The Recovery Lodge

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated The Recovery Lodge as good because:

The Recovery Lodge had made some improvements following our last inspection. This included the way they assessed clients alcohol withdrawal symptoms.

The Recovery Lodge was well maintained and cleaned to a high standard.

Staff were aware of their roles and responsibilities and took appropriate measures to safeguard clients from avoidable harm and/or abuse.

Treatment was effective and complied with national guidance on the use of medicine to treat alcohol and drug use. Psychosocial interventions as recommended by National Institute for Health and Care Excellence were facilitated by skiled staff.

Staff assessed clients' needs and care and treatment was delivered in line with legislation and evidence based practice. Each client had a clear treatment pathway, with a focus on recovery and discharge planning.

Care plans considered the client's views and considered their physical and mental health needs as well as their social needs. They were person-centred with a focus on recovery. However, they varied in the detail recorded.

Staff had the skills and experience to deliver effective care and treatment.

Staff treated clients with compassion, dignity and respect. Clients spoke extremely positively about their care and treatment at the service.

The Recovery Lodge was responsive and met clients needs. The facilitis and premises were appropriate for the service delivered. Care was accessible, planned and coordinated. Care and treatment was deleivered in a way that met the needs of the individuals using the service. Complaints were responded to in a timely way and used to implement positive changes.

Staff supported and encouraged clients to develop and maintain relationships with people who mattered to them. Clients were supported to take part in activities that were socially and culturally relevant and important to them.

The Recovery Lodge was well-led. Leaders were competent and capable and experienced in substance misuse. They promoted an open and fair culture at the service.

The service ahd a clears set of values and vision. Plans were in place to ensure high quality care could be delieverd.

Morale amongst staff was very high. Staff felt proud and valued to work at the service. Relationship smaongst staff were strong and supportive.

There were clear systems, role and responsibilities to support good governance and and management. The service continually looked to find ways they could improve and learn.

However:

Care and treatment was not routinely delivered in a safe way. The service did not always adhere to their own exclusion criteria. This meant clients could have been admitted whose needs were above those the service could safely manage.

Medicines were not always administered safely. Records of administration on medicine charts were inconsistent and not in line with the providers policy. Staff did not clearly document the doses of medicines they administered. Medicines that were no longer in use were not crossed off the medicine charts. Prescribing of medicines was incorrectly recorded on an administration record.

Physical health was not always monitored in a way that recognised or responded to signs of deterioration.

Summary of findings

Contents

Good

The Recovery Lodge

Services we looked at:
Substance misuse/detoxification.

Summary of this inspection

Background to The Recovery Lodge

The Recovery Lodge is a medically monitored, detoxification and rehabilitation centre based in Kent. The service offers treatment for drug and alcohol addictions as well as maladaptive behaviours such as gambling addiction.

The Recovery Lodge provides ongoing abstinence based treatment, with a focus on the 12-step programme. The service accepted self-referrals and referrals from professionals for both males and females, over the age of 18 years. Clients' treatment was privately funded or paid via insurance.

The Recovery Lodge was registered with the Care Quality Commission (CQC) on the 14 January 2016 to provide accommodation for persons who require treatment for substance misuse. At the time of the inspection, the service had a registered manager and nominated individual.

The Recovery Lodge was first inspected on 27 and 28 February 2017. Following that inspection, we found the provider to be in breach of regulation 12, safe care and treatment and regulation 18, staffing. We told the provider they must take the following actions:

- The service must ensure that all staff complete level two safeguarding training.
- The service must ensure that all staff complete all mandatory training within a reasonable timescale.
- The service must ensure that they use formal assessment tools recommended by the National Institute for Health and Care Excellence guidance CG115 to assess the nature and severity of alcohol misuse and as per their detox protocol.
- The service must ensure that risk assessments capture all relevant information including how staff will mitigate any identified risks.
- The service must document all physical interventions for clients including taking blood glucose levels.

Following the comprehensive inspection on 26 July 2018, we found the provider had taken appropriate action to mitigate risks associate with regulation 18, staffing. However, the provider needed to make further improvements in respect of regulation 12, safe care and treatment and a requirement notice was issued. Further details can be found within the report.

Our inspection team

The team was comprised: two CQC inspectors and a CQC pharmacy manager.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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.

Summary of this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service and one relative;
- spoke with the registered manager;
- spoke with four other staff members; including a nurse and support workers;
- attended and observed a shift-to-shift hand-over meeting;
- looked at six care and treatment records of clients:
- looked at eight staff supervision and human resources files;
- carried out a specific check of the medicine management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During the inspection, we spoke with four clients and one relative. All were very positive about their care or treatment and experience of the service.

Clients told us staff were extremely supportive and caring, interested in their well-being and always respectful whilst supporting them with their individual needs. They felt involved empowered and active partners in the planning of their care or treatment. Staff were quick to respond to their needs whilst enabling them to be as independent as possible. Clients told us group activities and therapy sessions were engaging, varied and focussed on their recovery needs. They felt the service was homely and had a holistic approach.

Relatives told us they were extremely confident in the care provided by staff to their relatives and they felt they were safe at the service. They felt actively involved in their relatives care and understood agreement had to be given by the client.

Clients and relatives spoke very highly of the family intervention sessions which were hosted prior to discharge. Clients felt they encouraged open and honest discussions about their addiction and recovery and relatives told us they benefited from understanding the process.

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?

Requires improvement 

We rated safe as **requires improvement** because:

- The service did not always adhere to their exclusion criteria when admitting clients to the service. This meant they may not have been able to meet the client's needs safely.
- Risk assessments and risk management plans were inconsistent and not always detailed or reflective of risks identified during the clients' comprehensive assessment.
- Records of administration on medicine charts were inconsistent and not in line with the providers policy. Staff did not clearly document the doses of medicines they administered. Medicines that were no longer in use were not crossed off the medicine charts. Prescribing of medicines was incorrectly recorded on an administration record. The provider had not signed up to receive or act upon medicines safety alerts.
- There were no emergency medicines held on site. At their discretion, the service did not accept clients with complex needs and therefore the risk was low. However, there was no documented risk assessment or discussion in place to support this decision.
- The medicines policy did not fully cover transcribing of medicines on to medicines administration records and was done by staff who were not qualified to do this.
- There were no means to weigh clients as per the providers medicines policy. This meant staff were not assured they were giving the correct dose of a medicine based on national prescribing guidelines.
- Staff completed daily blood pressure checks. However, they were only completed once a day, irrespective of the result. Staff did not take appropriate action to ensure they fell back into safe limits.
- Staff completed clinical institute withdrawal assessment (CIWA) for alcohol form to monitor withdrawal symptoms. However, when repeated high scores were reported, staff did not always take appropriate action and seek advice from the psychiatrist.
- The service did not carry out urine or breathalysing checks either at the point of admission at any time during the clients care and treatment as per their policy.

