Phoenix Futures Wirral Residential Service

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

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

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

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

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

Overall summary

We do not currently rate independent stand alone substance misuse services.

We found the following areas of good practice:

- Clients were very positive about their care and treatment and commended the skill and enthusiasm of the staff who worked there. Carers described being fully involved in care and treatment and that they were also well supported by staff.
- Care plans and risk management plans were detailed and personalised. All clients had regular reviews. They also had access to regular physical health reviews.
- The service provided evidence based interventions and monitored outcomes and improvements in clients' recovery. Staff received regular supervision and had access to a range of training to support them in their work.

Summary of findings

- Clients had access to a wide variety of activities. It was rare for these to be cancelled due to staff shortages.
- There was good team working, both within the service, and with the external providers who supplemented the treatment and interventions.
- Assessments, care plans and risk management plans were comprehensive and person centred.
- The building was clean and well looked after and there were good health and safety systems in place for keeping clients, staff and visitors safe.
- There were good governance arrangements in place. Staff felt that senior managers had a good knowledge of the service and day to day issues.

Summary of findings

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Summary of this inspection

Background to Phoenix Futures Wirral Residential Service

Phoenix Futures is a charity and housing association. It has a long established history of supporting people to overcome drug and alcohol problems. It provides residential, prison, and community support. Phoenix Futures Wirral was registered with CQC in 2011. Since then it has been inspected three times. Previously the service was found to be meeting all the required standards. Some clients have self-funded all or part of the treatment plan although the majority are funded through the local clinical commissioning group . The service can accommodate 32 men and women.

There is a registered manager and an accountable officer. This service is registered by the CQC to provide accommodation for persons who require treatment for substance misuse.

- The service offers:
  - Medically assisted detoxification for both drugs and alcohol
  - Therapeutic Community model
  - Behavioural role play therapy
  - Life story work
  - Full group work programme
  - Complementary therapies
  - Cognitive behaviour therapy.

There is a defined care pathway commencing with the welcome house. Following completion of the first stages of the programme clients move to 'primary one', 'primary two' and 'senior' stages of the treatment pathway. Clients are responsible for the day-to-day running of the house and support each other throughout the programme with more senior residents becoming 'buddies' for new residents. In the final stages, the focus is upon long-term recovery and developing community based support structures.

Our inspection team

The team that inspected the service comprised CQC inspector Paula Cunningham (inspection lead), and another CQC inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the unit, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager and the area manager
- spoke with seven other staff members employed by the service provider
- spoke with a volunteer
- spoke with two carers
- looked at six care and treatment records
- observed medicines administration at lunchtime and reviewed medicine cards and medicine systems in place
- spoke with the pharmacist responsible for supplying prescribed medications
- looked at six personal files for staff employed by the service
- spoke with the GP overseeing the medical withdrawal programme
- spoke with the medical director of a local community trust
- spoke to the local safeguarding team
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us the service that they received was excellent and that it met their needs. They felt fully involved in their care and treatment. They described staff as enthusiastic and committed in addition to being skilled in delivering group and individual therapy that was part of the care pathway.

Clients told us that the dignity and respect that they were treated with helped them feel good about themselves and that they were making positive steps in their recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were good systems in place for ensuring that all health and safety requirements were in place. There were regular audits and checks to ensure the environment remained safe.
- Clients and staff were responsible for the cooking, cleaning, and general maintenance of the building and its extensive grounds. The areas were clean and well kept.
- Staff were clear about their roles and team working was good. It was rare for the service to be understaffed or for any activities to be cancelled due to staff shortages.
- Team working was complemented by mentors, peer support workers and volunteers. These team members also received regular supervision and had access to training to support them in their work.
- The service offered medically assisted detoxification. The majority of clients did not require detoxification by the time they were admitted. The service was supported by a GP who attended two days per week. Staff understood best practice guidance and were aware of specific risks when people were withdrawing from alcohol or drugs.
- Staff were up to date with mandatory training. They were also able to access a range of other training to support them in their work.
- There were good medicine management systems in place.

Are services effective?

We found the following areas of good practice:

- All clients were given detailed information before agreeing to an admission. This made sure that clients were aware of the type of treatment they would be receiving. They were also fully informed about any rules or restrictions that had to be adhered to.
- Clients had good quality physical health reviews and access to ongoing physical health interventions where these were required.
- A range of evidence based assessment monitoring tools, rating scales and outcome measures were being used within the service. These included an outcome star which clients could use to self-rate their recovery.

Summary of this inspection

- Assessments, care plans and risk management plans were comprehensive and person centred.
- There was a clear care pathway within the service. All clients started their care and treatment at 'welcome house' and worked through to become seniors. Treatment was supplemented by peer support workers and volunteers.
- There was a detailed activity programme in place. This incorporated daily group and individual therapy sessions and there were roles and responsibilities for the continued maintenance of the house, which included cooking and cleaning. There was time allocated for a range of social activities and facilities and equipment to facilitate this.
- Staff understood the risks associated with withdrawal from alcohol or drugs. They had enhanced knowledge about the evidence base for the interventions provided through group and individual work. There were good working relationships with other organisations who provided additional interventions.
- Staff undertook a range of audits. These were to check that minimum standards within the service were being adhered to.
- There were regular team meetings and staff were receiving regular supervision and had annual appraisals. Staff told us that they were supported to access the training identified in their personal development plans.

Are services caring?

We found the following areas of good practice:

- Clients were positive about the care and treatment that they received. They said that staff were compassionate, understanding and provided expert support and interventions.
- Carers described being fully involved in care and treatment. They told us their views were considered and staff supported them as they understood they also required help.

