeguarding issues and made appropriate referrals.
- There was a wide-ranging therapy plan available and staff encouraged clients to participate in activities. These included planning and cooking the house meals and engaging in sporting activity.

However, we also found the following issues that the service provider needs to improve:

- The care plans used by the service were not person centred. They all used the same wording but with minimal handwritten changes dependant on the clients involvement. There was minimal space for clients to identify their needs and strengths. However, they addressed all the common needs of clients and covered a wide range of issues. The provider had recognised this and was piloting a new care plan form.
- Completion of paperwork was inconsistent through the service. Clients' files were disorganised. Staff had not consistently completed documentation that captured work they had done.
- Managers had not evidenced lessons learnt and changes to practice following incidents.

# Summary of findings

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# Wroughton Lodge

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Wrington Lodge

Wrington Lodge provides residential rehabilitation treatment for substance misuse based in Wrington, a village South of Bristol. It is one of two locations provided by Broadway Lodge Limited. The other is Broadway Lodge in Weston-super-Mare. The Care Quality Commission (CQC) registered the service in May 2014. It provides accommodation for persons over 18 requiring treatment for substance misuse. A manager registered by the CQC is in post.

Wrington Lodge is able to provide treatment for up to ten clients, all of whom are male. At the time of our

inspection there were four clients receiving treatment. Wrington Lodge only accepts clients who do not require detoxification treatment. The treatment clients receive at Wrington Lodge is comprised of residential rehabilitation that includes psychological therapies.

Clients using the service can be self-funded or receive funding from statutory organisations such as local authorities.

This is the first time that CQC has inspected Wrington Lodge.

## Our inspection team

The team that inspected the service comprised CQC inspector Colin Jarratt (Inspection Lead) as part of a joint inspection of all sites run by Broadway Lodge.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## How we carried out this inspection

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

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

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

During the inspection visit, the inspector:

- visited the unit, looked at the quality of the physical environment, and observed how staff were caring for clients who used the service
- spoke with three clients who were using the service
- spoke with the registered manager
- spoke with four other staff members employed by the service provider, including the home manager, the service counsellor and support workers
- looked at four care records and two medicine cards for clients
- looked at policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

We spoke with clients as a group and were available to speak to them individually. They were positive about the service and felt supported by the staff who worked with them. The clients felt safe within the service and that they

benefitted by being with just men. They described the building and facilities as good. They were happy with the care they received, however one client felt there was too much focus on exercise as an activity.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed risk assessments at admission and ensured that there were discussions of risk during daily team meetings.
- Safeguarding procedures were robust and staff understood them.
- All staff had completed their mandatory training.
- The service had a lone working policy for staff working on their own.

However, we also found the following issues that the service provider needs to improve:

- Staff and managers had not been able to provide evidence of learning or changes in practice that followed incidents.

### Are services effective?

We do not currently rate standalone substance misuse services.

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

- Care plans completed by staff were formulaic and highly structured with little scope for client input. The provider had recognised this and was piloting a new care plan form.
- Staff completed care records inconsistently and there was no format for how staff filed paperwork, which made information difficult to find.
- Support workers and counselling staff completed separate records and were not able to easily access a complete set of client's notes to manage client care or risks.

However, we also found the following areas of good practice:

- Therapies delivered were in line with National Institute for Health and Care Excellence (NICE) and Public Health England guidelines by counsellors registered with recognised professional bodies
- Staff completed robust admission assessments including physical health checks to ensure that clients admitted were suitable for the service and care provided.
- The staff received a robust induction and were encouraged to seek further work related training.

# Summary of this inspection

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Interactions that we observed between clients and staff were respectful and appropriate
- Clients were positive about the care they received from the staff at Wrington Lodge. They felt supported by the staff team
- Staff displayed a high level of knowledge about the clients in their care and how this influenced the care they provided
- Clients were allocated a “buddy” to help them settle into the house when they were first admitted
- Clients completed questionnaires to provide feedback on the service. A suggestion box was also available. Feedback was used to make changes to the care the service provided.