Summary of this inspection

- On discharge, a summary of treatment during the client's stay at The Recovery Lodge, was not routinely given back to the GP so they were informed and up-to-date with any treatment received whilst at the service.
- Not all staff had completed the mandatory training courses relevant to their role.
- Some files contained contemporaneous notes, completed by staff, that were illegible to read due to poor handwriting.
- Staff did not complete a clinical audit to monitor the effectiveness of infection control procedures.

However:

- The Recovery Lodge was well maintained. The service was cleaned to an exceptionally high standard.
- Staff carried out an environmental risk assessment every six months, which included maintenance of the buildings and external areas, including fixtures and fittings.
- Medical summaries were obtained from GP's. Clients signed to give consent for staff to do this on admission.
- Staff completed a severity of alcohol dependence questionnaire (SADQ). This was identified as an area for improvement following the last inspection, for which the service had taken appropriate action.
- There were enough staff to provide care and treatment. There were enough staff available for clients to have regular one-to-one time.
- There were appropriate systems embedded to safeguard adults and children at risk. We found all staff to be open and transparent, and fully committed to reporting incidents and near misses when identified. The service adhered to duty of candour responsibilities.
- Recruitment processes and staff employment checks were comprehensive and records were well maintained by the manager.

Are services effective?

Good

We rated effective as **good** because:

- Clients received a timely assessment upon admission. Staff assessed the needs of clients at admission; this included an admitting psychiatrist assessment. Staff used information gathered during the assessment to complete care plans with the client and determine, where required, the detoxification regime for clients.
- There was evidence of staff following National Institute for Health and Care Excellence guidance in the prescribing of medicines to support alcohol and opioid detoxification

Summary of this inspection

- The therapy programme provided clients with psychological therapies recommended by the National Institute for Health and Care.
- Care records contained a copy of a summary from the client's registered GP. If clients did not live locally, staff registered them with a local surgery if required.
- Staff were appropriately skilled to meet the needs of the clients. Staff received an induction to the service and regular supervision.
- Staff received training in the Mental Capacity Act and understood the impact it could have when working with clients in substance misuse.
- The service offered clients an after-care service after successfully completing treatment at The Recovery Lodge.
- The service promoted equal opportunities, diversity and anti-discriminatory behaviour. This was evident in treatment agreements and interactions between staff and clients.

However;

- Care plans were varied in the detail recorded. Some were comprehensive, personalised, and holistic and recovery oriented to support clients through their care and treatment pathway. Others lacked detail but were still person-centred with a focus on recovery.
- The detail and completeness of assessments varied and clients' strengths and goals were not always identified or documented.

Are services caring?

Outstanding ☆

We rated caring as **outstanding** because:

- We observed staff behaviours and attitudes when interacting with clients. Staff treated clients, with dignity, respect and compassion. Clients told us staff were extremely supportive, caring and interested in their well-being.
- Care plans showed active involvement and collaborative working between clients and staff. Input from carers and family members, where appropriate, was evident in care plans.
- Clients were given a welcome pack with information about the service and what to expect whilst receiving care and treatment. Staff welcomed clients and their relatives on admission and orientated them to the environment and introduced them to other clients.
- Staff empowered and supported clients to actively participate in mutual aid groups within the community and at the service.

Summary of this inspection

- Staff supported clients to make choices about sharing their information. All client files contained a confidentiality and information sharing agreement,
- Clients could give feedback on the service they received at community meetings and via a suggestions box. Clients completed a graduation questionnaire on discharge from the service.

Are services responsive?

Good

We rated responsive as **good** because:

- The Recovery Lodge had a range of rooms to support treatment, which included therapy rooms and a well-maintained outside area. Clients could safely secure their possessions.
- The service provided clients with access to activities, including at weekends. There was a structured therapy programme, attendance at mutual aid groups and social activities. Clients told us activities and treatment offered was relevant to their needs.
- As part of the admissions process, mobility, dietary, and spiritual needs were considered by staff to ensure clients' individual needs could be met.
- Clients completed a continued recovery plan (CRP) during their treatment. Clients could contact the service after discharge and an after-care service was provided.
- The service followed up on clients who had attended the service after completing treatment to ensure the clients were still abstinent.
- Complaints were reviewed and responded to in a timely way and used to make positive changes.

Are services well-led?

Good

We rated well-led as **good** because:

- The service was well led. The manager and director were involved in the day-to-day running of the service. Both had experience and understanding of substance misuse and a diploma in management and leadership.
- The Recovery Lodge employed an abstinence model of recovery, promoting therapeutic interventions and mutual aid communities to achieve this. Staff we spoke with were aware of the provider's vision and values.
- Staff morale was good. They spoke positively about their jobs, colleagues and managers. Staff demonstrated a passion for working with clients experiencing substance misuse.

Summary of this inspection

- Staff reported good relationships with the service manager, describing them as approachable and supportive.
- The governance arrangements reflected some good practice. There were clear complaints and compliments procedures, regular reviews of policies, procedures and service delivery.
- Systems were in place to ensure that staff learnt from incidents, complaints and service user feedback. actions were planned to improve the service
- Staff had regular team meetings where service delivery and improvement was discussed.
- Clients, and their families, could contact the manager directly concerning their care. There were examples of the service making changes because of client feedback.
- The service had acted on the previous inspection findings and had introduced a board of directors. The service had reviewed the policies and alcohol and opiate pathway to improve clinical practice.

However:

- Service leads did not always analyse information to monitor or improve the service's performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act and Deprivation of Liberty Safeguards training was set by the provider as mandatory for all staff working at the service. At the time of the inspection, 82% of staff had completed the training.

Staff we spoke with demonstrated a good level of knowledge and understanding of the principles of the Mental Capacity Act and the impact it could have when working with clients. The service only accepted clients who had overall capacity to consent. For treatment to be successful, clients needed to agree with their admission. As part of the admission process, all clients signed a contract and a consent form. This allowed for the sharing of information with other healthcare professionals, such as the clients GP, and confirmation the client understood what was expected of them during their treatment.

The service had a Mental Capacity policy which staff were aware of.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	Requires improvement	Good	☆ Outstanding	Good	Good	Good
Overall	Requires improvement	Good	☆ Outstanding	Good	Good	Good

Good

Substance misuse/detoxification

Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are substance misuse/detoxification services safe?

