Nelson House

Quality Report

Nelson House
Brimscombe Hill
Brimscombe
Stroud
Gloucestershire
GL52QP
Tel: 01453885633
Website: www.nelsontrust.com

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

Ratings

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

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

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

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

Summary of findings

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 rated Nelson Trust as good because:

- Staff were proactive at identifying and managing risk. There were effective systems in place to ensure the management of clients' risks. Risk assessments and recovery plans were personalised, thorough, and understood by all staff. All staff understood how to report incidents and near misses. Managers reviewed incidents in governance meetings and involved staff in discussing the learning from incidents and implementing change. Incidents were also reviewed by the risk and assurance team.
- The premises were safe for the clients. The managers had completed ligature and environmental risk assessments on the premises in 2018. These were reviewed every six months.
- Care plans and crisis plans were up to date or comprehensive to assist the teams to deliver safe care and treatment to clients. They were holistic, personalised and promoted recovery and met the individual needs of each client. They included physical health care checks from clients' GPs.
- Clients and their families were encouraged to work together. Families were offered weekend workshops to assist and understand their relative's recovery. Family members spoken with were very positive about this.
- The service ensured clients were integrated into the local social networks, employment and education opportunities. Many clients remained in the local area after completing their treatment and became part of the community.
- The service ensured there was a wide choice of treatments and clients' individual needs and preferences were central to the planning and delivery of tailored services. There was an education academy where clients completed educational courses in conjunction with the local college. There was also a maintenance team in the service where clients could learn new skills.
- Senior managers in the service demonstrated clear, effective and inclusive leadership with a strong sense of direction and objectives. All staff spoken with were aware of the developments and direction of the service.
- The board of trustees, the senior management team and the Chief Executive Officer were visible across all sites. They visited the houses and attended community meetings. Clients and staff were confident they could raise concerns with any of the senior management team and they would be acted upon.

However:

- Staff members did not ensure clients had access to advocacy services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	Nelson Trust is a residential rehabilitation service for substance misuse.

Summary of findings

Contents

Good

Nelson House

Services we looked at
Substance misuse services

Summary of this inspection

Background to Nelson House

Nelson Trust provides residential rehabilitation for people with drug and alcohol problems using an eclectic model of treatment. It combines a holistic, person centred approach with cognitive therapy including specialised trauma work. The service includes an integrated educational training and employment programme and continuity of care through their resettlement programme.

Nelson Trust is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury. There is registered manager in post.

The service works with clients in the criminal justice system and has a dedicated woman's service for clients who would benefit from treatment in a female only environment. The Trust works closely with families who attend family weekends where they can share learning and receive family therapy sessions. There is a self-contained flat available for family members or for women who had planned overnight contact with children.

The abstinence based residential treatment for clients who are, in the main, funded by their home local authority but the service also admits self-funding clients. The service takes people from the age of 17.

Nelson Trust operates from four locations in the village of Brimscombe. There are two mixed gender houses, Stafford house and Nelson house. One offers accommodation for 16 clients and the other for nine. The smaller house is for clients who would benefit from a calmer environment to reduce anxiety. There are two female-only houses. These were East Wharf cottage and Covington house. Both were supported by female staff on site 24 hours a day. All treatment houses have 24 hour staffing.

Our previous comprehensive inspection of Nelson Trust was in November 2016. We did not rate the service at that time. At that inspection, we told the provider they must ensure that all medicines were safely managed at Nelson House.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a registered nurse specialist advisor with a professional background of working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive substance misuse service 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?

Summary of this inspection

Is it well-led?

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

During the inspection visit, the inspection team:

- visited all houses, the treatment centre, education centre and main offices
- spoke with ten clients in two focus groups and individually
- spoke with the registered manager and service manager
- spoke with seven other staff members, including recovery workers, support workers, counsellors, teachers and therapists
- looked at 12 care and treatment records
- looked at four staff files, four staff supervision records and three staff appraisals
- attended four therapy groups
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that they valued attending education and therapy away from houses as this gave their days structure. They enjoyed having a separate counsellor and recovery/support worker because this made their roles distinct. All clients liked the rural environment and many said they planned to move there after their course of treatment had finished. They described the staff as caring and kind. Some clients felt there was not enough communication about the courses they could attend, and others wanted more courses with a qualification.

Clients were confident staff would respond to complaints, and they felt safe and well supported.

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?

Good

We rated safe as good because:

- Staff were proactive at identifying and managing risk. There were effective systems in place to ensure the management of clients' risks. Risk assessments and recovery plans were personalised, thorough, and understood by all staff.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- There were systems in place to check the competence of staff to administer medicines safely and to ensure all clients received physical health checks.
- All staff understood how to report incidents and near misses. Managers reviewed incidents in governance meetings and involved staff in discussing the learning from incidents and implementing change. Incidents were also reviewed by the risk and assurance team.
- Staff members ensured that the premises were safe for the clients. The managers had completed ligature and environmental risk assessment on the premises in 2018. These were reviewed every six months.