However, we also found the following issues that the service provider needs to improve:

- Clients had minimal involvement in planning their care.
- The staff had not recognised the need for an independent advocacy service and no information was available about services in the area.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive about the staff and believed they would respond to concerns that were raised by them
- There was a wide ranging activity programme that focussed on physical activity, self-reflection and gaining insight into their addiction
- The clients selected their own menu, shopped for the food they required and prepared their meals as part of their rehabilitation
- Staff supported clients to access places of religious worship and addressed dietary preferences that arose from religious beliefs or dietary requirements
- Staff completed discharge plans for clients as soon as possible in liaison with the client’s care manager.

## Are services well-led?

We found the following areas of good practice:

- Staff were positive about the service’s values and vision and worked to achieve positive outcomes for the clients
- Staff felt supported by the senior management team and were positive about them



# Summary of this inspection

- Structures existed to ensure that mandatory training was current and up to date
- The service offered staff the opportunity to access additional training to improve their skills and knowledge
- Staff morale was high and staff felt supported by their team members.

However, we also found the following issues that the service provider needs to improve:

- Managers had not ensured that there were robust processes in place to evidence improvement work they had completed or to monitor progress against agreed targets.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff received training about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff assessed clients had capacity to consent to treatment before admission. Staff clearly recorded this in client documentation. This included consent to share information with family.
- If staff believed that a client's capacity had changed they would discuss this with the registered manager for guidance.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- The service had completed an environmental risk assessment to ensure managers had identified health and safety issues and staff had addressed these if necessary.
- The building had five twin bedrooms. Staff used the ground floor bedroom to accommodate clients with mobility difficulties. Staff explained the requirement to share rooms in the pre-admission process.
- The environment was comfortable and clean. Clients had responsibility for cleaning the house on a rota basis as part of their rehabilitation programme.
- Staff received training on infection control as part of their mandatory training. The completion rate for this was 100%. There were signs to remind staff of the principles learnt during this training. Signs in the kitchen reminded clients about food hygiene principles and hand washing.
- Fire exits were clearly marked and fire evacuation procedures were in place. Staff were able to discuss these with confidence.

### Safe staffing

- Wrrington Lodge had a staff team of five full time workers which was sufficient for the service they provided. This included a counsellor and four support workers, some of whom had counselling qualifications or could provide complementary therapies. A centre manager provided managerial support on a part time basis.
- Two staff worked 9-5, Monday to Friday. One staff member worked from 11-7 Monday to Friday. Weekday nights had one member of staff doing a “sleeping” shift.

At the weekend, one support worker covered the day shift and a support worker did a “sleeping” shift at night. There were no staff vacancies at the time of inspection. The provider had a lone working policy and risk assessment that staff had completed for Wrrington Lodge.

- The provider had not used bank or agency staff to cover sickness or vacancies in the last three months. The sickness rate reported by the provider was 2 % in the previous 12 months. No staff had left the service in the same period.
- Staffing levels reflected the low risk nature of the clients cared for by the service. The lone worker at night was able to contact Broadway Lodge for support. If the risks increased, a member of staff could work at short notice if available. Staff could move the client to Broadway Lodge if they agreed to this. Medical staff were available at Broadway Lodge to give advice if staff required. Staff would contact an ambulance in the case of a medical emergency.
- Mandatory training completion rates were 100% for all subjects. These included manual handling, infection control and training in the Mental Capacity Act (MCA).

### Assessing and managing risk to people who use the service and staff

- During the inspection, we reviewed the care records of four clients. All had a completed risk assessment and a risk management plan. The service cared for clients who had low levels of risk due to mental and physical health problems. The quality of information on the forms varied. Staff had four meetings a day during which they discussed clients and their risks. This meant staff were aware of any increased risks. Staff demonstrated excellent knowledge of the risks associated with their clients. They discussed appropriate ways in which they

# Substance misuse services

managed any concerns that arose. These included increased support for a client experiencing difficulties or possible transfer to Broadway Lodge where staffing levels were higher.