Requires improvement

Safe and clean environment

- The Recovery Lodge was a large semi-detached house converted to provide accommodation for clients over three floors. There was a spacious lounge with dining area, a large kitchen, laundry room and two single bedrooms with a shared shower room on the ground floor. There were four bedrooms and a shared bathroom on the first floor and one double bedroom and a bathroom on the second floor. The office was situated in an outer building at the back of the house. There was a shower and toilet room as well as a locked medicines cupboard in the office. Next to the office was a room used for one-to-one staff and client engagement. The therapy room which was used for all group work was located at the bottom of the garden. The rooms were accessible and safe to see people in.
- The front door bell only sounded in the office and had both an intercom system and camera and was key coded. As part of their treatment contract, clients agreed not to answer the front door so that they were not placed at risk of leaving the service and relapsing to substance misuse. Staff met visitors to the service and kept a record of clients and visitors to the premises.
- The service admitted both males and females. All the accommodation was provided in single rooms with no need for either gender to share. This ensured clients' privacy, dignity and safety were maintained and protected. However, bedrooms did not have ensuite bathrooms which made segregated bathroom and toilet facilities difficult. Clients and their families, were made aware of this during the pre-assessment process and as part of the client information pack so did have the opportunity to seek an alternative service if felt their needs could not be met.
- The service was cleaned to an exceptionally high standard. Housekeeping staff were employed to complete a deep clean once a week. Clients completed cleaning duties as part of their therapeutic activity programme. Staff also carried out cleaning duties. The Recovery Lodge was well maintained, as was the wall décor, furniture and fixtures and fittings. The corridors and exits were clear and clutter free.
- Staff carried out an environmental risk assessment every six months, which included maintenance of the buildings and external areas, including fixtures and fittings. Risks were clearly identified and rag rated to highlight the level of risk they presented. Actions were then taken to reduce those risks. For example, the management of infection control and prevention to ensure that clients and staff were protected against the risks of infection. There was notices clearly displayed showing hand washing techniques and hand cleaning facilities and antibacterial gel were located throughout the service. However, staff did not complete a clinical audit to monitor the effectiveness of infection control procedures. Therefore, whilst we observed a high standard of cleanliness, there was limited assurance that the service maintained a good standard of infection control at all times.
- The manager ensured relevant safety checks, including gas, fire safety and legionella were carried out by

professional contractors, with records accurately maintained. The service carried out regular practice fire evacuations. There were smoke detectors throughout the service and instructions detailing the evacuation process was clearly displayed in each bedroom. Fire extinguishers were within easy reach throughout the service and there was a fire blanket in the kitchen.

- The service had a safety alarm system. All clients had access to a personal alarm in their bedroom which was also portable, which when activated alerted staff that assistance was needed.
- Closed circuit television (CCTV) was in place in the communal areas, therapy room the room used for one-to-one engagement. Staff did not continuously monitor the CCTV. This was done on an ad-hoc basis, when needed. Staff told us that it was in place to safeguard clients and staff should an incident happen.

Safe staffing

- There were enough staff to provide care and treatment. The service had a minimum number of staff working on each shift. Staffing levels and skill mix were regularly reviewed by the service manager and were determined by the number of clients, risk presented and their individual needs. At the time of the inspection, the service had a total of 14 staff who were either substantive or contracted to provide services. This included the director, registered manager, three therapists and five support workers. The clinical lead for the service was a consultant psychiatrist. Additional external support was sought in respect of finance and training. They service had also recently contracted on an ad-hoc basis, a band 7 nurse with a background in safeguarding and substance misuse, who also provided clinical advice and support and was working with the manager in reviewing the policies and protocols.
- The director and registered manager were both actively involved in the running of the service and although mainly visible on site between 9am and 5pm, they worked shifts to cover staff absence when required and were always available on call. The service had three therapists and five support workers. The therapists delivered counselling groups and one-to-one therapy, and worked during the day only. The support workers covered a 24-hour period. We reviewed staffing rotas and could see there were anywhere between two to four members of staff available on site between 9am to 5pm. There was one to two members of staff available between 5pm to 8pm and one member of staff completed a waking night shift between 8pm and 9am. Additional staff were available on call and their details were displayed in the office.
- There were enough staff available for clients to have regular one-to-one time. Clients we spoke with told us they had individual sessions with the therapists as part of their therapeutic activity timetable. Outside of this, staff were always available and willing to speak with clients.
- The service never cancelled therapeutic activities due to staff shortages. All clients we spoke with told us therapy sessions and activities had never been cancelled during their time at the service.
- The service had only recently introduced the use of bank staff. However, at the time of the inspection, there were no shifts that required covering.
- In the last 12 months, there had been a total of three substantive staff who had left the service. The service did not report any staff sickness for the same period. At the time of the inspection, there were no staff vacancies.
- A consultant psychiatrist provided medical input to the service and was available via telephone to give advice if needed. The psychiatrist attended the service for every admission. In the event of a medical emergency, staff were aware of their responsibilities to contact the emergency services. However, there was no policy to support this.
- Staff were required to complete mandatory training courses. Staff compliance with mandatory training varied. The service had 11 mandatory training courses for all substantive staff, delivered either face-to-face or via e-learning. Mandatory training included care certificate 100%, emergency first aid 90%, fire safety 64%, MCA and DoLs 82%, administration of medicines 90%, manual handling at 73%, infection control 100%, safeguarding children and adults, both 100%. However, only 27% of staff had completed training in data protection.

Good

Substance misuse/detoxification

- The service had a lone working policy which staff were aware of and referred to. At the time of the inspection, 100% of staff had completed mandatory training in health and safety.
- We reviewed eight staff members human resource files. We found all included enhanced disclosure and barring service (DBS) checks, referencing from previous employers, copies of proof of identification and training certificates/proof of qualification. The registered manager ensured risk assessments were carried out when information of concern was returned as part of the DBS checks. Additional supervision and mentoring support was also put in place to support staff and mitigate risk.

Assessing and managing risk to clients and staff

- The Recovery Lodge provided a medically monitored service. This meant that the service did not accept clients with severe substance misuse disorders or complex needs that would require 24-hour medical input. The service did not hold emergency medicines such as naloxone or midazolam. Naloxone is an emergency medicine used for rapidly reversing opioid overdose. Midazolam can be used for alcohol withdrawal. Staff mitigated risks by completing regular observations of clients and were aware of the action they should take in a medical emergency. However, there was no policy to support this.
- Staff completed a telephone assessment with clients enquiring about accessing the service. The screening identified any potential risks concerning suitability for the service. The manager and consultant psychiatrist reviewed all pre-admission information and could refuse admission of clients assessed as high risk. For example, clients at high risk of withdrawal complications or with complex mental or physical health presentations. The service had an inclusion and exclusion criteria to support this. However, during the inspection, records for one client indicated a recent history of seizures. Based on the exclusion criteria set by the service, this client should not have been admitted to the service. Therefore, the service was potentially admitting clients they had deemed they could not safely manage. We raised this with the manager on the day of the inspection. The manager felt the exclusion criteria needed to be reviewed and there was no presenting risk with the service not being able to safely manage the client's needs.
- We reviewed six clients' care records. Staff carried out risk assessments with clients on, or just after, admission to the service. Risk management plans were developed collaboratively with the client. Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or minimising the harm caused. However, in all six records reviewed, we found the recording of risk assessments and risk management plans was inconsistent and not always detailed or reflective of risks identified during the clients' comprehensive assessment. We found risk management plans did not always summarise all risks identified as part of the client's comprehensive assessment or mental state review with the doctor. Situations in which identified risks might occur, or the action to be taken by the client and staff in response to any crisis, were not always recorded. Individual risk assessments did not always consider the client's previous history as well as their current mental state. For example, where a client had a history of offending behaviour, previous attempts to self-harm or risk of suicide. Concerns with the quality and recording of risk assessments was identified as a breach of regulation during the previous inspection in 2017. This remained a concern at this inspection.
- The consultant psychiatrist reviewed all clients on admission, including medicines and mental state. The assessments were comprehensive. This included a physical health examination to ensure suitability for detox. Detox regimes and medicines were discussed with the clients'. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS120) which states, 'People are given the opportunity to be involved in making decisions about their medicines'. The doctor prescribed medicines for detox, advised staff on medicines administration and was available for staff to contact or for further consultation with the clients if needed. Medicines were administered by support workers.