Are services responsive?

We found the following areas of good practice:

- The service tried hard to keep people engaged in the programme. Clients were fully informed of the types of behaviours that may result in an unplanned discharge from treatment. Even if clients did not follow the rules they agreed before they were admitted, staff would try to look at alternative ways to support them. For some people this meant they could continue to engage with the service. However if clients had to leave staff followed a policy to ensure there was support in place after discharge.

Summary of this inspection

- There was access to a wide range of activities both within the building and out in the local community. As clients' care and treatment progressed these included accessing longer-term education and employment opportunities.
- The service was good at providing feedback to clients. Various posters were displayed throughout the building promoting what actions had been taken in response to client feedback.

Are services well-led?

We found the following areas of good practice:

- There were good links between the staff at Phoenix Futures Wirral and the senior management team. Senior managers were well known to the staff and they had a good understanding of the day-to-day issues within the service.
- There were good governance arrangements in place. These included clear reporting systems to ensure that the wider organisation were aware of the daily issues at Phoenix Futures Wirral.
- Staff spoke of a close and cohesive staff team. They were receiving regular supervision and had access to a range of training to help them in their day-to-day work.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received Mental Capacity Act training. They had a good understanding of the core principles. All clients required capacity in order to be admitted. Clients were given comprehensive written information about what to expect during the course of their admission before they agreed to be admitted. They also had to sign agreement to abide by the rules and restrictions before a placement would be offered.

There were no clients subject to Deprivation of Liberty Safeguards.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

The service was set in a large stately home in its own large grounds. Although the building was old, it was well maintained, modernised, and fit for purpose. There were effective health and safety checks. These ensured effective infection prevention and fire safety systems were in place and actions taken to address any issues. There was effective monitoring of essential equipment including emergency and first aid equipment. Routine monitoring of fridges and freezers ensured food and medicines were being stored at the appropriate temperatures. Staff and clients received training in food preparation and food hygiene.

There were effective procedures in place for the safe management of sharps, clinical waste and appropriate use of cleaning equipment. Clients were allocated to cleaning duties. They were provided with appropriate equipment and training. There was colour coded mops and cleaning products to ensure that certain mops were only used to clean toilet and bathroom areas. This helped maintain good infection prevention practices. Clients completed a daily work schedule. The service monitored that the required cleaning was being undertaken appropriately and audited its effectiveness. An external contractor undertook deep cleans of the kitchen areas in line with the service procedures. Following an external environmental health assessment in April 2016 the service was awarded the maximum five stars.

Annual audits were completed which included legionella testing, asbestos assessment, water hygiene, gas certificate and clinical waste assurances. Portable appliance testing was undertaken regularly. This ensured the safety of electrical equipment.

There was an up to date fire risk assessment and regular tests and fire drills were being undertaken. Following a local fire brigade review of the fire assurance systems two actions requiring follow up had been completed.

A ligature risk assessment was undertaken in July 2016. This identified a number of areas within the building where it would be possible for someone to affix a ligature in order to hang him or herself, if they were feeling suicidal. The assessment identified what actions were required in order to address the area to minimise these risks. These actions were in progress. During the assessment process individuals considered to be at significant risk of serious self-harm or suicide would not be considered appropriate for admission.

There was a clinical room and treatment room where physical examinations could be undertaken. This room contained an examination couch, weighing scales and blood pressure machine. There was an automated external defibrillator. This was regularly checked to ensure it remained in working order. Medicine was stored appropriately and there were good systems for the receiving and disposal of medications.

Safe staffing

There were 16 whole time equivalent staff in the team with one vacancy at the time of the inspection. The majority of staff were support workers. There were no qualified nurses on the team. A GP attended the service two full days a week. This was part of a service level agreement with the local acute trust. Outside of this time, staff could contact the local acute trust for ongoing medical support and advice. In the event of an emergency staff would contact 999 services. If clients had to attend to see a different GP or needed to be seen urgently in accident and emergency services then health care staff would have access to the medical notes completed by the GP at Phoenix Futures Wirral as they used the same electronic records system.

Substance misuse/detoxification

A residential services manager oversaw the service. A programme manager was responsible for overseeing all aspects of care and treatment. The programme manager provided line management supervision to the staff and received line management supervision from the residential services manager. There were four therapeutic workers, who oversaw the different household chores that required completing each day. They provided the majority of the input to the groups and one–to-one work. At the time of the inspection, there were three therapeutic workers in post and the service was actively recruiting to the fourth. There were three core team workers. They covered both day and night duty through a rota system. They were not involved in therapy work and were therefore more available and visible. They were responsible for practical help and assistance such as helping clients make appointments and deal with housing and benefits issues, assisting with medicine administration and providing additional support to people newly admitted to the programme. Two peer mentor workers and a volunteer were co-facilitators of the group therapy sessions. They also provided one-to-one support to clients. The volunteer was being appointed into a permanent paid post within the service. One staff member had left in the previous 12 months. Staff sickness levels were below two percent. Staff stated that additional staff would be brought in to cover any sickness.

There was a service level agreement in place between Phoenix Futures Wirral and the primary care facility at the local hospital. A GP attended Phoenix Futures Wirral twice a week to oversee the safe withdrawal and detoxification of clients newly admitted. The GP provided all required prescriptions for the following week. Staff could contact the GP outside of the two days if additional advice, intervention or more urgent review of treatment was required. The registered manager worked closely with the medical director at the primary care facility to ensure all required governance arrangements were in place. Line management, appropriate training and responsibility for revalidation of the GP remained with the primary care trust.