- The provider issued an up to date safeguarding policy in October 2015 to ensure staff know and understand the local safeguarding policy for both adults and children. The policy covered the procedures and actions staff needed to take in response to suspicions and allegations of abuse. Employees signed a document to confirm they read the policy and understood their responsibilities.
- Staff understood the safeguarding policies and procedures. However, safeguarding information and procedures were not on display in client areas so new clients may not be aware of how to raise a concern. Clients told us they felt safe within the house and could disclose safeguarding issues if they arose. All staff confirmed they would refer safeguarding concerns to the house manager, or if they were not available, the manager based at Broadway Lodge. The manager staff discussed the issue with would then make the referral if appropriate. There had been no safeguarding concerns reported in the last twelve months.
- All staff received training in medicine management although they did not administer medicine. Staff kept medicine locked in a cupboard in the staff office. There was no locked medicine fridge at the time of inspection. The service was investigating the need to obtain one and the requirements they had to meet when doing so. However, they had no medicine that needed refrigeration at the time of inspection.
- Clients would administer their own medicine supervised by staff in the office unless an assessment indicated they were safe to keep their medicine in their bedroom and take it without supervision. The service had a medicine self-administration policy to cover this. At the time of inspection, staff had not assessed any clients as being safe to keep their medicine in their bedroom. Staff audited the medicine weekly to ensure that it had been managed appropriately.

- The local general practitioner (GP) had prescribed medicine for two clients at the time of inspection. The clients had completed the medicine record sheets correctly. A photograph of the client was present with each set of medicine.
- Staff documented all incidents involving medicine. These could include adverse reactions, administration errors and near misses. Staff contacted the general practitioner for advice in these situations. The home manager investigated errors and staff advised the client when these situations occurred.

## Track record on safety

- Staff had not reported any serious incidents at Wrrington Lodge between July 2015 and April 2016.

## Reporting incidents and learning from when things go wrong

- There was a policy in place for the reporting of incidents. This stated what events staff should report and how to report them. Once completed, staff passed the incident form to the home manager. The centre manager was responsible for investigating the incident. The registered manager for the service and the senior management team discussed incidents at the quarterly integrated governance meeting. The centre manager provided feedback and discussed any lessons learnt with their staff during team meetings. We saw evidence of incident reporting. Incidents staff reported included verbal abuse from a member of the public directed at a client and a client who had burnt their hand whilst cooking. However, staff were unable to demonstrate that learning had occurred or practice changed following incidents.

## Duty of candour

- Staff demonstrated knowledge of the principles of the duty of candour. They recognised the need to be open and honest with clients and their carers (where appropriate) when things went wrong.

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

## Assessment of needs and planning of care

# Substance misuse services

- At the time of our inspection, the provider delivered care to four clients. We looked at the care records for all the clients. The quality of information was inconsistent. The files were disorganised. It was difficult to find information as staff had filed paperwork in different places in each file.
  - Staff at Broadway Lodge completed the admission assessments for all clients. The assessments were robust and included information on a wide range of subjects. These included personal details, physical and mental health issues, legal concerns, history of substance use and social/cultural needs
  - Staff completed physical health checks when they admitted clients. They monitored clients' health by doing checks such as testing patients' blood pressure. concerns arose, they sent the client to the local general practitioner (GP).
  - Staff provided care plans structured with standard wording. They were not personalised although they were holistic and addressed a large number of issues. There was limited space for clients to provide their views, opinions and wishes. The care plans did not enable clients to highlight their personal strengths. There was a focus on recovery but clients had little scope to identify their own treatment path and goals. The provider had identified this as a concern and was piloting a new care plan template. The template had much more scope for clients to identify their needs and strengths.
  - Information was stored securely within paper files and on computer. Support workers used the paper records and the counselling staff the computerised record. This meant that staff from each group were unable to see information collected or documented by the other. Staff accessed this information on each system if they wished but relied on verbal handovers for information. This had the potential to mean that critical information relating to care or risk could be missed which would place the client at risk of harm or poor treatment. The registered manager had identified this as an issue and was working to encourage all staff to use the computerised system. The staff said they were frustrated due to technical difficulties with the computers due to inconsistent broadband connectivity
  - The provider offered a range of therapeutic treatments for substance misuse. These included one-to-one and group work. Therapies delivered were in line with the National Institute for Health and Care Excellence (NICE) and Public Health England guidelines. e.g. NICE guideline 51: Drug misuse psychosocial interventions (2007). Clients attended groups based on a recognised model of treatment and staff supported them to attend community fellowship meetings. Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous held these meetings
  - Staff registered clients with the local GP. The GP prescribed client medicine and supported their health needs.
  - Staff we spoke with had minimal input into the quality improvement process through completing audits. They completed audits to monitor compliance with medicine.
- ## **Skilled staff to deliver care**
- Staff we spoke with demonstrated a high level of knowledge and interest in working with clients with substance misuse problems. Staff received a robust induction. The service encouraged staff to access further training opportunities within areas relevant to their practice. For example, staff had completed, or were working towards, National Vocational Qualifications (NVQ) in health and social care, up to level five. Counsellors in the service registered with Federation of Drug and Alcohol Professionals (FDAP) and British Association for Counsellors and Psychotherapy (BACP).
  - Staff completed a checklist during induction to confirm they understood relevant policies and procedures. Supervision was variable. Support workers requested supervision when required; this could be as regularly as the staff member wanted it, for example one member of staff received supervision weekly. Counsellors received external supervision. In addition, staff engaged in a "pyramid conversation" with their manager. This consisted of discussing two different questions every two months. Questions covered topics such as morale, job satisfaction and the culture of the service. Staff stated that they felt the supervision they received was sufficient.
  - Managers told us the "pyramid conversation" acted as the staff members' appraisal. Staff completed the appraisal process after six sessions. We reviewed the

