

The Burton Addiction Centre Limited

# The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

## 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?	Requires Improvement		
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

The BAC O'Connor Rehabilitation Centre is provided by The Burton Addiction Centre Limited. The BAC O'Connor Centre offers an inpatient detoxification service and a therapeutic rehabilitation programme. The programme offered by the service is abstinence-based and includes a structured day, group based interventions, educational workshops, mutual aid and discharge and recovery plans. This is the first time we have rated this service. At the time of our previous inspection, we did not rate independent standalone substance misuse services

We rated it as good because:

- The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff delivered detoxification interventions safely and effectively. We saw they completed recognised withdrawal tools with clients during detoxification. The provider had processes in place to escalate and manage physical and mental health concerns when they occurred.
- The service included the full range of specialists required to meet the needs of clients under their care. 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 provider made training, supervision and appraisal opportunities available to staff. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness. Staff understood the individual needs of clients and supported them to understand and manage their treatment and condition. Staff involved clients in treatment decisions and planning their recovery
- The provider offered a well-established, weekly family and carer group. The group was open to anyone with a friend or family member experiencing substance misuse challenges.
- Staff managed admissions and discharges in the service well. The service environment supported clients' treatment needs and met the needs of all clients, including those with a protected characteristic or with communication support needs. The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Leaders had a good understanding of the services they managed. Staff felt respected, supported and valued. They felt positive about their work and proud about working for the provider.

However,

- Staff had used a medication labelled for an individual as stock medication; this was not in line with recognised good practice. The provider's medication policy had not always been followed to ensure staff required to administer and support clients with their medication were assessed as competent to do so. The policy was not sufficiently robust to ensure the same staff always remained competent to do so.
- The ligature risk assessment had not been updated for a year although staff were aware of all of the ligature anchor points and the ligature risks for individual clients. Staff took immediate action to update the assessment when the concern was identified.
- The providers governance processes had not picked up some concerns that we found on inspection, for example, updating the ligature risk assessment

# Summary of findings

## Our judgements about each of the main services

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

# Summary of findings

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# Summary of this inspection

## Background to The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

The BAC O'Connor Rehabilitation Centre is provided by The Burton Addiction Centre Limited. The BAC O'Connor Centre offers an inpatient detoxification service and a therapeutic rehabilitation programme. The programme offered by the service is abstinence-based and includes a structured day, group based interventions, educational workshops, mutual aid and discharge and recovery plans.

The centre is located on a site comprised of four adjacent houses or units (126 to 130 Station Road). Number 126 has the main reception, offices, and therapy rooms. Number 127/128 houses the therapeutic rehabilitation programme with accommodation for up to 24 clients. Unit 130 has 12 bedrooms and contains residential rehabilitation accommodation for more independent clients. Number 129 houses the detoxification unit with eight beds, although continued COVID-19 precautions limited occupancy to a maximum of six.

The provider is registered to provide the following regulated activities at this location:

- accommodation for persons who require treatment for substance misuse
- diagnostic and screening procedures.

The location has a registered manager and an accountable controlled drugs officer.

We have inspected this location on five occasions since January 2013. Our previous inspection was in November 2017 and at that time we did not rate independent standalone substance misuse services. Following that inspection, we issued a Requirement Notice for Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, this related to some concerns around how staff managed medications. On our most recent inspection we found the required improvements had been made.

### What people who use the service say

During our inspection we spoke with eight clients of the service. All spoke positively about staff in the service. They told us staff were helpful, caring and interested in their wellbeing. Staff were available when clients needed them, and none had experienced disruption to their treatment because there were not enough staff. The availability of staff with lived experience of recovery was particularly useful to clients.

Clients of the service felt safe. They felt staff involved them in the planning and delivery of their treatment. Clients spoke positively about the therapeutic rehabilitation programme, they believed it met their physical health, mental health and social needs. They felt the programme supported them to develop independent living skills and prepared them for recovery in the community. Clients knew how to raise a concern or give feedback and felt confident to do so.

## How we carried out this inspection

This was an unannounced inspection, completed to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

# 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>.

## Outstanding practice

We found the following outstanding practice:

Staff facilitated a weekly family and carer group. The group had been established for 20 years and was available to anyone with a friend or family member experiencing substance misuse challenges. Friends or family members of clients in treatment with the service did not need the client's permission to attend. People chose to join the group in person or remotely through a digital platform. The provider introduced remote attendance during the COVID-19 pandemic and, based on feedback, decided to continue it as restrictions introduced during the pandemic were reduced. Remote attendance allowed people to attend more often and made the group accessible to people all over the country. People who used the group provided positive feedback. They described it as a 'safe space', 'a place to learn', 'supportive', 'an opportunity to open up', 'non-judgemental' and 'a place for people in the same situation'. Many continued to attend the group during their friend or family member's recovery in the community and received support during periods of relapse. Many people told us they'd established friendships through their attendance at the group.

## 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 **MUST** take to improve:

- The provider must ensure all staff follow safe practice in the administration of medications and in supporting people with their medications in line with recognised good practice and the providers policies. (Regulation 12 Safe care and treatment).

### Action the service **SHOULD** take to improve:

- The provider should ensure staff review restricted items in the service to ensure they remain necessary to the safety and structure of the therapeutic rehabilitation programme. (Regulation 9 Person-centred care)
- The provider should ensure staff regularly review and update the ligature risk assessment. (Regulation 12 Safe care and treatment)
- The provider should ensure governance systems are robust and work effectively to ensure safety and quality in all areas of the service. (Regulation 17 Good governance)
- The provider should ensure staff employment records are completed to include a record of staff induction outcomes in the service. (Regulation 17 Good governance)






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Residential substance misuse services

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

## Are Residential substance misuse services safe?

Requires Improvement 

**We rated it as requires improvement.**

### Safe and clean care environments

**All clinical premises where clients received care was well equipped, comfortably furnished, well maintained and fit for purpose. However, the provider had not always completed records to demonstrate that they kept a check to ensure the service remained safe and clean.**

#### Safety of the ward layout

The BAC O'Connor Rehabilitation Centre was made up of four adjacent buildings (126, 127/128, 129 and 130). Number 126 provided the main reception for the centre, offices for managers and administrative staff, and therapy rooms. Number 129 provided the detoxification service with six beds. Number 127/128 and 130 provided accommodation for service users accessing the therapeutic rehabilitation programme. Staff offices, therapy rooms and clinics were situated across the site.

Managers completed regular risk assessments of the service. At the time of our inspection we saw a number of environmental risk assessments present and in date. This included assessments for fire safety, electrical and water. Where assessments indicated actions for improvement, we saw evidence they had taken place.