Good

Substance misuse/detoxification

- For those clients admitted, the admitting psychiatrist completed a further risk assessment as part of their comprehensive review and mental state review, including substance misuse, physical health, mental health, offending, social network and vulnerability.
- Staff completed a severity of alcohol dependence questionnaire (SADQ). The SADQ is used to measure the severity of dependence on alcohol. This was identified as an area for improvement following the last inspection, for which the service had now taken appropriate action.
- Staff completed clinical institute withdrawal assessment (CIWA) for alcohol form to monitor withdrawal symptoms. The CIWA is a ten-item scale used in the assessment and management of alcohol withdrawal. Guidelines state CIWA should be stopped when the overall score is below ten on three consecutive occasions. However, staff had stopped completing assessments for one client whose scores remained above 15. We reviewed the medicine charts and found the client was prescribed and receiving additional medicines to support with their withdrawal symptoms. However, there were no records to indicate staff had discussed the continued high score with the consultant psychiatrist to see if any further review of the client was needed. This issue was identified as a concern at the last inspection and the manager informed CQC training would provide to address the issue. We reviewed the training matrix and found 82% of staff had completed training in using CIWA scale. The training was not mandatory but seen as desirable for staff to complete.
- Except for weighing scales, staff had access to the necessary equipment for completing physical health checks. This included thermometers and blood pressure machines. Staff monitored early warning signs of mental or physical health deterioration during daily contact with the clients and whilst administering medicines. Staff we spoke with told us if they noticed a serious deterioration in a clients' physical health they would contact the emergency services. Staff completed daily blood pressure monitoring checks. However, staff did not take appropriate action when vital checks showed increased or lower than normal blood pressure readings. Staff told us blood pressure readings were completed once a day for all clients and irrespective of the result there was no repeated testing until the following day. This meant staff were not checking to see if the clients blood pressure fell back into a safe limit, or took appropriate action to ensure the clients health needs were met.
- The service did not carry out urine or breathalysing checks either at the point of admission at any time during the clients care and treatment. This was contradictory to the providers admission policy which stated checks would be completed.
- The Recovery Lodge had some blanket restrictions in place. However, these were clearly documented as part of the admissions information and client contract. They included restrictions on leaving the unit and the use of mobile phones. Clients could only use their mobile phones between 5pm and 7pm so as not to interrupt their therapy programme. Staff told us if clients needed to make or receive calls in respect of meetings or appointments, then this would be supported. Information about restrictions was available on the service's website and the manager informed clients as part of the enquiry and pre-admission process. Clients could not leave the service unaccompanied unless previously agreed with staff. The service used a disclaimer to inform carers that clients were their responsibility when off site. We saw this was being used appropriately. However, staff did not complete any drug or alcohol screening checks when a client returned to the service.
- Care records contained a photograph of the client so that staff could clearly identify them. However, out of the six files we reviewed, one file did not contain a photograph of the client.
- On admission to the service, all clients signed to say they consented to the service obtaining a medical summary from their GP. All care files we reviewed had this. However, we did not see records to confirm on discharge, a summary of treatment during the client's stay at The Recovery Lodge, was given back to the GP so they were informed and up-to-date with any treatment received whilst at the service.
- We observed a staff shift-to-shift handover meeting which included a discussion of individual risks for each client.
- The provider had an observation policy in place. Staff we spoke with were aware of the procedures for the use

of observation. Observation levels for each client were based on individual and clinical need. We observed staff regularly monitoring clients' whereabouts whilst at the service to ensure their safety and well-being. Clients receiving treatment for detox, confirmed staff kept a close eye on them, especially in the first few days of their detox programme. We saw an example of an observation record for a client checked regularly during the first two days of detoxification

- Staff we spoke with were aware of the procedures for carrying out searches during a client's admission. We also saw that an understanding and agreement to searches formed part of the treatment contract with clients.

Safeguarding

- There were appropriate systems embedded to safeguard adults and children at risk. Staff we spoke with told us they had not experienced many safeguarding concerns, but they would be discussed during shift-to-shift handovers, at team meetings and during supervision. If required, staff knew how to raise a safeguarding alert to the local authority safeguarding team. The service had reported one safeguarding concern since opening in 2016. Staff we spoke with had a good understanding of safeguarding issues and their responsibilities in relation to identifying and reporting allegations of abuse.
- Staff received mandatory training in safeguarding adults and children at risk. At the time of the inspection, 100% of staff had completed both training courses.

Staff access to essential information

- All information needed to deliver care was available to all staff when needed and was in an accessible form. Each client had an individual file with all their paper records including, risk assessments, care plans, comprehensive assessments and daily records, stored in a lockable cupboard in the office. However, where records were handwritten, some of those records were illegible due to poor handwriting.

Medicines management

- Medicines were stored securely, ordered and disposed of appropriately. The service had a policy on medicines, which had just been reviewed. However, the policy did not fully cover transcribing of medicines on to medicines administration records (MARs). Transcribing is the act of copying medicines information, by someone who is not a qualified prescriber. Records reviewed, showed support workers were writing medicines prescribed on to the MAR chart. The doctor should have been completing this as they were the only qualified prescriber.
- Medicine administration record charts were handwritten. Staff told us that they got another person to accuracy check what they had written on the MAR. However, this was not documented anywhere, which was not in line with the provider's policy. Not all MARs had a record of people's allergies. Records of administration on MARs were inconsistent. Some staff denoted this with a tick, and others wrote their initials when they gave a medicine. This was not in line with the provider's policy and could lead to confusion about what medicines clients had received, when and which staff had prescribed and administered.
- The service did not have a set of weighing scales. The medicines policy stated that people below a certain weight would need to reduce their dose of a medicine, in line with national prescribing guidance. It was not possible for staff to know if they needed to do this, because scales were not available.
- There were no emergency medicines held on site. There was no documented risk assessment in place to support this decision. We spoke with the manager who told us, in the event of a medical emergency all staff were to dial the emergency services. Staff were trained in emergency first aid. At the time of the inspection, 90% of staff had completed the mandatory training course. Staff we spoke with clearly detailed the action they would take in the event of a medical emergency and spoke of an incident in June 2018, which they appropriately responded to. Clients' could speak to the consultant psychiatrist about their medicines, if they had any questions or concerns. All staff who managed medicines were trained and competency assessed through observation. At the time of inspection, 90% of staff had completed the mandatory course.
- Where doses were variable (for example, take one or two tablets), staff would document the client had received medicines but did not always record what dose was given. There was not always enough information on medicines for "when required use" to support staff to

give them appropriately. Medicines that were no longer in use were not always crossed off the MAR. This increased the risk of staff potentially giving incorrect dose of medicine to clients.