In the six weeks prior to this inspection, we saw there were the appropriate numbers of staff on duty. Night shifts commenced at 5pm and ended at 8am. One staff member provided sleep in support. They could be woken by anyone requiring additional help and support throughout the night. In the event of an incident, there was a manager an on call rota for the worker to call. Serious incidents could be escalated to a senior on call manager from Phoenix Futures Group. In the event of serious physical health deterioration, the staff would access on call support from an experienced manager or the staff member would contact emergency services.

The remainder of the staff worked days and provided the group and individual therapy sessions. Staff covered from 8am to 8pm and there were two administrators supporting the team. Housekeeping and catering were shared tasks within the therapeutic community. The completion of these was overseen by gold hat health and safety lead. Phoenix Futures Group provided maintenance.

Staff confirmed there were adequate numbers of staff on duty and staffing rotas confirmed this. Additional staff covered any staffing shortfalls, for example due to staff training or short notice sick leave so there were always the right number of staff on duty. This was an internal bank of staff available to work additional hours. This meant the staff on the bank knew the clients well and understood what they were required to do in the role.

A GP oversaw the detoxification arrangements for clients admitted to the service. The GP attended on Mondays and Fridays for full days. Cover arrangements were in place through a service level agreement with a local primary care trust. Emergency care was accessed through the emergency department of the local acute trust. The primary care trust had access to the medical notes completed on site at Phoenix Futures Wirral as they were completed in the same electronic system.

All staff had completed mandatory training. There were effective systems to ensure staff remained up to date with this. Mandatory training included first aid, which incorporated basic life support. Staff who were involved in the administering of medication were required to complete level 2 safer handling of medication. All staff had received assisted withdrawal training. In addition all staff were trained in professional boundaries, infection prevention, risk assessment and care planning, Deprivation of Liberty Safeguards and the use of the automated external defibrillator. This meant staff had received essential training.

Assessing and managing risk to clients and staff

A comprehensive assessment outlining risks and previous treatments was required as part of the referral process. There was a requirement for a detailed referral form, a face-to-face meeting with the potential client and liaison

Substance misuse/detoxification

with others involved in the client's care, treatment, and support. This included a physical health summary from the client's GP. This ensured a comprehensive assessment of the potential client's drug or alcohol dependency level, type of misuse and method, up to date information on physical or mental health issues, and an awareness of other care needs. The GP and the service manager decided whether to accept referrals jointly. Individuals with complex care needs or identified to be of high risk during detoxification would not be accepted.

This meant the service could be clear that they could safely support those with complex health needs. Clients considered to be at risk of suicide or serious self-harm would require a period of stability prior to an admission being agreed. Agreement to accept referrals were made by the GP and the programme lead together. The majority of clients admitted had already completed a detoxification at a different service prior to admission. Those admitted following a detoxification elsewhere could continue the withdrawal process, through a medication-reducing regime. This could be continued while the client engaged in the therapeutic programme to address long-term abstinence at Phoenix Futures Wirral.

Risk assessments and risk management plans were used to support the progress of clients. The risk management plan included confirmation of appropriateness of issuing a 'pass'. Passes were an important element of the treatment and could be used to go off site unescorted.

Through a local service level agreement the local pharmacy collected the prescriptions and arranged delivery of the prescribed medications. Medications, including controlled drugs, were provided in individualised doses with the client's name. This meant the client was able to self-administer medication under the close supervision of the Phoenix Futures staff. There were good medicine management systems in place. These included the appropriate management of controlled drugs. Two staff undertook the medicine round together to ensure compliance with controlled drug dispensing requirements. Liquid controlled drugs were stored as an individual dose. These corresponded to the client's medication administration records. Staff passed the container containing the single dose to the client during the medicine round. When the client had taken the medication they signed the medication administration record to confirm this. When tablet controlled drugs were dispensed the two staff also signed to confirm how many tablets remained and to check in line with controlled drugs management. We saw that a monthly medicine competency assessment was undertaken for staff who were responsible for overseeing the dispensing of medications. There were also regular stock checks and audits of controlled drugs.

We reviewed six risk assessment management plans. These were detailed, up to date and reviewed regularly.

All new admissions started their care and treatment at welcome house. This enabled them to spend the few days and weeks in a quieter environment and the focus could be upon a successful withdrawal from the substance of misuse before engaging fully in the full therapy programme. There was additional support during this time and access to more one-to-one time with staff if required.

There were a number of restrictions that all clients had agreed to prior to admission. These were described in detail, within the manual given on admission. They included 'main rules' and 'house rules'. The manual explained what the rules were, explained why the rules were an important function of a therapeutic community and what sanctions would be imposed. They included complete ban of alcohol or drugs, zero tolerance to aggression or discrimination, requirement to engage in all elements of the programme and to comply with a number of restrictions in order to manage these rules. The restrictions included reduced access to money and no access to mobile phones within the house during the first two stages of the treatment programme. All clients had to agree to undergo mandatory urine testing for the duration of the admission.

Staff had good knowledge of safeguarding and knew what to do regarding concerns. There were procedures for both adult and child safeguarding in place and a standard operational procedure provided additional detail and guidance for staff. All staff had received training at level three safeguarding adults and children. The programme manager was trained to level 4 and was the service safeguarding lead. Staff were able to describe the types of situations that would cause concerns regarding safeguarding including some examples. They understood the local policy and could effectively describe how to escalate concerns and refer to local safeguarding services. In the 12 months prior to this inspection there had been one safeguarding referral made by the service. This had been appropriately dealt with.