The layout of the service meant staff could not easily observe all areas of the individual units. The provider managed this with staff observation practices and the presence of closed-circuit television (CCTV) cameras.

The provider had CCTV cameras installed across the service. We saw cameras present at entrances, stairs, corridors, external areas and in the residential unit medication room. Staff offices in the residential and detoxification unit had screens with live images from the CCTV cameras. The provider had recently reviewed the CCTV camera coverage and planned additional cameras to cover identified blind spots.



# Residential substance misuse services

The service admitted males and females. To manage risks associated with mixed sex accommodation, the service had separate bedroom and bathroom facilities for both genders. The provider offered weekly male and female only groups as part of the service's therapeutic rehabilitation programme. Not all bedrooms were lockable. Bedrooms in unit 127/128 were not lockable, staff told us this was to facilitate observational checks of clients. Bedrooms in unit 130 were lockable and staff held a master key should they require access.

Entrances to the service were locked and accessed with pin codes or by intercom calls. Door release buttons were positioned to facilitate exit. Visitors to the service attend at Number 126 to a staffed main reception. Reception staff signed visitors in and provided a copy of the local fire procedure.

When we first arrived at the service, we found the provider had not up-dated the ligature risk assessment. Ligature points are fixtures to which people intent on self-harm might tie something to strangle themselves. All areas of the service had ligature points and records identified ligature risks for some clients. The manager reported the ligature risk assessment was one year out of date and there had been no ligature incidents in the service during that time. The provider took immediate action to update the assessment and shared this with us. We found the completed assessment detailed ligature risks in the service alongside actions to reduce or manage the identified risk.

Only adapted bathrooms provided clients with access to emergency call points. There was an emergency call point in the detoxification unit that staff could use to summon assistance from the residential unit at Number 127/128. Following our inspection, the provider took action to commence installation of a panic alarm system across the service.

Staff did not carry personal alarms with them and there was no formal risk assessment to support this position. However, the provider told us there had been no incidents of aggression or harm to staff from clients in the past two years and when required staff worked in pairs to manage situations of greater risk. Staff called for or summoned assistance in the event of a medical or mental health emergency. Following our inspection, the provider took action to purchase personal alarms for staff use.

## **Maintenance, cleanliness and infection control**

Decoration and furnishings in the service were fit for purpose and provided a comfortable standard of accommodation. In our conversations with clients of the service, one told us the environment felt tired and another believed that decoration could be improved.

All areas of the service appeared visibly clean. The provider employed two dedicated housekeeping staff. As part of the therapeutic rehabilitation programme, clients were responsible for keeping bedrooms, bathrooms and shared residential areas clean and tidy. However, when we first arrived at the service, no cleaning records were in place to demonstrate regular cleaning of the service. The manager did not know when staff had stopped completing cleaning records but had identified this omission prior to our inspection and developed a new cleaning schedule and record for the service. When we returned on 18 May 2022, staff had commenced the new cleaning record on 13 May 2022. We found it demonstrated the service was cleaned regularly.

The service appeared well maintained. The provider employed two maintenance staff at the service. We saw the provider had recently improved the detoxification unit's clinical areas, including the addition of an adjustable bed specifically designed to meet medical needs. Improvements were also being made to the residential unit's medication clinic.

# Residential substance misuse services

Throughout the COVID-19 pandemic, the provider worked closely with their local Health Protection Team to maintain safe delivery of the service and manage COVID-19 outbreaks. On arrival to the service, staff asked the inspection team for evidence of a negative COVID-19 test completed that day. Staff had access to sufficient supplies of personal protective equipment (PPE), hand sanitiser and waste bins for the disposal of used items. The provider displayed information about using PPE correctly and during the inspection we saw staff doing so.

## Clinic room and equipment

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

The residential unit had a small clinical room that staff used to store and dispense medications. The provider had recently refurbished the room. We found it clean, well maintained and included handwashing facilities.

The detoxification unit's clinic room was clean, spacious and equipped with handwashing facilities. The provider had also recently refurbished this area. The clinic was well-equipped with a range of equipment to carry out physical examinations, including blood pressure monitors, an examination bed and screening checks for substances and alcohol. The provider had arrangements in place to ensure equipment worked accurately and effectively.

Staff had access to emergency medications and emergency equipment. Staff checked these regularly to ensure they stayed safe and available for use. The emergency medication Naloxone was available to staff. Naloxone is a medication that rapidly reverses an opioid overdose. This had improved since our previous inspection.

Although visibly clean, the provider did not keep a record to demonstrate staff regularly cleaned clinic rooms and equipment. Once raised with the provider, records to demonstrate regular cleaning of clinical areas and equipment were put in place.

## Safe staffing

**The service had enough nursing and multidisciplinary staff, who knew the clients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service operated two 12 hour shifts in the residential and detoxification units to cover the 24 hour period. The provider deployed three staff to both shifts in the residential unit. Two staff worked on the detoxification unit, one of which was always a registered nurse. The provider calculated and planned staffing levels to a minimum of one staff member for every 12 clients in the residential unit and a minimum of one staff member for every three clients in the detoxification unit.

The provider's staffing establishment for registered nurses in the detoxification unit was 4.4 whole time equivalents (WTE) positions. At the time of our inspection, one WTE position was vacant. The provider employed 4.5 WTE recovery support workers at the detoxification unit, of which 0.5 WTE position was vacant.

The provider employed a dedicated manager and supervisor in the residential unit. Nine WTE support workers were employed in the residential service, of which one WTE post was vacant.

# Residential substance misuse services

Specialist therapy staff, assessment staff, and Recovery Academy staff supported service delivery. The therapy team, responsible for delivery of the therapeutic rehabilitation programme, comprised 4.5 WTE staff. Staff from the therapy team worked in the service Monday to Saturday.

In addition to staff deployed in the service, the provider created voluntary opportunities for people who had completed the therapeutic rehabilitation programme. At the time of our inspection there were four volunteers in the service. Volunteers gave at least one day of their time.

There were low vacancy rates in the service. The provider had a programme of active recruitment to fill vacant posts.

The manager could adjust staffing levels according to the needs of clients in the service. For example, when a client needed additional support or observation during detoxification.

The provider used bank and agency to maintain safe staffing of the service. This included to cover staff absences created by sickness and vacancies. Managers made sure bank and agency staff received an induction and understood the service before they started their shift. Rotas demonstrated the provider used bank and agency staff who were familiar with the service. For example, during April 2022 one agency registered nurses covered 16 night shifts in the detoxification unit,

Between April 2021 and April 2022, the provider reported 20 staff leavers from the service. In the same period the provider dismissed an additional two staff. This provided a staff turnover rate of 38%. The provider made staff exit questionnaires available to all leavers. Between April 2021 and April 2022, the provider successfully completed 10 exit interviews. Managers used information from completed staff exit questionnaires to make improvements in the service.