- Staff kept prescriptions written by the doctor as a record of prescribing. Staff were unable to show us a record of prescribing for a medicine for one of the people in the service. Staff told us that the doctor had written this on the MAR chart. This was an administration record only and not a prescription record.
- Staff checked MARs at the end of each shift to ensure no doses of medicine had been missed, and audited the charts. We did not find any missed doses. However, the audits did not pick up any of the other issues that we found on inspection.
- On rare occasions people took medicines away with them on leave. These were given to clients' in plastic containers or envelopes, with only their name label attached. However, these were previously prescribed medicines the clients had brought in with them when admitted to the service. Clients knew and understood what the medicines were as they had already been self-administering at home. Therefore, the risk was low.
- The service did not receive or act upon medicines safety alerts. We discussed this with the manager who confirmed they would register for the alerts.
- There was a process in place to record, review and share learning from medicines errors. However, due to ineffective audits carried out by staff to identify medicine errors, none had been identified and the process had not been implemented. Staff had a good working relationship with their supplying pharmacist, and could seek advice as and when required.

Track record on safety

- The service reported no serious incidents that required investigation in the previous twelve months prior to the inspection. However, in mid-June 2018, the provider informed the Care Quality Commission of an incident requiring a client be transferred to a local emergency department due to a deterioration in their physical health. The incident was reviewed by the manager, discussed with the team and the client's family to see if any learning could be identified. The review concluded staff had taken all appropriate action to safely the manage the situation and support the client.

Reporting incidents and learning from when things go wrong

- We found all staff to be open and transparent, and fully committed to reporting incidents and near misses when identified. Staff we spoke with knew how to recognise and report most incidents, such as accidents and physical health incidents. The manager told us they reviewed all incidents and discussed them as part of the board meetings. This ensured they were alerted to incidents in a timely manner and could monitor the investigation and response to the incidents. However, none of the medicine errors we found on this inspection had been identified or reported as an incident. We spoke with the manager and they told us they would review the medicines policy and auditing of medicines to identify where improvements could be made.
- There were post incident debriefs for staff and clients. Staff we spoke with told us they were debriefed when things went wrong through one to one sessions, team meetings, handovers and supervision. Staff and clients had access to group and one to one support from an onsite counsellor if needed.
- The service had adhered to duty of candour responsibilities. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of 'certain notifiable safety incidents'. We saw evidence of this during the inspection in respect of the serious incident reported in June 2018. A discussion was recorded between the manager and the relative explaining the nature of the incident, immediate action taken by the service and details of further proposed actions. Relatives were invited to speak with the manager in person or via telephone call. The manager told us any outcome of investigations would also be communicated and any learning that had come because of the incident.

Are substance misuse/detoxification services effective?

Good

Substance misuse/detoxification

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed six clients' care records. Staff assessed the needs of clients at admission; this included an admitting psychiatrist assessment. Assessments included current drug and alcohol use, history of substance misuse, physical health, mental health, and social needs. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS23) which states, 'People in drug treatment are offered a comprehensive assessment'. Assessments were present in all the care and treatment records we reviewed but the detail and completeness of records varied.
- Staff made basic physical health checks at admission and during the detoxification period. This included blood pressure checks. Admitting psychiatrists took medical histories from clients and medical summaries from the clients GP was obtained.
- Care plans were varied in the detail recorded. Some were comprehensive, personalised, and holistic and recovery oriented to support clients through their care and treatment pathway. Others lacked detail but were still person-centred with a focus on recovery. However, client's strengths and goals were not consistent or clearly identified. A care pathway is a structured approach to care delivery that clearly describes the journey a person is likely to take when moving through the care system. This ensures that individuals receive the most appropriate care and treatment, with clearly agreed timescales and in the least restrictive environment.
- Clients we spoke with told us they were fully involved in the planning of their care needs. This was evident in the care plans we reviewed which were person-centred. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS14) which states, 'People using mental health services are actively involved in shared decision-making and supported in self-management'.

Best practice in treatment and care

- There was evidence of staff following National Institute for Health and Care Excellence guidance in the prescribing of medicines to support alcohol and opioid detoxification. We also saw that staff had access to a current British National Formulary when prescribing medicine.
- The therapy programme provided clients with psychological therapies recommended by the National Institute for Health and Care. This included cognitive behavioural therapy, psychodrama and social network approaches to relapse prevention. The programme also included recovery approaches from 12 steps. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS23) which states, 'People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments'.
- Staff did not carry out blood tests with clients, and urine drug screening and breathalyser tests were not completed. Staff registered clients locally with a GP when blood tests or additional physical health investigations were needed. Staff told us the consultant psychiatrist would make themselves available to review blood tests results, physical health investigations, and client mental health symptoms.
- Staff used recognised rating scales to assess and record symptom severity and outcomes of alcohol detoxification. We saw this included the Severity of Alcohol Dependence Questionnaire and the Clinical Institute Withdrawal Assessment for Alcohol. The service did not contribute to national drug treatment monitoring systems data or treatment outcome profiles.
- The service offered daily activities and therapies such as structured group work, one-to-one key working, relaxation techniques and access to mutual aid groups. Clients also participated in community activities such as bowling, golf and walks in the countryside. Massage therapy was available at the service once a week.

Skilled staff to deliver care

- The multidisciplinary team consisted of a consultant psychiatrist, manager, counsellors and support workers. A band 7 nurse with a background in substance misuse and safeguarding had also recently joined the service and was contracted on an ad-hoc basis to provide clinical advice and support in developing policies and

protocols. The nurse did not deliver direct clinical care to the clients. This was in accordance with the National Institute for Health and Care Excellence quality statement (QS11) which states, 'People accessing specialist alcohol services receive assessments and interventions delivered by appropriately trained and competent specialist staff'.

- The Recovery Lodge did not accept clients with severe substance misuse disorders or complex needs which would require 24-hour medical input. If required, staff contacted the consultant psychiatrist or GP for advice. All staff had completed basic life support training and would contact the emergency services in the event of an emergency.
- Staff were expected to have a level two diploma certificate in health and social care. Most staff had achieved training up to and exceeding this or were working towards it. Six staff had completed the level three diploma in health and social care.
- The therapists employed by the service possessed a recognised qualification in counselling and specialised in addiction. The therapists delivered one-to-one and group therapy for clients. They also provided family therapy work on discharge. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS11) which states, 'Families and carers of people who misuse alcohol have their own needs identified, including those associated with risk of harm, and are offered information and support'.
- All staff completed an induction programme, which included policies and procedures, familiarised them to their place of work and prepared them for their roles. Staff had access to a range of training specific to their role.
- All staff had access to supervision. Supervision is a meeting to discuss case management, to reflect on and learn from practice, personal support and professional development. The manager reported that all staff had received supervision and records showed that supervision sessions were frequent. Supervision was facilitated by an external provider, due to close personal relationships between some of the staff at the service. This was to ensure staff felt safe and comfortable and could freely discuss any concerns or issues they may have.
- Staff told us they received clinical and managerial supervision every month and an annual appraisal. Staff we spoke with all confirmed they received supervision and were happy with the level of support they received. They felt well supported by their colleagues.