Substance misuse/detoxification

Phoenix Futures Wirral had a procedure detailing requirements to support safe visiting, this included for children. All family visits were pre-arranged and were conducted within the lounge areas and extensive gardens. There was no designated family room but a room would be identified for visits with children when required. Visit schedules for the following week were discussed in the team meeting and any concerns and strategies for reducing risks were discussed by the staff in advance of the visit. Visitors were informed of restrictions in place and the need for all gifts such as money or items to be brought into the service to be logged in to the service by staff.

Staff were advised to undertake vaccination against hepatitis B risks. Staff who declined signed a form to indicate this, which was held within the individual's personal file.

Track record on safety

There had been no serious incidents requiring investigation in the 12 months prior to this inspection.

Reporting incidents and learning from when things go wrong

Staff understood the service policy and procedures about reporting incidents. They could describe the types of incidents that would require reporting and they knew how to do so using the internal systems. Incidents were recorded in the daily log sheets, in the accident book and in the event of a serious incident staff completed a serious incident report form. Staff told us that incidents, themes, and learning were discussed within team meetings. These included actions that all staff were required to take.

Staff described that a team de-brief would be arranged on the day any serious incident occurred in order to offer support to the staff involved and to understand any immediate lessons learned.

Duty of candour

Senior staff understood the core principles outlined within the duty of candour. Other staff could describe the importance of transparency and openness with clients and others when things go wrong. We saw that duty of candour had been discussed at a recent team meeting. There were no incidents that met the required criteria.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

All clients received a comprehensive admission pack. This was called 'the manual'. It explained in detail all stages of the care pathway and the different roles that each client and staff would undertake during the programme. Following admission, all clients had an admission assessment, including a physical examination, by the service GP prior to medications being prescribed. This enabled a full review of current circumstances and physical health assessment. This included blood pressure and pulse. These would continue to be monitored closely during any subsequent detoxification. Clients were registered to the local acute trust where the Phoenix Futures GP was based. Clients could fast track an appointment there on Tuesday afternoons.

We reviewed six clinical records. These included assessments, care plans and risk assessments. These were all comprehensive and detailed. Staff used a range of evidence based assessment tools including the alcohol user disorders identification test and the severity of alcohol dependence questionnaire. The visiting sexual health nurse undertook screening for blood borne virus such as HIV and hepatitis. Staff reviewed the client's motivation to change. There was evidence of ongoing physical health care where this was indicated.

Staff used a range of evidence based assessment scales. All staff had received mandatory training in assisted withdrawal training. Staff had a good knowledge of the types of signs and symptoms to be concerned about when someone was withdrawing from alcohol or drugs. The service had a number of standard operational procedures. These included detailed guidance for staff to access in the event they required additional advice and information. These supplemented the procedures in place detailing how to safely implement and manage withdrawal.

All clients had a care plan. They were person centred and were written to reflect the words of the client. These

focused upon short and long-term goals for recovery. The client had signed each care plan. The client had been given a copy of their plan and where this was declined this had been recorded in the clinical records.

All clients commenced the residential programme in welcome house stage of the programme. This was where clients commenced their medically assisted withdrawal of alcohol and drugs if that was required. After four to six weeks clients would be allocated specific household tasks. These were alongside the requirement to engage in a full therapy programme. This included a range of group based activities, one-to-one sessions, and structured 'homework' activities. Therefore, each client had a fully structured weekly programme. There was a service timetable, which detailed activities from 7:30am to 8:30pm each day, that each client must engage in.

Best practice in treatment and care

The service provided a medically assisted detoxification. Detoxification is the process by which an individual's body rids itself of alcohol or drugs. This process of withdrawal from the substance can produce unpleasant, and potentially fatal, side effects. In Phoenix Futures Wirral it was monitored by a GP who was able to prescribe a range of medications to counteract the effects and maximise the client's ability to complete the detoxification process. Staff had a good knowledge of the signs and symptoms of detoxification and were aware of the types of risks associated with detoxification from alcohol and drugs.

Staff could describe the evidence base for the interventions and treatments that were provided. These included group interventions such as life story work, relaxation and mindfulness and problem-solving behavioural activation work. 'The manual' provided a detailed history of the development of therapeutic communities and the evidence base that the service was developed on. Staff had a good knowledge of National Institute for Health and Care Excellence guidance. These included guideline 100 for the management of alcohol related physical complications, guideline 115 for the diagnosis, assessment, and management of harmful drinking and dependency, and guideline 52 for drug misuse – opioid detoxification. The GP was following safe prescribing guidance.

All clients had an outcome star. This tool focused upon ten areas that are considered critical to mental health and wellbeing recovery. These include living skills, relationships, addictive behaviours, trust, and hope. This self-rating scale enabled clients to focus upon positive improvements and to plot their recovery against a ladder of change. This was reviewed during the one-to-one sessions.

Clients moved to primary stage two of the programme around week 16. In addition to continuing therapy, the clients engaged with a range of voluntary and educational work. This was considered a key component for improving recovery capital. Recovery capital is a term used within substance misuse services to describe the internal and external resources people can develop to achieve and maintain recovery from substance misuse as well as make required behavioural changes. At primary two stage clients began to engage with other external professionals. This would become more focused upon support networks within area where the client would be eventually discharged.

A number of external organisations provided additional interventions. These included a calm and create group, relaxation group, circuit training, smoking cessation, and a reader group. In addition an in reach sexual health nurse attended to provide a service on a fortnightly basis.