Managers supported staff who needed time off for ill health. Between April 2021 and April 2022, the provider recorded 297 days where staff were unable to attend work due to sickness. An additional 222 days were recorded as staff being unable to attend work due to COVID-19 restrictions. However, the provider facilitated home working for those staff able to during COVID-19 absence.

Staff told us the service was rarely short staffed. They said escorted leave and activities were never cancelled because there were too few staff. Our conversations with clients supported this.

Staff shared key information to keep clients safe when handing over their care to others. Staff documented handovers and stored them securely. We found a lack of consistency in the detail recorded in handovers of some clients in the residential service. For example, on 9 May 2022 nine client handovers simply recorded 'no concerns' while 10 others detailed what the client did that day, how they participated and how they felt. When raised to managers, they agreed with our observation and planned to ensure improvement in the practice of staff.

## Medical staff

The service also held employment contracts with two non-medical prescribers, both worked flexibly to meet the demands of the service and contributed to out of hours cover.

## Mandatory training

The provider required staff to complete online mandatory learning and set a target completion rate of 80%. At the time of our inspection, the provider reported an overall staff completion rate of 89% and completion of all individual learning modules was above the provider's target.

# Residential substance misuse services

The provider monitored staff's completion of mandatory learning and had set deadlines by which staff were to complete outstanding learning. The provider made protected time to complete training available to staff.

The provider's mandatory learning programme focussed on essential learning to meet the needs of clients who used the service. It comprised 13 courses, including health and safety, basic life support and infection control. The provider planned additions to its learning programme. The provider planned additions to its learning programme. This included additional manual handling training and training on mental health presentations.

## Assessing and managing risk to patients and staff

**Staff assessed clients before admission and only admitted them if it was safe to do so. Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.**

### Assessment of patient risk

During our inspection we reviewed seven clinical records. We found a risk assessment present and complete in all seven records. The provider required referrals from other services to be accompanied by an up to date risk assessment of the person being referred. Staff identified risks with clients during the assessment process and updated the risk assessment tool on admission to the service. The provider's risk assessment tool included risks associated with substance misuse, exploitation, self-neglect, violence and aggression, risks to children, and suicide and deliberate self-harm. Staff reviewed and updated risk assessments regularly.

Staff developed risk management plans for the risks identified in the risk assessment. Staff developed risk management plans with clients, our conversations with clients confirmed this.

## Management of patient risk

Staff made clients aware of the risks of continued substance misuse and discussed harm reduction. This information was also given to clients who chose to discharge themselves. Staff also offered the emergency medication Naloxone.

Staff used handovers to identify and respond to changing risks to, or posed by, clients in the service. Representatives from each part of the service met daily to share information. This included about changes to a client's risk or presentation and to agree actions to support those changes.

Staff monitored and responded promptly to changes in client's physical health. During detoxification staff used recognised tools to monitor and escalate changes in physical health. This included screening checks for alcohol or substance misuse. Where necessary staff escalated changes in physical health to emergency services, including for seizures and cardiac concerns. The provider also had processes in place for staff to escalate mental health concerns. Staff reported escalations to emergency services as incidents in the service.

Staff used observation practices to manage risks and support clients in the service. The provider had an observation policy in place that detailed the observation practices in each part of the service. The policy included guidance to escalate observation levels to respond to changes in a client's physical or mental health presentations.

The provider had a smoking and cigarette replacements policy and procedure in place. The provider allowed clients to smoke or use cigarette replacements in designated outside areas of the service.

# Residential substance misuse services

The provider had a list of restricted items to support care and treatment in the service. However, there was no process in place to review restricted items to ensure they remained necessary to the safety and structure of the therapeutic rehabilitation programme. Staff shared information about restricted items with clients at assessment and pre-admission items.

At the request of stakeholder organisations, the provider was reviewing its policy and procedure to search clients. The provider's existing procedure required staff to check clothing for illicit substance, this required clients to undress. Staff completed searches in ways that maintained the dignity and privacy of clients. Our conversations with clients confirmed this.

## Use of restrictive interventions

Between April 2021 and April 2022, the provider reported no incidents or restraint or rapid tranquilisation in the service. The application of restrictive interventions was not routine practice.

## 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.**

The provider required staff and volunteers to complete safeguarding training as part of mandatory learning. At the time of our inspection, the provider recorded a staff completion rate of 91% for adult safeguarding and 96% for child and young people's safeguarding.

The provider had policies in place for safeguarding adults and safeguarding children. The service had a designated safeguarding lead who worked closely with local authority safeguarding teams and attended multi-agency safeguarding meetings. The safeguarding lead completed additional training for the role.

Staff we spoke with knew how to make a safeguarding referral and who to inform if they had concerns.

Staff described how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. The provider had an equality, diversity and inclusion policy and training in place to guide the practice of staff. The provider made expectations about conduct and behaviour clear to staff and people who used the service and provided opportunities for clients in the service to speak up or raise a concern.

Staff knew how to recognise adults at risk of or suffering harm. Staff were aware of potential risks to clients including domestic violence, financial abuse and risk associated with exclusive relationships in treatment. Some clients came to the service with existing child protection arrangements in place. Staff worked with other agencies to protect adults and children, including at multi-agency risk assessment conferences.

The provider had a visiting policy in place, this included procedures to keep children visiting the service safe.

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality paper based clinical records.**

# Residential substance misuse services

Staff commenced a service user's clinical record upon assessment with the service. The clinical record followed patients from detoxification to the residential unit. Therapy staff regularly contributed to the record. This had improved since our previous inspection.

Clinical records in the service were paper based and accessible to all staff in the service. We found all records well-ordered and shared the same structure. Staff stored clinical records securely.

## Medication management

**The service did not always follow policy and best practice to safely administer medications. However, staff regularly reviewed the effects of medications with each client.**

At the time of our inspection, we found a medication prescribed specifically for a named individual was being used as stock medication. We saw staff had written over the individual's name and marked the medication as 'stock'. This was not in line with good practice.

Our review of a medication incident in the service identified staff had labelled a medication pot with a client's name, medication was dispensed into that pot and administered later. This was not in line with the providers policy or in line with good practice. Whilst the provider had taken steps to address this specific incident, they had not taken steps to ensure this practice did not happen again.

The providers medication policy stated they required all staff who administered medication to undertake a competency based practice training and assessment. This is particularly important when managing safe detoxification. However, we found the policy had not always been followed to ensure all staff required to administer and support clients with their medication had been assessed as competent to do so. The provider did not always make regular checks of the competency of staff required to support clients with their medications. The provider's medication policy did not identify a frequency of checks to ensure those staff remained competent. For example, the provider had last checked the competency of one staff member five years ago.