Multidisciplinary and inter-agency team work

- The Recovery Lodge did not hold multidisciplinary meetings where staff formally discussed and reviewed the care and treatment provided to clients. Psychiatrists discussed client progress with staff when they attended the service but only reviewed clients when staff raised specific concerns, for example, emerging mental health symptoms. Staff discussed client's progress throughout the day including at handovers and documented in care records.
- We observed a handover, which was well structured, and all clients were discussed, including risk, detox update and activities/therapy for the day. Staff clearly demonstrated in-depth knowledge about the clients they were caring for.
- Staff we spoke with demonstrated an awareness of local services and how to access them. They told us they had good links with the local GP surgeries, dispensing pharmacy and community mental health team.
- Team meetings were held on a regular basis with minutes taken and circulated to all staff.

Good practice in applying the MCA

- The provider had a policy on the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to. The MCA enables people to make their own decisions wherever possible and provides guidance for decision making where people are unable to make decisions themselves.
- Staff received training in the MCA and DoLS. As of May 2018, 82% of staff had completed this training. Staff we spoke with demonstrated a good understanding of the MCA and the impact it could have when working with clients. For example, staff were aware that whilst clients required capacity to consent to admission, substance misuse may affect a client's understanding, particularly in the first few days of admission to the service.

Good

Substance misuse/detoxification

- The service only accepted clients who had overall capacity to consent to their care and treatment. For treatment to be successful, clients needed to agree with their admission. As part of the admission process, all clients signed a contract and a consent form. This allowed for the sharing of information with other healthcare professionals, such as the clients GP, and confirmation the client understood what was expected of them during their treatment.
- The consultant psychiatrist completed a mental health assessment when a client was admitted to the service, including a review of capacity. Staff discussed and checked capacity with the client the day after admission and throughout their care and treatment to ensure clients were aware of the treatment rules when at the service.

Are substance misuse/detoxification services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

- We observed very good interactions between staff and clients. Staff continuously interacted with clients in a positive, caring and compassionate way and responded promptly to requests for assistance whilst promoting independence. Staff demonstrated creativity to overcoming obstacles to delivering care to clients. Staff appeared interested and engaged in providing a high level of care.
- When staff spoke with us about clients, they discussed them in a respectful manner and demonstrated a high level of understanding of their individual needs. Staff were highly motivated to succeed in delivering care to clients that was kind and relevant to their needs and maintained their dignity.
- During the inspection, we spoke with four clients and one relative. All were extremely positive about their care or treatment and experience of the service. Clients could not think of anything they felt the staff or service could improve upon and could not speak highly enough of staff. Clients felt the care they had received exceeded their expectations. None of the clients we spoke with reported any concerns about the service. This was in accordance with the National Institute for Health and Care Excellence quality statement (QS14) which states, 'People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect'
- Relationships between clients, those close to them and staff were strong, caring and supportive. The relationships were highly valued by staff and promoted by the leaders of the service. Staff empowered clients to have a voice. Clients told us staff were extremely supportive and caring, interested in their well-being and always respectful whilst supporting them with their individual needs. They felt involved in the planning of their care or treatment and staff were quick to respond to their needs whilst enabling them to be as independent as possible. Clients told us group activities and therapy sessions were engaging, varied and focussed on their recovery needs. They felt the service was homely and had a holistic approach.
- Relatives told us they were confident in the care provided by staff to their relatives and they felt they were safe at the service. They felt involved in their relatives care and understood agreement had to be given by the client. Staff provided them with clear information about the support that was available to them during their relatives stay and on discharge.

Involvement in care

- Staff were fully committed to working in partnership with clients and their families. Clients and their families were encouraged to visit the service prior to admission to ensure the service was right for their needs. Clients and families were encouraged to ask questions. Staff provided information such as details about advocacy services and community services including primary medical services such as GP's and dentists as well as mutual aid groups. Clients were given a welcome pack with information about the service and what to expect whilst receiving care and treatment. Staff welcomed clients and their relatives on admission and orientated them to the environment and introduced them to other clients.
- Clients told us they were involved in decisions about their care and treatment. All care plans showed active involvement and collaborative working between clients

and staff. Input from carers and family members, where appropriate, was evident in care plans. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS14) which states, 'People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it'.

- We found care plans to be person-centred and recovery orientated with consideration given to the client's health, social and emotional needs and well-being. However, client's strengths and goals were not consistent or clearly identified. Staff supported clients to maintain and develop their relationships and social networks with those close to them. Clients we spoke with all confirmed they did not want copies of their care plans and this was their preferred choice but could ask staff to view them at any time and this would be supported.
- Staff empowered and supported clients to actively participate in mutual aid groups within the community and at the service. Mutual aid groups are a source of structure and continuing support for people seeking recovery from addiction issues and for those directly or indirectly affected by dependence, such as family members and friends. Evidence shows that people who actively participate in mutual aid groups are more likely to sustain their recovery. The National Institute of Health and Care Excellence (NICE) recommends that healthcare professionals should routinely provide information about mutual aid groups and facilitate access for those who want to attend. As part of their care and treatment, on a weekly basis, clients attended three community mutual aid groups and one was facilitated at the service. Staff provided details for mutual aid groups close to where clients lived so they could access the support groups on discharge from the service and continue with their recovery. Ex-clients were also welcomed and supported to attend the weekly mutual aid meetings at the service.
- We spoke with four clients and all were aware and understood the reasons for the care and treatment they were receiving. Clients told us staff regularly communicated any decisions in respect of their care or treatment and gave advice to support their recovery. We reviewed admission records and medical assessments and found clear rationales documented to explain why care or treatment, for example a detox regime, was appropriate and best supported the client's needs.
- Staff supported clients to make choices about sharing their information. All client files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract. It was clear from the records which clients had consented to their information being shared with.
- The service offered family intervention which provided emotional support and information to clients and their families. Clients and relatives spoke highly of the family intervention sessions which were facilitated prior to discharge. Clients felt they encouraged open and honest discussions about their addiction and recovery and relatives told us they benefited from understanding the 12-step programme.
- Clients could give feedback on the service via the suggestions box. Clients actively participated in weekly planning meetings where menus, therapeutic activities and household duties were discussed. The weekly meetings provided an opportunity for clients to make suggestions and raise any concerns whilst also promoting mutual respect amongst peers, listening to each other's opinions and helped clients feel part of a group.
- Clients completed graduation questionnaires on discharge. The team reviewed these to see what went well and where improvements could be made to help improve the service. Families were treated as important partners in the delivery of their relatives care and were also encouraged to complete questionnaires so feedback from outside of the programme could be captured. We reviewed feedback via the questionnaires and found it to be largely positive and praising.