All staff were involved in audits. These included auditing the quality of the clinical records. These looked to ensure minimum standards were in place. The minimum standards for care plans were that they should contain details about consent, comprehensive information relating to detoxification and how to support the client safely through it, and clear goals and objectives. We saw these audits were completed three times a month by the therapeutic workers and once monthly by the service manager. Completed audit outcomes were placed within each clinical record to ensure issues were brought to the attention of all the team. Individual keyworker staff were notified where there were issues noted in the audit and ongoing issues would be followed up in supervision. We saw that audit also included the quality of risk assessments and risk management plans, and quality of the contemporaneous records.

The service completed treatment outcome profile. This questionnaire was reviewed at the start of treatment, during review with the client's key worker and at discharge. The tool outcomes demonstrated the effectiveness of the treatment in relation to the client recovery.

Substance misuse/detoxification

There was a paper based clinical record system, which all staff used with the exception of the GP. The electronic record system used by the GP and the local acute services had been installed at Phoenix Futures Wirral. Only the GP had access to these records. The worker allocated to work with the GP on the days he was working at Phoenix Futures Wirral would write a summary of the GP interventions in to the Phoenix Futures clinical record.

Skilled staff to deliver care

All staff received regular line management supervision in line with the service policy. Line management supervision combined clinical supervision. The programme manager directly supervised the department co-ordinator as well as the therapeutic workers and care team. Supervision sessions were documented and there were clear actions for the supervisee and supervisor to undertake prior to the next supervision meeting.

All staff had a completed annual appraisal. This provided feedback to the individual and the manager about ongoing learning. The outcomes from staff appraisals were sent to the learning and development department. This provided Phoenix Futures Group with information about training needs across the organisation. They could then design and deliver training to ensure staff had access to appropriate training and ongoing development. Staff told us the service was good at keeping them up to date with new developments and changes to best practice. Staff would be sent emails to advise them of changes to guidance or best practice. These would then be discussed in detail in team meetings. A training planner indicated all the forthcoming mandatory and other training. We saw that training opportunities were regularly discussed in supervision.

The service held weekly team meetings. Staff who were not present could review the minutes from those meetings. The minutes recorded what had been discussed and what action was required and by whom. We reviewed the three most recent team meeting minutes. We saw that the meetings followed a set agenda. This included opportunity for staff to feedback, update regarding policy and procedure change. There was also feedback from serious and or untoward incidents from within the service or the wider organisation. This ensured that staff were fully informed of lessons learned from incidents.

All staff were qualified to, or near to completing, national vocational level three in 'tackling substance misuse'. In addition to mandatory training, we saw staff had undertaken a range of other training, which included motivational interviewing, mindfulness, group facilitation training, supervision training, human resource workshops for managers, and a range of train the trainer sessions. There were clear roles and responsibilities for all the staff. The volunteer and peer support workers confirmed their roles were clear and they were never asked to undertake tasks not suitable for their role.

All personal files had a completed induction checklist. These were signed and dated. Each induction review confirmed the staff member's understanding of a number of key policies and procedures. We saw evidence that concerns regarding individual performance were addressed through supervision. There was appropriate use of human resource policies by managers in doing so.

Multidisciplinary and inter-agency team work

An electronic record system was installed at Phoenix Futures Wirral for the use by the visiting GP. It ensured accurate clinical records were maintained that could be accessed by primary care practitioners in the event there were any health concerns or emergencies. It also ensured the GP complied with the clinical record requirements of their employing organisation. The GP did not attend a multi-disciplinary meeting with the staff at the service. The programme manager worked alongside the GP on the days he worked within the service. The programme manager ensured an effective two-way communication to ensure issues relating to progress and or risks were clearly communicated to both the GP and the Phoenix Futures staff.

Clinical team meetings were held on a weekly basis. Each client was discussed in detail each week. Attendance at these varied dependent on the needs of the client whose review was being held. Involved providers outside of the service would attend the reviews such as probation, community psychiatric nurses, and commissioners. Key workers presented up to date summary of progress and ensured all agreed actions were followed up after the meeting.

The manager described good relationships with the local safeguarding team and mental health services. Phoenix

Substance misuse/detoxification

Futures staff had regular contact with a range of local services such MIND, the spider project and a number of local work programmes in the plumbing and building trades.

Clients were admitted from across England. There was regular contact with home located commissioners. The service provided a report 12 weeks into the admission. Phoenix Futures Wirral staff provided regular updates via telephone to the local services if their staff were not able to attend a review meeting.

All clients were allocated a keyworker. They ensured they met with the client for one-to-one review on regular basis. The frequency was dependent upon where in the treatment programme the client was. They were also responsible for ensuring all assessments, care plans and risk management plans were comprehensive and up to date.

Staff had a daily morning handover between the night staff and the staff coming on duty for the day shift and this was repeated prior to the night staff taking over. All staff attended handovers. There was an evening feedback session involving all of the staff and clients.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

Consent to comply with the requirements of the treatment plan was agreed during the pre-assessment meetings. Individuals who did not have capacity would not meet criteria for admission. There was an up to date Mental Capacity Act and Deprivation of Liberty Safeguards procedure in place. All staff had received Mental Capacity Act training, which included training in Deprivation of Liberty Safeguards. Staff had a good understanding of the five core principles of the Act.

Ongoing review of capacity was undertaken throughout the course of the stay within the service and a capacity assessment would be undertaken if there were concerns.

Equality and human rights

All staff were required to confirm they had reviewed and understood the provider equality and diversity policy during induction. A staff member was the service lead. Staff had a good understanding of protected characteristics and could describe a range of measures and additional support that could be considered during admission to the programme. These included links to religious organisations in the local area. There were information posters and details of lesbian, gay, bisexual and transgender support groups in the local area. The local rape and sexual assault service provided individual specialist counselling where required. Dietary preferences and needs could be accommodated. Although the information leaflets and posters were in English we were assured

they were easily available in other languages, however clients would need to speak English in order to engage with the therapy aspect of the programme.