All medications were prescribed by the non-medical prescribers or the clients' own GP. The non-medical prescriber completed a consultation with the client on admission to assess their physical and mental health. Staff asked clients for consent to obtain a medical and drug history from their own GP before commencing prescribed medication for detoxification regimes. In a small number of cases the client did not consent to their GP being contacted but a course of treatment was still commenced. In these cases, staff made additional checks to ensure any medication prescribed for detoxification was suitable for the client.

Access to medications storage areas was appropriately restricted and staff held medications keys securely. Staff stored medications safely, although we found one cream in the medications trolley which should have been stored in the fridge.

The provider had appropriate arrangements for the storage and record keeping around controlled drugs. Staff carried out regular balance checks of controlled drugs.

Staff monitored clinic room and fridge temperatures to ensure medications remained safe for use. Staff knew how to escalate concerns when the temperature readings were out of range. The quality and effectiveness of medications can be affected by changes in storage temperatures.

# Residential substance misuse services

Staff reviewed each service user's medications regularly and provided information and advice specifically about medications. Clients told us staff involved them in their medication reviews.

Staff stored and managed all medications and prescribing documents safely. Staff accessed all policy documents in the clinic room or online.

Staff completed medications records accurately and kept them up-to-date.

The provider had systems to ensure staff knew about safety alerts. Safety alerts were kept in an accessible file in the clinic room.

## Track record on safety

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

Between April 2021 and April 2022, staff reported 106 incidents in the service. The provider categorised incidents reported, 'clinical incidents-other' accounted for 31 incidents followed by 'safeguarding' and 'client safety' both with 9 incidents reported. Staff told us the category 'clinical incidents-other' included accidents requiring first aid and seizures. Staff practice to identify and report incidents had improved since our previous inspection when only nine incidents had been reported in a 12 month period.

## 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 we spoke with knew what incidents to report and how to report them. The provider had recently introduced an electronic system for reporting incidents in the service. The provider had policies and procedures in place to guide staff practice to identify, report and manage incidents. The service manager had recently provided staff with additional training on how to identify and report incidents in the service.

Staff understood their responsibilities in relation to the duty of candour. They were open and transparent with clients and carers when something went wrong.

Managers offered debrief and support to staff following serious incidents in the service. Our conversations with staff confirmed this.

Department managers investigated incidents reported in their part of the service. The service manager maintained oversight of all incidents and reviewed completed incident investigations for further actions or learning. We reviewed three medication incidents, all had been investigated and where necessary identified appropriate actions, learning or good practice. When needed, staff involved clients in incident investigations.

Staff met and discussed incidents and the outcome of incident investigations at a weekly multidisciplinary meeting. We saw incidents and lessons learned were a standing agenda item at this meeting and records of the meeting were shared with staff.

# Residential substance misuse services

Our conversations with staff confirmed managers shared feedback and learning from the investigation of incidents. In addition, to the records of the weekly multidisciplinary meeting, the service manager also shared a specific lessons learned email with staff. However, the lessons learned email had not been shared consistently during 2022 and the service manager planned to improve this.

We saw evidence of improvements to safety in the service as a result of learning from the investigation of incidents. In one example, the provider had reviewed an existing process and improved the standard operating procedure for the safe destruction of controlled drugs. Staff had received additional training to support confidence and consistency in their practice.

The providers partnership agreements with other substance misuse services provided opportunity to learn from incidents that occurred in those services.

## Are Residential substance misuse services effective?

Good 

**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.**

During our inspection we reviewed seven clinical records. All included a completed comprehensive assessment. Staff from the assessment team commenced assessments with contributions from services that supported the client in the community. Assessments helped staff determine if a client was appropriate for the service. Staff often completed assessments over a number of sessions with clients. The provider's comprehensive assessment included physical health, mental health, substance misuse, parenting information, accommodation and cultural needs. Substance misuse assessments included current and historical use, access to previous treatment, injecting history, motivation and goals for change.

The provider required referrals to detail the medical history and prescribed medications of the person referred. Referrals also requested the addition of a GP summary, including the results of recent blood tests. This helped staff to determine if the person's physical health needs could be safely managed by the service. At admission, a non-medical prescriber completed a medical assessment of the client from which they made prescribing decisions. Nurses completed baseline physical health checks with patients. All of the clinical records we reviewed during our inspection included an assessment and examination of physical health at admission.

Staff assessed clients' physical health regularly during admission. Staff completed recognised withdrawal tools with clients during detoxification. For example, the Clinical Institute Withdrawal Assessment for Alcohol (CIWA). Completed withdrawal tools demonstrated staff delivered detoxification interventions safely and effectively.



# Residential substance misuse services

Staff developed personalised plans with clients that promoted recovery and met the client's individual needs. Plans were detailed and considered the clients' physical, psychological and social needs and identified the client's goals for recovery. All clinical records we reviewed included up to date recovery plans, demonstrated client involvement to develop plans and demonstrated that staff shared plans with clients.

Staff regularly reviewed and updated plans with clients. This included comprehensive reviews at week five and ten of the therapeutic rehabilitation programme.

## Best practice in treatment and care

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

Staff in the service provided a range of care and treatment interventions suitable for people who used the service. This included detoxification interventions, a structured therapeutic rehabilitation programme and a range of holistic therapies, including acupuncture and reiki.

Staff delivered care in line with best practice and national guidance. This was evidenced in the service's clinical policies and included reference to guidance from National Institute for Health and Care Excellence, the Department of Health (DoH) and Maudsley Prescribing Guidelines. The provider held a range of clinical policies and procedures for the interventions delivered at the service, including alcohol detoxification, opiate detoxification and benzodiazepine detoxification. We also saw a range of standard operating procedures in the service to guide staff practice in areas including admission and discharge, alcohol screening, urine testing and client induction. In addition to these, staff had access to relevant treatment manuals and guidance to support their work. For example, the DoH's Drug misuse and dependence; UK guidelines on clinical management.

Participation in the service's structured therapeutic rehabilitation programme was central to client's treatment and recovery. The programme was delivered seven days a week and participation was compulsory for clients in the service. The provider delivered an abstinence based programme that included principles from The Twelve Steps, as originated by Alcoholics Anonymous.

Staff made sure patients had access to physical health care, including specialists as required. Staff delivered interventions to clients with pre-existing physical health conditions, including registering them with a local GP and supporting access to specialists. Non-medical prescribers were available to assess and treat physical health concerns that emerged during a client's admission to the service.