## **Best practice in treatment and care**

# Substance misuse services

records of “pyramid conversations” for four members of staff. There were minimal goals identified for staff development and training needs and the topics discussed were limited. All staff records we saw had completed this process.

## Multidisciplinary and inter-agency team work

- There were four staff handovers during the day. Within these staff discussed any concerns or issues that arose. The discussions included feedback from group therapy sessions.
- There was an effective working relationship with the staff from Broadway Lodge. This ensured that clients referred to the service were suitable and staff were supported. The registered manager for the service visited Wrington Lodge regularly as they were responsible for both sites. The staff at Wrington Lodge stated that they were able to contact Broadway Lodge if there were concerns about a client’s presentation. Staff gave an example of a client that staff transferred back to Broadway Lodge when their mental health deteriorated.
- The local GP and pharmacist worked well with the service. The pharmacy allowed staff to collect clients’ medicine to ensure that medicine management systems were robust.

## Good practice in applying the MCA

- All staff received training about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff assessed clients as having capacity before admission. Documentation in the clients’ notes clearly recorded where the client had given consent to treatment. Staff had recorded where clients had given permission to share information with their family members.
- If staff believed that a client’s capacity had changed they would discuss this with the registered manager for guidance.

## Equality and human rights

- The service supported male clients within the scope of their admission policy that had protected characteristics using the service’s policies. However, the service admitted female clients and clients with disabilities that restricted their mobility to Broadway Lodge.

- There were opportunities for staff development and several staff members identified this as a positive feature of the organisation. The provider had an equal opportunities policy and staff said they understood the policy and felt the organisation implemented this in practice.
- The service used blanket restrictions (rules that apply to everyone irrespective of individuals risks) to support their recovery. This is standard practice for substance misuse services and part of the treatment programme. Staff advised clients of the rules before admission and clients had to agree to them before the service accepted them for treatment. Staff made clients aware that breaking these rules could affect their admission to Wrington Lodge.

## Management of transition arrangements, referral and discharge

- Clients identified at risk due to poor social circumstances, e.g. being homeless, had an exit plan arranged with their care manager. This gave staff contact details and information regarding where the client would go if their treatment ended before the expected completion date.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- All interactions we witnessed between the staff team and clients were warm, respectful, kind and supportive.
- Clients told us that staff were kind, polite and respected them. They felt that staff supported them in the process of recovery and to do what they needed to succeed. They told us that they did not feel judged by the staff.
- Staff had a thorough understanding of client needs and used this to plan care.

### The involvement of people in the care they receive

- On admission to the house, staff allocated new clients an existing client to act as their buddy. This person helped the new client to settle into the house and gave guidance on how the house operated.
- Clients had minimal input into their care plans and risk assessments. The care plans we saw in each record were the same with minor alterations on some. Clients had

# Substance misuse services

signed them and contributed short amounts of information but goals had not been personalised. Staff had not given clients copies of their care plans. Clients were surprised when told they could have them.