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

Good

Access and discharge

Good

Substance misuse/detoxification

- At the time of the inspection, there was no waiting list for admission and there were six clients at the service. The average length of stay at The Recovery Lodge was 28 days. Information provided by the service, showed in the 12 months prior to the inspection, 80 clients had been discharged from the service.
- All care and treatment delivered was self-funded by clients.
- The Recovery Lodge provided an after-care service to all clients who had completed treatment at the service. This included access to group therapy via a mutual aid group, which took place once a week at the service. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS23) which states, 'People who have achieved abstinence are offered continued treatment or support for at least 6months'.
- Clients completed a continued recovery plan (CRP) during their treatment. The CRP contained details of how the client would continue recovery in the community and included information of local mutual aid groups. Clients could contact the service after discharge.
- The service followed up on clients who had attended the service with a meeting or telephone call a week after treatment and then again at one month and three months after completing treatment to ensure the clients were still abstinent.
- The treatment contract detailed that failure to adhere to the terms of treatment may result in discharge from the service. In the event of an unplanned exit from treatment, staff provided clients with sufficient medicine for 24 hours to allow the client to make alternative arrangements. Staff discussed the risks of unplanned discharge with the client. Where clients had given consent, staff contacted the client's family and relevant professionals.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms and equipment to support treatment and care including therapy rooms. Clients had access to a pleasant and well maintained outside space, this included a designated smoking area.
- The service did not have a clinic room. The psychiatrist assessed clients in the office or one-to-one room at the service. Staff completed physical health checks such as blood pressure checks, one-to-one room or office. Clients were unable to lock their bedrooms and staff locked client valuables in a small safe, which the client signed for. Valuables were returned to clients when they left the service.
- All food was cooked by clients in the communal kitchen. Clients decided on the menu themselves and prepared the group meals. A varied menu enabled clients with dietary needs connected to their religion, and others with individual needs or preferences, to access appropriate meals. Clients' told us the food provided was of a very good quality. Clients could make drinks and snacks at any time they were not in group or therapy.
- The Recovery Lodge provided clients with access to activities, including at weekends. The structured therapy programme commenced daily at 09:00 with trips to local mutual aid groups in the evening, three times a week. Activities included walks, relaxation, bowling and movies were available during the evening. Clients we spoke with confirmed that there were activities seven days a week. They also told us the therapies and activities offered at the service were relevant to their needs.

Clients' engagement with the wider community

- Staff supported and encouraged clients, when appropriate, to access events and activities in the community. For example, clients went on trips with their relatives to explore the local area. Staff told us the exception to this would be if a client was in the early stages of their treatment, especially detox, as it would be unsafe for them to leave the service and could increase their risk of substance misuse. Staff completed risk assessments with clients when taking part in activities.
- Clients attended three mutual aid meetings a week in the local community. Staff supported clients in attending the meetings and provided transport via the service owned minibus. These interventions were in accordance with the National Institute for Health and Care Excellence quality statement (QS23) which states,

Good

Substance misuse/detoxification

'People in drug treatment are offered support to access services that promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid'.

- Care records showed that staff encouraged clients to develop and maintain relationships with people that mattered to them.

Meeting the needs of all clients who use the service

- Staff assessed clients' mobility needs as part of the pre-admission assessment. The service had made adjustments for people requiring disabled access. If the service admitted someone with disabilities, for example due to their age and limited mobility, staff allocated them a ground floor bedroom as they would not have not been able to safely manage stairs.
- The service provided audio versions of the literature needed for the clients to fully engage and progress in the 12-step program.
- The service provided clients with accessible information on treatment contracts, local services, their rights, therapy and group rules and how to complain. Staff provided clients with this information in the welcome pack upon admission.
- The service could offer a choice of food to meet clients' dietary requirements due to personal needs, allergies, or religious or ethnic needs. Staff provided advice and support with health eating and cooking.
- The manager told us they had not yet admitted a client to the service requiring an interpreter. However, if they did, provision would be made to meet the client's needs which would be assessed as part of their admission.
- The service had an equal opportunities policy. Staff completed online training in equality, diversity and inclusion. At the time of the inspection, 100% staff had completed the training. All staff had completed the care certificate which includes an equality and diversity module. The service referred to equality and human rights in the client information booklet.

Listening to and learning from concerns and complaints

- As of July 2018, the service had received two complaints. Both complaints were effectively resolved and responded too. Records were maintained for audit purposes.
- As of July 2018, the service had received 84 compliments. Compliments were sourced from the client and family questionnaires, which were completed on discharge from the service.
- Clients we spoke with told us they knew how to make a complaint if needed and would feel confident in speaking up. Information about the complaints process and policy were provided in the 'welcome pack' they received on admission and information was clearly displayed on the noticeboard in the service. Clients were encouraged and supported by staff to discuss concerns during the weekly community meeting and during one-to-one time with staff. Complaints could be made anonymously if needed via the complaints form and suggestion box. During the inspection, no clients in treatment that we spoke with could comment on the complaints process as none had felt the need to raise a complaint.
- Staff told us that learning from complaints was discussed at team meetings, during handovers and as part of supervision. Complaints were reviewed and responded to in a timely way and listened to. An explanation of the outcome was given to the complainant and a formal record was kept by the provider. Improvements were made to the quality of care and service as a result. All complaints were reviewed and discussed as part of the quarterly board meetings.
- During the inspection, we found the service had acted on concerns raised by clients. As part of the services' commitment to drive improvement, action was taken to install triple glazed windows to the front of the building to reduce noise disruption from the main road. This was identified as a concern following the boards review of client evaluation forms in March 2018. By June 2018, the new windows had been installed.

Are substance misuse/detoxification services well-led?

Good

Leadership

- The director was responsible for the business needs of the service and the manager dealt with the day to day

running of the service. They had vast experience and understanding of substance misuse, one having completed their own recovery. They were both supported by the recent introduction of three non-executive directors. All of whom made up the board of directors. The non-executive directors were appropriately appointed based on their area of expertise, including clinical leadership, finance and training and human resources. The board maintained oversight of the company's resources and ensured they were well managed.

- The manager and director had successfully achieved level five in management and leadership in health and social care.
- We found the service to be well led. The manager and director were involved in the day-to-day running of the service, visible during the day and were accessible to staff and clients when needed. The registered manager told us they were encouraged and supported to manage the service autonomously. They felt respected and valued. The manager spoke highly of the staff and felt they provided a high-quality service, with good outcomes for clients and their families.
- All staff, including volunteers, had a job description which detailed the requirements of their role.

Vision and strategy

- The Recovery Lodge had a mission statement and philosophy which was included as part of the clients' welcome pack. Staff we spoke with were aware of the provider's vision and values.
- The Recovery Lodge employed an abstinence model of recovery, promoting therapeutic interventions and mutual aid communities to achieve this.
- The manager described the organisation's values as including quality of care and evidence based treatments that deliver lasting results for clients. Our conversations with staff demonstrated a focus on supporting clients to achieve and maintain abstinence from substances. This was in line with the organisation's values.
- The Recovery Lodge had a statement of purpose that detailed its purpose and how it planned to help people who used the service.