Staff supported clients to live healthier lives. The therapeutic rehabilitation programme incorporated exercise times including walks, swimming and gym attendance. The provider made healthy options available to clients at mealtimes. The service supported abstinence based recovery and educated clients about risks of over participation in healthy activities as part of their recovery. For example, over exercising or becoming dependent on exercise.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care. This included tools to assess dependency on a substance, withdrawal symptoms and mental health presentations. Staff completed treatment outcomes profiles for clients who consented to them. The provider submitted data to the National Drug and alcohol Treatment Monitoring System (NDTMS).

# Residential substance misuse services

The therapeutic rehabilitation programme promoted human connection and engagement, rather than information technology applications. During the COVID-19 pandemic the provider used digital platforms to facilitate remote attendance to pre-admission and family groups run by the service. These platforms also allowed clients required to self-isolate because of COVID-19 to continue to participate in the programme remotely.

Staff took part in clinical audits in the service. The monthly medication audit was one example. We saw the audit included review of medication administration records, allergy information and the practice of staff to manage controlled drugs. Managers used audits to monitor safety and quality in the service and, where necessary, used results to make improvement. Failures to complete audits were reported as incidents in the service.

## Skilled staff to deliver care

**The teams service included 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 care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff, however staff employment records did not always demonstrate completion.**

The service had access to a full range of specialists to meet the needs of clients who used the service. This included non-medical prescribers, registered nurses, therapists, specialist support workers and people with lived experience of substance misuse and recovery. Therapy staff delivered a number of interventions including solution focussed therapy, trauma therapy, cognitive behavioural therapy and acupuncture. Where required, staff supported clients to access physical health, dental, chiropody and optician services in the community.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of clients who used the service. Employment records included application forms, structured interviews, Disclosure and Barring checks and professional registration checks.

The provider supported staff with an induction to the service before they started work. The provider structured inductions to be specific to the role recruited to and provided opportunities to shadow existing staff. Staff we spoke with told us about the induction they had completed. However, the provider did not update staff employment records to demonstrate that all staff in the service had completed their induction.

Managers supported staff through regular, constructive appraisals of their work. The provider appraised staff performance annually from the date that staff member commenced employment. During the first year of employment, the provider supported staff performance at probation reviews. At the time of our inspection, the provider reported 70% of eligible staff received appraisals between April 2021 and April 2022. This was in line with the provider's target.

The provider required new staff to participate in probation reviews after three, six and nine months in post. Probation reviews were structured to include workplace relationships, competency assessments and development plans.

Managers supported registered nurses and support workers with regular supervision. The provider had a target to complete supervision with front line staff every six to eight weeks and a target completion rate of 75%. Supervision conversations were structured and recorded. Between April 2021 and April 2022, the provider recorded a completion rate of 77%. Managers recognised the frequency of supervision meetings with staff had reduced during the COVID-19 pandemic and had actions in place to support improvement.

# Residential substance misuse services

The service manager planned to re-introduce team meetings as they had not occurred regularly during the COVID-19 pandemic. The service manager shared the date and agenda for a team meeting planned for June 2022. Managers used other meetings in the service to share essential information and support staff wellbeing.

Managers identified staff training needs and provided time and opportunity for staff to develop their skills and knowledge. We saw this evidenced in completed staff supervision records.

The provider made specialist training available for the roles staff held. Registered staff spoke positively about training opportunities available to them. These included non-medical prescribers, physical health, safeguarding and leadership training.

The provider supported managers to identify and deal with poor staff performance. This included a dedicated human resources manager and policy guidance. Managers initially dealt with poor staff performance through probation reviews and supervisory practices. Between April 2021 and April 2022, the provider reported performance management procedures for five staff. Of these, two resulted in terminated employment.

The provider recruited, trained and supported volunteers to work in the service. The provider completed Disclosure and Barring checks of all volunteers and required volunteers to participate in mandatory learning and supervision.

## Multi-disciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The service had effective working relationships with other relevant external organisations.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff from each team in the service met weekly at multidisciplinary meetings. Staff discussed clients progress at five weeks and ten weeks of participation in the therapeutic rehabilitation programme. Records of multidisciplinary meetings showed staff also discussed safeguarding concerns, incidents, and actions and lessons learned arising from incidents.

Staff within teams met regularly throughout the day to share information about clients and any changes in their care. Staff representatives from each team met daily to share information from across the service. This included information from each team's handover and feedback from the client's first therapeutic group of the day.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Staff reported teams within the service worked well together.

Staff we spoke with reported effective working relationships with external teams and organisations. This included local mutual aid groups, mental health services, children and family services and other local substance misuse services. With permission, staff wrote to clients' GPs in to inform them of the client's admission and their prescribed detoxification plan. As part of this inspection we contacted four stakeholder organisation who worked closely with the service. All reported an effective working relationship.

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

Adherence to the Mental Health Act was not applicable. The service did not treat people subject to the Mental Health Act. At the time of our inspection, the provider did not make training on the Mental Health Act available to staff.

# Residential substance misuse services

## Good practice in applying the Mental Capacity Act

**Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.**

The provider included the Mental Capacity Act and Deprivation of Liberty Safeguards as mandatory learning in the service. At the time of our inspection, the provider reported a completion rate of 92%. The provider also had a policy in place to guide staff practice.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge to their work and knew what to do if a client's capacity to make decisions became impaired during their stay in the service.

Staff we spoke with knew when and where to access advice on application of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Between April 2021 and April 2022, staff had not been required to make any Deprivation of Liberty Safeguards applications.

Staff ensured service users consented to care and treatment. All of the clinical records we reviewed evidenced an assessment of mental capacity and of consent to treatment.

## Are Residential substance misuse services caring?

**We rated it as good.**

## 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 them to understand and manage their care, treatment or condition.**

During our inspection we spoke with eight clients. Clients spoke positively about staff, reporting they were approachable, caring and interested in their recovery. Our observations during the inspection supported this. Many found the presence of staff with lived experience of recovery particularly useful to their own treatment. Staff celebrated a client's success when they completed the therapeutic rehabilitation programme. This included a graduation ceremony and the title 'graduate' of the service.

Clients told us staff supported their privacy and dignity. This included during searches and knocking before entering bedrooms.

Staff were committed to person-centred care. The provider's therapeutic rehabilitation programme supported clients to understand their substance misuse and manage their own recovery. The programme ran over 12 weeks and each week took a specific focus on one area. For example, week one focussed on denial, and week seven focussed on relationships. Staff delivered the programme during group sessions, workshops and one to one meetings.

# Residential substance misuse services

Staff helped and supported clients when they needed it. Handovers between staff highlighted those clients that might need additional support.

Staff directed patients to other services and supported them to access those services if they needed help. This included housing, benefits, physical health specialists and mental health services. As part of the service's recovery team, the provider employed staff specifically to assist clients' housing or financial concerns.