- The service had no advocacy organisation advertised for clients to access support. When discussed with staff they stated that they could provide assistance for the clients that related to their needs.
- Clients gave consent if they wanted their family involved in their care. This involved family members being invited to meetings, family therapy sessions etc. Clients' families visited on Sunday afternoons and a room was available for them to use.
- Clients were able to feedback on the service. Questionnaires were available for clients to complete at the end of treatment and there was a suggestion box outside the staff office. This resulted in the service providing a punch bag and water filter after patient requests. During the any other business meeting held every day, clients were able to raise concerns that they had. Clients stated that staff responded promptly to concerns and tried to resolve issues that arose as discretely as possible

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

## Access and discharge

- The staff at Broadway Lodge assessed clients' suitability for treatment at Wrrington Lodge. During the assessment, they reviewed a number of different factors including social/cultural needs, drug use and physical health needs. Clients that required detoxification treatment completed this at Broadway Lodge before staff transferred them to Wrrington. Community care managers for clients with unstable social circumstances, e.g. homeless or living with an abusive partner, completed emergency discharge plans. These included contact details for family members and details of safe places for the client to stay.
- Staff at Broadway Lodge acted as "gatekeepers" for Wrrington Lodge and referred suitable clients there. Staff referred men who required psychological treatment for

their addiction that they felt would benefit from an all-male environment. Staff gave examples of men who would fit these criteria. These included men abused or bullied by women or that struggle to form healthy relationships with men following time in prison or the care system. Staff sent the information to Wrrington Lodge when clients transferred there after completing their detoxification treatment. Clients admitted from the community had an assessment completed by their referring care manager. Staff at Wrrington Lodge interviewed possible clients to assess if they would be suited to the environment and treatment plan.

- Staff confirmed that clients signed a contract before admission. This included a number of conditions including not using mood-altering substances, becoming violent or starting sexual relationships. Clients agreed that staff could discharge them if they broke these rules. Staff confirmed they would accommodate the client in a bed and breakfast overnight if this occurred out of office hours. They would then organise transport for the client to return home.
- Staff had transferred clients back to Broadway Lodge if they had deteriorated physically or mentally. They confirmed that this would be for assessment and if the situation resolved the client returned to Wrrington. Staff tried to ensure that this happened at an appropriate time during the day.
- Staff discussed plans for discharge with the client's care manager on admission. Staff we spoke with told us these were already in place or developed during the admission period. Often they were dependant on the client's funding authority having agreed further money for treatment.

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

- The service had facilities consistent with the service it provided and client group it worked with. There was a group activity room could be used for visitors and a comfortable lounge for clients to relax. The counsellor who did 1-1 work had an office that they used as a therapy room. The staff had an office where they stored all documentation securely.
- Staff gave clients the office cordless phone to make calls in private, or there was a payphone in the home corridor that clients used.



# Substance misuse services

- There was a small garden area attached to the home. Clients used this for relaxation, activities and worked to maintain the area.
- Laundry facilities were available for clients to use on a rota basis.
- Staff assisted clients to plan their weekly menu and supported them to go shopping. Staff supported clients to prepare and cook their meals. Clients had 24-hour access to the home kitchen to make hot drinks and snacks.
- Clients personalised their bedrooms. They used a notice board provided and the surfaces of the bedroom furniture to do this. Staff managed valuables and money by locking them in secure storage in the main office. Staff logged information about this and clients requested money twice a week if needed.
- Staff enabled clients to participate in activities through the week and at weekends. These involved therapeutic groups, one to one therapy, self-guided reflection and social activities. Staff had arranged a day of team building activities the day before the inspection. This included the clients from Wrington and clients from Broadway Lodge. Clients provided positive feedback about this. Clients were encouraged to improve their fitness. Staff facilitated access to five a side football, a local gym and helped clients train to compete in long distance races. Clients had been positive about the activities, however some preferred to have a more structured programme with more groups and less self-guided reflection.

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

- Disabled facilities at Wrington House were limited. The service only accepted clients with minor mobility issues managed with crutches. Staff admitted clients who used a wheelchair or had high personal care or physical health needs to Broadway Lodge.
- Information leaflets were not on display, however staff we spoke with told us they would obtain information from the IT system or internet. This included information about the treatment offered, local services and clients' rights. Staff printed off information in different languages for non-English speakers. Staff contacted Broadway Lodge to arrange interpreters/signers if required.