Culture

- All staff we spoke with were clearly passionate and proud to work at the service. Staff displayed enthusiasm in their work and demonstrated a clear dedication to get things right to achieve the best possible outcomes for clients.
- Staff morale was good. All the staff we spoke with were enthusiastic and proud about their work and the care they provided for clients at the service.
- Staff knew how to report concerns. Staff told us they felt confident they could raise concerns if needed without fear or repercussion. Staff reported good relationships with the service manager, describing them as approachable and supportive.
- At the time of our inspection, there were no grievance procedures, allegations of bullying or harassment reported.
- Staff received regular supervision. The manager at the service told us they operated and encouraged an open-door policy, where staff and clients could come and speak with them at any time. Staff we spoke with told us they felt well supported by their manager and colleagues.

Governance

- The governance arrangements reflected some good practice. There were clear complaints and compliments procedures, regular reviews of policies, procedures and service delivery. For example, the manager and band 7 nurse had just completed a review and updated the detoxification pathway for alcohol and opiates. The manager told us training was due to be rolled out to all staff imminently so they were aware and supported with the changes.
- The service did not have any key performance indicators. However, the service was small and the manager and board of directors used client feedback as an effective way of measuring the service's performance. Graduation questionnaires completed by clients and families were also reviewed to see where improvements could be made. The manager reported high attendance by ex-clients at the mutual aid meeting held at the service and felt this demonstrated success of the clients' treatment at the service. However, the service did not analyse information. For example, the service did not

know how long after completing treatment, clients maintained abstinence for or the number of clients still attending 12-step fellowship meetings in the community.

- Staff undertook some audits, including environmental risk assessment, fire safety checks, care plans and staff training. However, these were not always sufficient to provide assurance of the quality of the service. For example, the audit of medicines had not identified that allergies had not all been recorded and medicines no longer in use had not been crossed through on the MAR charts. Similarly, there was no infection control audit.
- There were clear reporting lines between staff and managers. Staff were clear about who had overall responsibility for the service.
- The clinical lead was the consultant psychiatrist and a band 7 nurse who was responsible for the overall clinical effectiveness of the service. The manager was responsible for the overall governance of the service.

Management of risk, issues and performance

- The learning from complaints, incidents and client feedback was identified and actions were planned to improve the service. Staff and clients were involved in post incident de-briefs and review processes.
- The service had a business risk register as a means of capturing the collective risks at the service. This meant there were formal mechanisms for the manager and board of directors to assess and manage risks.

Information management

- The service used paper records to document client care. These were mostly comprehensive and audited to ensure staff had the information they needed to deliver safe and effective care.
- The service ensured the confidentiality of client records through their data protection policy, staff training, and practical measures files stored in locked cupboards in locked offices. Information was not shared outside of the service unless the client had consented.

Engagement

- Staff had regular team meetings where service delivery and improvement was discussed. The manager and director shared an office with the staff, which meant they were accessible. Staff reported frequent discussions taking place and felt information and decisions were well communicated.
- Managers and staff had regular feedback from clients through weekly community meetings, one-to one-sessions with clients, client feedback surveys and graduation questionnaires at the end of treatment. There were examples of the service making changes because of client feedback.
- Clients, and their families, could contact the manager directly concerning their care.

Learning, continuous improvement and innovation

- The service had acted on the previous inspection findings and had introduced a board of directors, having successfully recruited three non-executive directors. At the time of the inspection, the manager and board of directors were in the process of improving and implementing lines of reporting to include quality, safety, safeguarding, complaints and client experience.
- At the time of the inspection, the manager and band 7 nurse, had reviewed the policies and alcohol and opiate pathway to improve clinical practice. The manager told us these would be discussed at the next board meeting and then implemented at the service.
- Individual feedback from clients and relatives was used to inform improvement in service delivery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they adhere to their own exclusion criteria when assessing the suitability of clients admitted to the service to ensure they can safely meet their needs.
- The provider must ensure risk assessments and risk management plans are detailed and reflective of risks identified during the clients' comprehensive assessment.
- The provider must ensure their policy covers transcribing of medicines on to medicines administration records (MARs). Records reviewed, showed support workers were writing medicines prescribed on to the MAR chart. The doctor should have been completing this as they were the only qualified prescriber.
- The provider must ensure the dose of medicine administered to clients is clearly documented by staff. Medicines no longer in use must be crossed off the MAR chart.
- The provider must ensure medicine charts are thoroughly completed, with all information required and in line with their own policy. Accuracy checks must be completed as per the providers policy. Prescribing of medicines must be correctly recorded on an administration record. All prescriptions for medicines should be available and recorded separately to those administered so staff are clear they have permission to give the client the medicine. The provider must ensure staff consistently record in the same way when they have administered a medicine.
- The provider must ensure staff who carry out physical health checks on clients understand when they need to escalate concerns and appropriate action is taken in response to physical health needs.

Action the provider SHOULD take to improve

- The provider should ensure that all required clinical audits are carried out effectively and recorded to enable staff to learn from the results and make improvements to the service. This should include audits for medicine's and infection control.
- The provider should ensure they have the means to weigh clients, in line with their medicines policy and national prescribing guidelines.
- The provider should ensure they carry out urine or breathalyser checks as per their own policy.
- The provider should ensure that staff identify clients' strengths and goals and these are clearly recorded in care plans.
- The provider should ensure they complete a documented risk assessment to support their decision not to have any emergency medicines on site.
- The provider should develop policy guidance to outline staff responsibilities in the event of a medical emergency.
- The provider should ensure contemporaneous notes and records for clients are legible.
- The provider should ensure all staff are up-to-date with their mandatory training.
- The provider should ensure they sign up to receive or act upon medicines safety alerts.
- The provider should ensure, with clients' consent, on discharge from treatment at the service, a summary of treatment is given back to the GP.
- The provider should ensure staff take appropriate action to follow up on repeated high scores when monitoring clients' withdrawal symptoms and staff record the action taken.
- The provider should ensure they analyse information to support continued improvement in service delivery.

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 The provider did not adhere to their own exclusion criteria when assessing the suitability of clients admitted to the service to ensure they could safely meet their needs. Risk assessments and risk management plans were not always detailed and reflective of risks identified during the clients' comprehensive assessment. The provider policy did not cover transcribing of medicines on to medicines administration records (MAR). Records reviewed, showed support workers were writing medicines prescribed on to the MAR chart. The doctor should have been completing this as they were the only qualified prescriber. Medicine charts were not thoroughly completed, with all information required and in line with their own policy. Accuracy checks were not completed as per the providers policy. Prescribing of medicines was not correctly recorded on a medicine administration record. Staff did not consistently record in the same way when they had administered a medicine. Where medicine doses were variable, staff would document the client had received medicines but did not always record what dose was given. Medicines that were no longer in use were not always crossed off the medicine chart.

This section is primarily information for the provider

Requirement notices

Staff did not always escalate concerns or take appropriate action in response to clients physical health needs.

This was a breach of regulation 12(1)(a)(b)(g)