The provider held a confidentiality policy for the service. Staff we spoke with were familiar with this and adhered to it. Employment records showed staff signed a confidentiality agreement when they joined the service. Staff ensured clients understood confidentiality arrangements in the service. Clinical records contained client confidentiality agreements and details who information could be shared with and what type of information could be shared.

## Involvement in care

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

## Involvement of patients

The provider required clients accepted into the service to attend pre-admission groups. The groups provided clients with information about the service and helped them prepare for their admission. Once admitted to the service, staff offered clients an induction book with information including confidentiality, complaints and the provider's expectations around conduct and behaviour. Staff also assigned a peer partner to support newly admitted clients. Our conversations with clients supported this.

Our conversations with clients confirmed staff involved them and gave them access to their care plans and risk assessments. Clinical records also demonstrated client involvement in assessing and planning care.

Staff from all areas of the service supported clients to identify, understand and manage all areas of their treatment and recovery. This included physical health, mental health and social care needs.

The service manager met with clients fortnightly to give them opportunity to be involved in day to day decisions about the service. The provider did not have systems in place to allow clients to be involved in staff recruitment or the service's governance processes.

Clients told us they could give feedback on the service they received. The provider made feedback forms, meetings and exit questionnaires available to clients. Daily therapeutic groups also provided clients with opportunities to give feedback on the service.

Staff supported clients to develop unplanned exit plans. Unplanned exit plans were for those clients who chose to take their own discharge or left against the advice of staff. We found unplanned exit plans in all of the clinical records we reviewed. Plans included harm reduction information.

Staff made sure patients could access advocacy services. Induction packs for clients included information on local advocacy services.

## Involvement of families and carers

**Staff involved families and carers appropriately. The provider offered a family and carer group that was open to anyone with a friend or family member experiencing substance misuse challenges**

# Residential substance misuse services

The provider ran a well-established, weekly family and carer group. The group was open to anyone with a friend or family member experiencing substance misuse challenges. Friends or family members of clients in treatment with the service did not need the client's permission to attend. People chose to join the group in person or remotely through a digital platform. The provider introduced remote attendance during the COVID-19 pandemic and, based on feedback, decided to continue it as restrictions introduced during the pandemic were reduced.

We spoke with six people in contact with the provider's family and carer group. Five had had a friend or relative who had received treatment from the service. They told us the group was accessible and they had experience of attendance in person or remotely over a digital platform. Remote attendance allowed people to attend more often and made the group accessible to people all over the country. All provided positive feedback on the group. Some described it as a 'safe space', 'a place to learn', 'supportive', 'an opportunity to open up', 'non-judgemental' and 'a place for people in the same situation'. All were positive about the service their relative or friend had received, and they felt confident about their relative's recovery because of the aftercare provided by the service. All praised the staff that supported the group. Attenders to the group told us the provider asked for feedback on the service provided and they believed the provider listened and acted on this feedback. All knew how to raise a complaint and felt confident to do so.

The service had not circulated a family and friends feedback questionnaire for two years. However, the providers engagement and consultation plan detailed the re-introduction of the feedback questionnaire with a pilot project commencing in May 2022.

## Are Residential substance misuse services responsive?

Good 

**We rated it as good.**

### Access and discharge

**Staff worked with clients and other professionals to manage referrals, assessments and waiting times to access the service. Staff managed discharges and ensured clients did not stay in the service longer than they needed to. The provider offered support to clients beyond their discharge from the service.**

### Bed management

The provider offered detoxification and residential rehabilitation programmes for clients. Admission for alcohol detoxification averaged five to seven days, and opiate detoxification twenty to forty days. The residential rehabilitation programme was between 12 and 14 weeks. People were admitted to either programme depending on their needs, although people commonly completed both with the service.

Staffordshire County Council commissioned rehabilitation and detoxification services from the provider. They purchased 22 rehabilitation and three detoxification beds to serve the needs of their local population. Other commissioning services from across the country purchased from the provider on an as and when basis. Services were also available for purchase by people wishing to self-fund their treatment, but this accounted for only a small part of the service.

When we inspected the residential unit had three vacant beds, but all had allocated individuals awaiting admission. The detoxification unit had two empty beds; clients were admitted to both during the day of our inspection.

# Residential substance misuse services

In addition to professional referrals, the service accepted self-referrals. The provider's website included a referral form to download. The provider's assessment team received and reviewed referrals to the service. Assessment staff offered clients who met the referral criteria a pre-admission assessment, this included a clinical assessment of physical health and mobility requirements.

The provider maintained waiting lists for access to assessment and post-assessment treatment. Staff worked with partner organisation to monitor people on the waiting list to identify changes in their level of risk or need for admission. This occurred weekly.

Following an assessment, the provider encouraged clients waiting for treatment to participate in up to six preparatory pre-admission groups. During the COVID-19 pandemic the provider used digital platforms to facilitate remote attendance to pre-admission groups. At the time of our inspection, the provider reported 20 people engaged in pre-admission groups and an approximate waiting time of six to eight weeks to access treatment.

Staff worked together to manage beds in the service. Staff facilitated transfer from detoxification to the rehabilitation unit during normal working hours. Successful discharges from the service also occurred during normal working hours. Staff discouraged clients from taking an unplanned discharge during the night.

## Discharge and transfers of care

Staff supported clients during referrals and transfers between services. For example, if a client required inpatient treatment in an acute hospital.

Staff supported clients to plan for discharge from the service. During week 10 of the therapeutic rehabilitation programme, staff reviewed discharge location and recovery plans with clients. Clients worked with staff from the provider's Recovery Academy throughout their stay and more closely towards the final two weeks of their programme. This focussed on aftercare and recovery planning for the community or the provider recovery houses. Staff held a graduation ceremony to celebrate a client's successful completion of their treatment in the service.

The provider offered clients continued support beyond their discharge. Staff facilitated three abstinence based aftercare groups each week. There was no limit on attendance to these groups. Staff also facilitated a relapse prevention group for those needing additional support to maintain abstinence. In addition to the groups, the provider offered a 24 hour helpline that encouraged clients to call for support rather than relapse to substance use. Staff in the residential unit managed the line to cover the 24 hour period and maintained a record of the calls received and actions taken to manage the concern.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. While not each client had their own bedroom, all could keep their personal belongings safe. There were quiet areas for privacy.**

Not each service user had their own bedroom. Number 127/128 accommodated up to 24 clients, with 10 single rooms and seven double bedrooms. There were five communal bathrooms and two bedrooms had en-suite facilities. Accommodation was provided over three floors, with a lift available for those with mobility needs. Number 130 accommodated up to 12 clients in single rooms with en-suite facilities. It was occupied by clients reaching the end of their stay and able to manage greater independence.