- Staff ensured they met the dietary needs of clients in relation to requirements due to religion or their ethnic group.
- Staff facilitated clients to access religious support for example a client visited the local mosque. Staff arranged religious leaders to visit the service if necessary.

## Listening to and learning from concerns and complaints

- At the time of inspection that had been no complaints since January 2015. A process was in place to record, monitor and manage both formal and informal complaints.
- On admission, clients received a pack that confirmed the complaints policy for Wrington Lodge. Clients knew how to make a complaint and felt confident to do so. They also felt staff would deal with it appropriately.
- Staff we spoke with confirmed that they knew how to handle complaints using the service's policy. They documented any complaint, whether staff received it verbally or in writing. Staff sent the complaint to the registered manager for a response.

## Are substance misuse services well-led?

### Vision and values

- Staff discussed the visions and values of the organisation. They were passionate about the impact their input had on the clients in their care.
- Staff understood the overarching principles of the organisation and the main objectives of the work the service carried out. The principal objective of the staff was to support clients to accept the goal of complete abstinence from mood altering substances. In addition to this, staff supported clients to gain insight about the implications of their addiction. Staff believed that this helped clients to return to a normal life. Staff said that they agreed with this objective and it helped lead to positive outcomes for clients.
- Staff we spoke with told us that they knew who the senior managers were in the service and that they visited Wrington Lodge regularly.

### Good governance



# Substance misuse services

- The service managers were prompt at investigating incidents however they did not always evidence lessons learnt or ensure changes in practice took place. This meant that the process was not in place to recognise the risk.
- The service manager ensured that all staff were up to date with their appraisals. Staff told us that they were happy with the manager's approach to the appraisal process.
- Staff reviewed audits regularly in meetings such as the daily staff meetings and a quarterly clinical governance meeting. Staff told us they were all able to attend both meetings and felt their contributions were of equal value. Senior staff discussed outcomes of audits at board level. The service had carried out various clinical audits during 2015, which covered medicine administration records, medical reviews, care plans, and risk assessments.
- Staff understood protocols for admission and that clients needing detoxification treatment were not suitable. Policies informed staff how to report incidents, make safeguarding referrals and how to work within the Mental Capacity Act (MCA).
- The registered manager had appropriate administrative support and the authority to increase staff levels if required.
- Staff received mandatory training as well as more role specific training for professional development.
- The staff were extremely positive about the organisation's management and the managers that they had regular contact with. They found them helpful and supportive.
- Evidence was available about levels of staff sickness and absence. Managers reported an annual staff sickness rate of 2 %. This is low in comparison with other services, as was the turnover rate for staff. This reflects well on the morale of the team and the leadership of the service both at Wrington Lodge and Broadway Lodge.
- Staff said that they knew how to use the whistle-blowing process. Staff said that they felt confident in raising concerns with senior management. No whistleblowing concerns were on going at the time of the inspection.
- Morale was high. Staff said that the team was supportive and that working conditions were good. Staff said that they enjoyed working at Wrington Lodge and that their main satisfaction was helping clients to recover.
- Staff discussed what they would do if things went wrong. They all confirmed that they would be open and honest with the clients involved. They were able to discuss the principles of the duty of candour.
- The provider enabled staff to engage in training opportunities to improve their abilities and prepare them for higher-level duties. These included level three health and social care apprenticeships and level five diplomas in health and social care.

## Leadership, morale and staff engagement

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure records relating to the care and treatment of each client using the service, are accessible to authorised people. Staff must evidence delivery of clients care and treatment in a way that meets their needs and keeps them safe.

### Action the provider **SHOULD** take to improve

- The provider should ensure that all care plans are personalised and evidence is provided that clients have been involved in creating the care plans.

- The provider should ensure that all clients are given a copy of each care plan that is completed for them.
- The provider should ensure that information about safeguarding is easily accessible for clients in communal areas.
- The provider should ensure that evidence of learning after incidents is recorded and staff in the service are made aware of this.
- The provider should ensure that client files are contemporaneous and information is filed correctly to ensure ease of use.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  How the regulation was not being met:  The provider must ensure records are accessible to authorised people as necessary in order to deliver clients care and treatment in a way that meets their needs and keeps them safe.  Regulation 17 (2)(c)