Management of transition arrangements, referral and discharge

There was a clear referral pathway into the service. This included acceptance criteria that ensured the service could safely provide care and treatment for the client. Once engaged within the programme clients progressed through welcome house, primary two, senior one and senior two. The stages described where a client was on the treatment pathways. Tasks and requirements of the therapeutic community increased through the transition within the service. In the final stages, the focus was upon long-term recovery and developing community based support structures. The GP was able to complete onward referrals to a range of services that included the local community mental health team. Risk management plans included unexpected treatment exit with detail of who needed to be notified. They also clearly detailed requirements for formal notifications of clients on offender programmes. Staff told us they would inform family, as appropriate, and would notify the individual's usual GP.

The service had a 'leavers information pack'. This was a resource developed to support individuals moving away from the residential support. Following discharge clients and carers were encouraged to maintain contact for telephone support. Clients remained members of the therapeutic community. Clinical records of discharged clients were appropriately archived. Staff understood requirements for safe maintenance and disposal of clinical records.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect, and support

Substance misuse/detoxification

All the clients we spoke with were very positive about the care and treatment that they were receiving. We were told that staff were compassionate and genuinely caring, with expertise that led to a confidence in the programme despite it being difficult with personal challenges. We were told that staff go beyond the call of duty. One described that the manner by which the staff treated clients with dignity and respect contrasted with previous experiences of care and treatment. These had previously been received through offender programmes and during prison sentences. Clients fully understood the concepts behind a therapeutic community. These included the requirement to maintain confidentiality, shared responsibility, and mutual support.

Clients confirmed they were fully informed of the requirements of the programme prior to admission. Clients told us they were made aware of the requirements to share bedrooms and had seen these prior to admission. Clients told us that the service was well managed and that the managers were visible, approachable and knew what was going on.

Carers told us that they were fully involved in all aspects of their family member's care and treatment. One described being given support and advice pre admission after they rang seeking help and guidance. Carers told us they were made to feel part of the therapeutic community and that their support and contributions were actively supporting their family member's recovery. Following discharge carers said they were encouraged to maintain contact for as long as they and their family member wished to receive it. We were told this was a valuable element of the care provided.

The involvement of clients in the care they receive

Each client had an allocated keyworker. The keyworker supported the client throughout the care pathway. They provided one-to-one support that included undertaking specific tasks relating to the group therapies. They also reviewed effectiveness of interventions and ensured care plans and risk management plans were up to date. Care plans reflected the client's collaboration in their development and all were signed to indicate agreement.

Care and treatment consisted of attendance at group and individual therapy sessions, participation in delivering core tasks essential to the smooth running of the service and engagement in planning toward discharge and developing longer-term support networks. Clients told us that staff knowledge and experience was excellent. Clients were encouraged to express feelings or concerns at a daily meeting held every morning and facilitated by staff.

Clients were assigned to a specific department. These were recorded on a large white board in the main reception area. This made it clear who was responsible for which department as part of their programme. Departments included kitchen, cleaning, maintenance, activities, garden and allotment, laundry and recycling and livestock. All clients had opportunities to participate in each of the departments but generally, people were able to do those things they felt most comfortable and confident with. Some clients were allocated to the welcome house. Their specific role would be to provide additional support and guidance to clients newly admitted. Each client had an allocated buddy. A buddy was someone else on the programme that had progressed to a point where they were able to offer one-to-one support to someone newer on their own recovery journey.

Carers, friends and family members were encouraged to attend the 'family and loved ones accessing mutual and emotional support group'. This group was held monthly. This provided confidential family support. Some carers consistently attended the group. A carer told us that the group was useful to them. They told us it helped them to understand how they can support their family member in their long-term recovery. Carers were also included in phase reviews and discussions whenever this was agreed with the client.

As clients progressed through the programme, they received a pass. This pass was agreement for the client to leave the building and spend some free unstructured time. When a client moved to primary one stage, they were able to utilise a local pass. This enabled them to go for walks within the local area, go to local shops, and use the leisure centre. An advanced pass was available when clients progressed to stage two. This enabled home visits and days out such as to Liverpool city centre.

Advocacy services visited on a weekly basis and clients had access to a range of advice including debt management, housing support and local citizen advice services.

Are substance misuse/detoxification services responsive to people's needs?

Substance misuse/detoxification

(for example, to feedback?)

Access and discharge

There was a clear criteria for acceptance to the service. This was to ensure that the staff would be able to meet the needs of those referred. Referrals were accepted from a range of agencies and from across the United Kingdom. A fast track referral programme enabled clients to access the residential programme.

The service had a number of key performance indicators. These included numbers of admissions and discharges. The admission target for the service was 81%. They had achieved 77% in the three months to July 2016. When clients had been assessed, they could be admitted at their earliest convenience, pending funding agreement.

The 'successful discharge' target was 65% .The service recorded a successful discharge rate of 44% for those admitted due to drug misuse issues and 73% for those admitted for alcohol misuse. These were also in the three months to July 2016. When supporting clients to complete the programme where alcohol misuse was the presenting issue the service had a significantly improved success rate at discharge than the service target. The average length of stay throughout the programme was three to six months, with provision for extra time in treatment if required and funding agreed.