# Residential substance misuse services

Number 129 accommodated up to six clients for detoxification. There were two double rooms and three single rooms, all had access to en-suite facilities. When we inspected, continued COVID-19 precautions limited occupancy of double rooms to one client. One ground floor room next to the nurse's office was a designated observation room used to support clients assessed as of greater risk during detoxification.

Clients had the opportunity to personalise their rooms. All bedrooms had lockable safes in which valuables could be stored.

Treatment and residential areas had communal areas including lounges, kitchens and dining areas. All were well maintained and comfortably furnished.

The service had a range of rooms and equipment to support care and treatment. This included a number of interview rooms for one to one sessions and large group rooms used to deliver the therapeutic rehabilitation programme. The provider made wireless internet access available for clients and staff. This supported remote access and participation in the programme when needed.

The service had quiet areas and rooms to meet with visitors in private. For example, there was a designated library area in Number 127/128

Principles of the therapeutic rehabilitation programme limited access to mobile phones and other electronic devices. However, clients were able to access mobile phones from staff safe keeping at designated times and for designated activities. For example, to access banking applications or contact family members. The service did have a payphone, again access was at designated times and for designated activities.

There was access to secure and well maintained outside areas across the service. The provider had recently created a tranquillity garden at Number 126.

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

The service offered a variety of meal options. Breakfast was a self-service buffet. There were lunchbox choices for clients on the therapeutic rehabilitation programme. The provider offered two evening meal choices alongside other healthier options.

## Patients' engagement with the wider community

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

The structure of the therapeutic rehabilitation programme equipped clients with knowledge and skills to maintain their abstinence from substances in the community. Clients who moved on to the provider's recovery houses were required to participate in 30 structured hours per week of either education, volunteering or employment. In addition to voluntary opportunities in the service, the provider ran a local tearoom that offered voluntary and salaried opportunities to clients who had used the service.

Staff helped clients to stay in contact with families and carers. The therapeutic rehabilitation programme supported clients to manage their personal relationships.



# Residential substance misuse services

Staff encouraged clients to develop and maintain relationships both in the service and the wider community. The structure of the therapeutic rehabilitation programme promoted participation, requiring clients to work together in groups and in the residential settings. Staff supported clients to develop relationships in the service but were mindful of and discouraged the development of exclusive relationships. Community mutual aid groups supported the service's programme and allowed clients to establish recovery support in the community prior to discharge.

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

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

The provider had made adjustments in the service to support disabled clients or those with mobility needs. Number 130 had one adapted ground floor room and the detoxification service's observation room had an en-suite wet room. Ramps were in place to support access to therapy areas. However, the age and layout of the service limited access for some clients. Staff made individual assessments of disabled people or those with identified mobility needs to ensure the service could be delivered safely and effectively to them.

Staff could get help from interpreters or signers to work with clients when needed. The provider believed they could provide safe and effective detoxification treatment to clients for whom English was not their first language. However, the therapeutic rehabilitation programme required engagement and participation that could not be effectively facilitated with interpreters. For example, the need to share and articulate thoughts and feelings, to engage and fully participate in group activities, and to participate in peer support.

The service had information leaflets available in languages spoken by the clients and local community. Staff told us information could also be accessed in large print for clients that needed this.

Staff supported clients to access spiritual, religious and cultural support. They facilitated service user's cultural dietary needs and mealtimes.

## 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.**

Between April 2021 and April 2022, the provider recorded five formal complaints about the service. During the same period, the provider recorded 89 comments or compliments raised about the service. Staff used feedback to learn, celebrate success and improve the quality of care.

Our conversations with clients of the service confirmed they knew how to complain or raise a concern. All felt confident to raise a concern and two told us they had done so. Both had been satisfied with how staff and the provider had responded to the concern and actions taken to resolve it.

The provider displayed information in all areas of the service about how to raise a concern or complaint.

The provider had a complaints policy and procedure in place. Staff we spoke with were familiar with the policy and knew how to handle a concern or complaint when it was raised to them. Staff protected patients who raised concerns or complaints from discrimination and harassment.

# Residential substance misuse services

The service manager investigated complaints from which they identified actions and learning. Where necessary the provider commissioned investigations from consultants external and independent to the service. The manager shared actions and learning from complaint investigations with staff.

Managers shared feedback from comments or complaints with staff. We saw evidence of improvement in the service as a result of comments or complaints received. For example, improved access to wireless internet and additions to the client assessment form to better account for personal care needs.

## Are Residential substance misuse services well-led?

Good 

**We rated it as good.**

### Leadership

**Leaders had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.**

Leaders were visible in the service and approachable for clients and staff. The CQC registered manager, strategic director and managing director were based at Number 126 with offices available to clients and staff. Results from the provider's staff survey, completed in April 2022, supported this. From a total of 53 staff, 36 responded giving a response rate of 68%. Of the respondents, 89% agreed senior leaders were visible and approachable.

The provider had a clear and established definition of recovery. Leaders understood this and could explain how the service worked with and supported clients to establish recovery.

Senior leaders had the knowledge and experience to perform their roles. They had a good understanding of the service and had identified areas of improvement and challenge in the year ahead. When our inspection identified immediate concerns in the service, leaders acted promptly to resolve them.

The provider made leadership development opportunities to staff. Managers in the service were completing Institute of Leadership and Management programmes.

### Vision and strategy

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

The provider had an established mission statement and values. The service website provided information on both. Managers used the provider's values in staff recruitment and appraisal activities.

Staff we spoke with were familiar with the providers mission statement and values. They provided examples of how they applied these to their work.

Managers invited feedback from staff about how the provider's values had been demonstrated in the day to day delivery of the service. We saw examples of staff feedback on the provider's value 'hope'.

# Residential substance misuse services

## Culture

**Staff felt respected, supported and valued. They could raise any concerns without fear.**

Staff felt respected, supported and valued. Results from the provider's staff survey, supported this. Of the respondents, 81% reported feeling appreciated and valued for the job they did.

Staff felt positive about their work and proud about working for the provider. This was demonstrated in our conversations with staff and supported by the provider's staff survey.

Staff told us teams worked well together. Again, this was supported by the provider's staff survey. Respondents agreed teams within the service supported, encouraged and were quick to help one another when needed.

The provider had a Freedom to Speak Up and whistleblowing policy for the service. Staff we spoke with knew how to speak-up in the organisation and most felt confident to do so. Of the respondents in the staff survey, 86% felt able to raise a concern and were confident the provider would act on them.

Staff appraisals included conversations about training, career development and how the provider could support it.

The provider had arrangements in place with an occupational health service. This allowed staff support with their own physical and emotional health needs when they needed it.

The provider held an equality, diversity and inclusion policy. At the time of our inspection, the provider's human resources manager was reviewing the policy. This was in line with the provider's policy review schedule.