In the 12 months to July 2016 104 clients accessed the programme; 21 dropped out and three transferred to an alternative Phoenix Futures Group service. In total 30 clients were discharged alcohol free having completed the programme. Twenty-four clients completed the programme and were drug free at discharge. For the year October 2014 to September 2015 Public Health England identified 56% of discharged clients from Phoenix Futures Wirral remained alcohol free and 63% remained drug free six months post discharge. This information was gathered from the data included in the completed treatment outcome profiles.

There were clear sanctions in the event that a client disregarded the 'main rules'. Dependent upon the circumstances this could result in discharge from the programme. Staff told us that a discharge would be followed only in extreme circumstances. Staff told us a discharge would be enforced at a time of day to ensure client safety. For example if a client returned to Phoenix House Wirral intoxicated in the late evening a discharge would be delayed until the following morning. Clients could exit the main care pathway and could step back along the treatment programme to undertake a period of refocusing. This was an opportunity to review and reappraise for the client to decide if they wished to continue with the programme.

The facilities promote recovery, comfort, dignity, and confidentiality

There were communal areas including therapy rooms, dining and kitchen areas, recreational space and garden areas. The remainder of the house was divided into male and female accommodation. These included bedrooms, bathrooms, lounges, and kitchenettes.

Bedrooms varied in size from rooms shared by four people to single occupancy rooms. All the bedrooms had ample individual storage including wardrobes, chest of drawers and each client had access to a lockable cabinet where things could be placed for secure storage. Rooms could not be locked. Clients were able to personalise their bedroom area and each had a large noticeboard for placing photographs or other personal mementos. Shared rooms were not sub divided and there were no privacy curtains around each bed area. Staff told us that clients were made fully aware of the same sex room sharing arrangements prior to agreeing to an admission. Clients told us they were aware of this before agreeing to admission. Two explained that being in a shared room had a positive impact upon their support, care, and treatment. They had not expected this to be the case. Shared bedrooms were very large. Each client had a wardrobe, chest of drawers, and access to a lockable cabinet where things could be placed for secure storage. Clients were able to personalise their bedroom area and each had a large noticeboard for placing photographs or other personal mementos.

There were male and female bedrooms available on ground floor level as well as access to adapted bathroom and toilet facility. These had ramps, grab rails and there was specific night lighting in areas throughout the service to aid accessibility. Although these would have been of benefit for clients with restricted mobility, some areas of the building would not be accessible to anyone needing to use a wheelchair. There was a shared laundry facility and clients had time within their weekly programme for access to these. In addition to a range of board games, cards and

books within the main house there was a large converted barn in the grounds. This was a shared recreation area. It had a toilet facilities and a kitchen. There was a pooltable and a range of gym equipment. A number of staff had additional qualifications to enable them facilitate clients to use this equipment safely. A range of activities was accommodated within the recreation area.

Pay phones were located within the main reception areas. They afforded little privacy. Clients told us that staff would let them use an office telephone for holding private conversations. Clients were allowed access to their mobile phones after completing the initial stage of the care pathway. There was an office for use by the core workers. A desk in this room was for the clients to use. It had computer and telephone access that were used for online applications. There was a quiet area for clients to hold discussions with agencies such as housing and employment.

All clients signed a licence agreement. This was part of their tenancy agreement for the duration of their stay and it included conditions that the client agreed to comply with. This included total abstinence from alcohol and drugs, including a number of prescription medications. Clients also agreed to engage fully with the therapy programme including being allocated to one of the departments.

Meeting the needs of all clients

For the duration of their stay at Phoenix Futures Wirral clients were registered to the local GP practice. The GP attending the service oversaw all required prescribing during admission. They also did onward referrals to other services such as mental health services or for specialist physical health care. Complex physical health or mobility needs would be identified during the pre-admission assessment. Aids and adaptations were considered on an individual basis. Issues relating to confidentiality and information sharing were explained at assessment both verbally and in writing. This were further reinforced by 'the manual'.

An advocacy worker visited the service on a weekly basis. They offered advice and support relating to benefits, housing, finances, and legal issues. There were multiple noticeboards throughout the house and leaflets In addition to providing details about advocacy services they provided information about the local GP, dentist and optician services. There was information about healthy eating, exercise and access to local leisure facilities.

All meals were prepared and cooked on the premises. This meant a range of dietary preferences and needs could be accommodated. Snacks, hot and cold drinks were available without restrictions 24 hours a day. There was a standard operating procedure in place relating to nutrition. This provided additional advice and guidance to staff to ensure the additional consideration of the importance of diet, and fluids.

There were some bedroom accommodation provided on the ground floor. There was also access to bathrooms with adaptations in the same areas. This was to provide ease of access for people who may have mobility restrictions. These could accommodate wheelchair access however; wheelchairs would not be able to access all areas of the service.

Listening to and learning from concerns and complaints

There were posters advising how to make a complaint if clients or visitors were unhappy. There were local leaflets called 'tell us'. This detailed how to provide positive feedback when the service had done well and how to make a complaint if unhappy with any aspect of the service. We saw that when a compliment was received the staff member was notified of this and given positive feedback in supervision. Phoenix Futures Wirral attempted to resolve concerns and complaints at the earliest opportunity. Staff gave examples of where clients had been supported to air their dissatisfaction in a facilitated three way meeting.

Complaints were stored on a secure shared drive on the computer. We reviewed the two most recent complaints. We saw these had been responded to appropriately. The service passed details of complaints, actions taken and lessons learned to the Phoenix Futures quality and performance department. This team collated lessons learned from across the organisation and shared these with all locations. These were represented at team meetings and, if appropriate, individual supervision.

We saw printed A5 cards within the building. These invited clients, carers, and visitors to comment upon and rate their view of the service they had received. These could be posted anonymously into a post box near reception. There

were posters giving detail of how to leave positive comments or to complain which included details of how to do this in person, in writing, email or on the provider website. In the six months prior to the inspection the service had received two complaints and eight compliments. Both complaints had been concluded to the satisfaction of both parties.

There were 'we are listening' posters throughout the building. These gave details following the most recent user satisfaction survey that had been completed in June 2016. These posters stated that overall feedback rated the service as excellent with 73% of respondents satisfied with support received around their health needs, 87% reporting they were treated with dignity and respect, 69% satisfied with the level of user involvement and 73% satisfied with the environment.

An action plan had been developed since the last satisfaction survey and a number of issues raised were being addressed. An example was following complaints that activities were not varied enough. This had resulted in the involvement of a theatre production group, development of a poetry workshop, and a celebration meal for father's day.

Are substance misuse/detoxification services well-led?

Vision and values

The Phoenix Futures Group vision and values were:

- we believe in being the best
- we are passionate about recovery
- we value our history and use it to inform our future.

We saw the values displayed around the service. Staff knew these values and understood how these were at the heart of the organisation. Phoenix Futures Group identified nine leadership characteristics. They stated these characteristics were the values against which they recruited the service managers. These were:

- Visible
- Optimistic
- Business Minded
- Visionary
- Knowledgeable
- Honest
- Passionate
- Brave
- Nurturing

Staff and clients knew the managers within the service. The senior managers understood what the issues were within the service and what the current pressures and successes were.

Good governance

Phoenix Future Group had a corporate strategy and business plan. Phoenix Futures Wirral had aims and objectives for the year developed from these. These objectives were relevant to the local service and linked to the objectives of the staff working there. These objectives were identified at appraisal and reviewed throughout the year.

Phoenix Futures Wirral provided feedback about a range of key performance indicators including complaints, compliments, staff training needs, and treatment outcomes directly to the head of quality and performance, residential quality assurance manager and others within the clinical governance committee. Organisational learning, development, and key performance indicators were reviewed by the board three times a year. Information was shared down to the service at Wirral through operational directorate meetings and business unit meetings.

We saw examples of how communication from across the broader organisation was shared at Phoenix Futures Wirral. An example was a copy of an email sent to all staff members, and discussed in a team meeting regarding amendments to an existing policy. A standard form explained why the change or amendment was being implemented and how it would help the organisation. It detailed what actions staff needed to undertake in order to implement the change. It detailed when the changes needed to occur by.

The service sought to support keyworkers and other staff to undertake the work required. They had developed a database that generated reminders for keyworkers and managers to assist them. For example, a reminder prompt was set up to alert keyworkers that risk assessments required review every 12 weeks. Phoenix Futures Wirral had

developed additional detailed guidance for staff. These standard operational procedures explained the evidence base upon which a number of policies and procedures had been developed.

Phoenix Futures Wirral sought feedback from clients through a user satisfaction survey. At its most recent dated April 2016 27 surveys were returned. Of these 16 clients rated the service they received as excellent, nine as very good, one as good and one as average.

The service held three monthly review meetings with commissioners and provided regular reports and updates on individual client progress. Data was submitted to the national treatment agency for substance misuse.

Leadership, morale, and staff engagement

All staff were very positive about their role at the service. They described a close and cohesive team and that relationships between the staff at Phoenix Futures Wirral and senior managers from within the organisation were good. All staff and clients told us that morale was good. Clients described how the enthusiasm and determination of the staff provided inspiration to them in completing the programme.

Some staff had received additional training to develop their skills**.** Succession planning was encouraged and many staff had worked for Phoenix Futures for many years. The service actively encouraged peer mentor workers and supported their transition to become volunteers where appropriate. Staff were encouraged to undertake a range of leadership training to develop management potential.

Staff felt well supported by their peers and managers. They said they were able to raise concerns and that their views and opinions are listened to. They told us they were able to give feedback about the service and that their ideas and opinions were valued.

Phoenix Futures Group had received a British Quality Foundation award for their approach to leadership. They had received the highest recognition in excellence for the model and investment in leadership. They had also been awarded a gold standard Investors in People award. Nationally only three percent of companies were awarded the Investors in People status and achieved this level.

Commitment to quality improvement and innovation

The service had recently been awarded funding to develop additional facilities. These were specifically to enhance provision for female clients and were designed to address additional barriers that women in particular can face when attempting to access substance misuse services. Developments would include additional therapy rooms and a more fit for purpose family room to enhance and support family members, including children, to maintain contact.

Phoenix Futures Wirral had undertaken steps previously to address additional barriers that vulnerable clients may face when trying to access the care and treatment that would meet their needs. In 2015 they developed a scheme to enable clients to be admitted to the programme and to bring their pet with them. Consequently, there were purpose built kennels on site and a range of appropriate hutches and cages to accommodate different pets such as rabbits, guinea pigs, and dogs. There had been a number of admissions of clients with pets. Responsibility for looking after the animals rested with the pet owner.

Outstanding practice and areas for improvement

Outstanding practice

The service had extensive grounds and in addition to allotments and general gardening, there were a range of animals that were kept as part of the therapeutic programme. The clients attended to the needs of all the animals as part of the daily activity programme. Animals included chickens, goats, rabbits, and guinea pigs.

There was a kennel provision, Clients who were reluctant to engage in a residential detoxification programme due to commitments to their dogs could be admitted with the m.During our inspection there were two dogs in residence. They stayed in custom-made kennels within the garden.

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