Managers dealt with poor staff performance when needed. The provider supported managers to identify and deal with poor staff performance. This included a dedicated human resources manager and policy guidance.

The provider recognised staff success within the service. The service's weekly multidisciplinary meeting included discussion and recognition of staff success. These were recorded as 'good news stories'

## Governance

**Our findings from the safe key questions demonstrated that governance processes did not always work as effectively.**

Our inspection highlighted a number of safety and quality concerns that the provider's existing governance systems had not. For example, an out of date ligature risk assessment and staff had not always followed the provider's policy to ensure relevant staff were assessed as competent to administer and support clients with medication. In addition, the provider had not reviewed the list of restricted items in some time and had not checked to ensure the consistency of the quality of handover records. The service manager acknowledged where, during the COVID-19 pandemic, previously established practices had not taken place and development of the service had not taken place. This included lessons learned emails and team meetings. Following the inspection, the provider shared plans to review and improve governance systems in the service.

The provider held clinical governance meetings every six months. There were a number of other groups held in the service that contributed to clinical governance in the service. These included a quarterly medical governance meeting, a quarterly risk management meeting, a monthly health and safety meeting, and a monthly policy review. Senior leaders

# Residential substance misuse services

attended clinical governance meetings and reports, including incidents, staff training and outcome measures, supported discussion and outcome actions. We reviewed records of the clinical governance meeting in December 2021. The record clearly documented agreed action points, but not always who was responsible for completion of the action and by when.

The provider had a framework of what must be discussed in meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Although not regularly taking place at the time of our inspection, we saw the agenda for future team meetings included essential information. The format of the weekly multidisciplinary meeting also prompted for essential information to be shared. This included safeguarding concerns, incidents and lessons learned. The provider's structure of clinical governance meetings also included sharing and discussion of essential information.

Staff participated in local clinical audits. These were primarily in the detoxification part of the service and were used to monitor safety and quality in the service and, where necessary, used to guide improvement. Failures to complete audits were reported as incidents in the service. We saw one example of this when in February 2022, staff had not completed fridge temperature monitoring. The audits were sufficient to provide assurance about the safe storage and record keeping of medications in the service.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff worked together and met regularly to manage admissions and discharges to the service, and to share information about changes to client risk or presentation and agree actions to support those changes. The provider had established arrangements in place for working with teams outside of the service. This included to safely manage referrals and waiting times for admission, share progress updates and plan for discharge. Stakeholder feedback about working arrangements with the service was good.

## Management of risk, issues and performance

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

The provider maintained an up to date risk register for the service. Risks identified on the register included staffing, serious untoward incidents and infection prevention control. The register recorded likelihood and impact of the risk, along with actions to reduce or manage the risk. Managers submitted risks highlighted by staff to the risk register.

The provider held plans to manage emergencies in the service. This included adverse weather and infectious outbreaks.

We saw evidence the provider was investing in the /service to ensure safety and quality, and to improve the experiences of clients and staff.

## Information management

**Staff collected analysed data about outcomes and performance. Where required they shared this information locally and nationally.**

Managers in the service had access to information to support them with their management role. This included information on the performance of the service, staffing and client outcomes. This information was in an accessible format, and was timely, accurate and identified areas for improvement.

# Residential substance misuse services

Staff had access to the equipment and information technology needed to do their work. The service manager was exploring opportunities to increase electronic clinical recording in the service and had recently supported the transition of incident reporting to an electronic system. The information technology infrastructure in the service worked well and helped to improve the quality of care. For example, by facilitating remote access to meetings and therapeutic groups.

The provider held policies and procedures to manage information governance in the service. This included the confidentiality of client information and clinical records.

The service manager made notifications to external bodies as needed.

Our observation from inspections confirmed information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it. Since our previous inspection the provider had integrated records so that staff from all areas of the service contributed to one clinical record for an individual client.

Records demonstrated that staff completed service confidentiality agreements with clients. We saw the induction package for clients included information about confidentiality in the service.

The provider had developed information-sharing processes and joint-working arrangements with other services. Staff met regularly with services that commissioned detoxification and rehabilitation treatment from the provider. This included discussion about the performance of the service to meet agreed targets.

## Engagement

**Managers engaged actively with people who used the service, their family or carers, and staff. Staff met regularly with stakeholder organisations and held good working relationships with them.**

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. The provider maintained information online, including an intranet for staff and service website.

Our conversations with clients, family members and carers confirmed they had opportunities to give feedback on the service they received. The provider's engagement and consultation plan detailed approaches to consultation and how information gathered would be used to improve service development and delivery.

We saw that managers and staff had access to the feedback from clients, family members and carers and used it to make improvements. An example of this was the continuation of digital platforms to support access to the service's support groups.

Managers and staff involved clients, family members and carers to be involved in day to day decision making about changes to the service. However, the provider did not have a process that facilitated involvement in wider service changes including staff recruitment and governance meetings.

As part of this inspection, we contacted four stakeholder organisations who worked closely with the service. All reported positively about the effectiveness and quality of communication with the service. Working relationships were described as good and the service was considered to be open, honest and amenable to feedback. Staff met regularly to discuss safety and quality in the service.

## Learning, continuous improvement and innovation

# Residential substance misuse services

## **The provider worked in partnership to demonstrate the effectiveness of the service locally and nationally.**

The provider had recently developed and implemented a quality improvement plan in the service. The plan had been successfully implemented to review the clinical environment in the detoxification service and deliver a redesign of the environment. The provider evaluated the outcome of the plan positively.

The provider held a partnership with a local university. The partnership project aimed to demonstrate the effectiveness of the service, provide education about recovery and rehabilitation services, reduce stigma, and provide hope and inspiration to individuals with active addiction. This project was ongoing at the time of our inspection.

The provider worked in partnership to improve outcomes for clients and staff. For example, the provider worked with a local charity to support graduates of the service to develop independent living and vocational skills. The provider was also working with partnership organisations to improve the clinical supervision offer for registered nurses in the service.

With the consent of clients who used the service, the provider contributed to the National Drug and alcohol Treatment Monitoring System (NDTMS). NDTMS looked at how many people used drug and alcohol services in England and how well these services helped those people.

The service's founder and managing director was a long-time advocate for abstinence based treatment and residential rehabilitation programmes. They contributed to a number of national advisory groups, including Dame Carol Black's 2021 review of drug prevention, treatment and recovery services. They were founder and co-chairperson of the Recovery Group UK, an organisation established to support reform of drug and alcohol treatment systems. This included ensuring access to quality treatment programmes and also to housing, education and employment opportunities.

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 treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The service did not always follow policy and best practice to safely administer medications.