Are services effective?

Good

We rated effective as good because:

- Staff completed a thorough, high quality assessment of needs with all clients prior to the start of treatment.
- Care plans and crisis plans were up to date or comprehensive so supported the teams to deliver safe care and treatment to clients. They were holistic, personalised and promoted recovery and met the individual needs of each client and included physical health care checks from clients' GPs.
- Clients could choose their treatment form a wide range of different psychosocial interventions. All treatments available were in line the relevant National Institute for Health and Care Excellence (NICE) guidelines.
- Staff received regular supervision and had annual appraisals of their work performance.

Summary of this inspection

- Staff regularly monitored and reviewed the effectiveness of treatment. Clients had regular reviews of their mental and physical health.
- Staff had a good understanding of the Mental Capacity Act 2005. This included consideration of fluctuating or deteriorating mental capacity. Staff could respond appropriately if clients lacked capacity to make a decision whilst under the influence of alcohol or drugs.

Are services caring?

Good

We rated caring as good because:

- Staff treated clients with compassion. Feedback from clients confirmed that staff treated them well and with kindness.
- Staff involved clients in decisions about their care and treatment.
- All clients spoken with told us staff members described treatment options and gave them choices.
- Staff ensured clients were involved in the recruitment of staff.
- Clients and their families were encouraged to work together. Families were offered weekend workshops to assist and understand their relative's recovery. Family members spoken with were very positive about this.
- The service ensured clients were integrated into the local social networks, employment and education opportunities. Many clients remained in the local area after completing their treatment and became part of the community.

However:

- Staff members did not ensure all clients had access to advocacy services.

Are services responsive?

Good

We rated responsive as good because:

- The service ensured there was a wide choice of treatments. Clients' individual needs and preferences were central to the planning and delivery of tailored services. There was a HuB academy and Hub maintenance division in the trust where clients completed educational courses in conjunction with the local college.
- Each client had both a named recovery /support worker and an allocated counsellor on admission to the programme with identified skills, knowledge and experience to meet their individual assessed needs.

Summary of this inspection

- Female clients could choose to live in an all-female house supported by female staff. They could also choose to stay in a quieter house.
- All staff treated concerns and complaints seriously, investigated them and learnt lessons from the results.

Are services well-led?

Good

We rated well-led as good because:

- Senior managers in the service demonstrated clear, effective and inclusive leadership with a strong sense of direction and objectives. All staff spoken with were aware of the developments and direction of the service.
- Senior managers in the service promoted a positive culture that supported and valued staff. There was a clear statement of vision and values which staff knew, understood and emulated in each of the houses.
- The board of trustees, the senior management team and the CEO had oversight of the service through robust and consistent governance and assurance procedures. The governance team who monitored risk and assurance implemented effective systems across all teams. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The board of trustees and the senior management team and the CEO were visible across all sites. They visited the houses and attended community meetings. Clients and staff were confident they could raise concerns with any of the senior management team and they would be acted upon.
- Staff spoke very positively about the supportive and innovative teamwork within their teams. They were positive about the culture, valued the support from the managers and morale was high. Staff reported that supervision received from their managers was supportive and meaningful. They were aware of the whistleblowing policy and were confident they would use it if needed.
- All staff were proud about the innovative work they did in relation to trauma informed treatment, the women only residential service and the enabling environment.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The service did not work with clients detained under the Mental Health Act 1983.

However, staff could identify when it would be appropriate to seek additional support from specialist services if there were concerns about a client's mental health.

Mental Capacity Act and Deprivation of Liberty Safeguards

Clients were screened in the pre-admission stage to assess if they had the mental capacity to consent to their admission to the treatment programme. If a client could not consent to this they would not be admitted to the programme.

The service had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to. Training was included in the Mental Health Act 1983 training sessions.

Staff were competent in assessing mental capacity in their clients.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Good

Substance misuse services

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

Are substance misuse services safe?

Good

Safe and clean environment

- Staff members ensured that the premises were safe for the clients. The managers had completed ligature and environmental risk assessment on the premises in 2018. These were reviewed every six months. Repairs were completed by the in-house maintenance team that clients could join as part of their therapeutic programme.
- The houses, educational and therapy centres were well maintained by their inhouse maintenance team. Clients did not have call alarms in their bedrooms or communal areas but they told us they could call staff if they needed them.
- Staff members ensured that all therapy rooms and all communal areas were clean, comfortable and hygienic. Clients were responsible for cleaning their bedrooms and communal areas as part of their therapeutic programme. Staff monitored their work to ensure the houses were clean. We reviewed the most recent cleaning programme and they were up to date, complete, and filled in correctly.
- Staff members managed infection risk well. They adhered to infection control principles including hand washing. There was signage on the premises instructing how to wash hands correctly.
- Staff members ensured that clinic rooms in each of the houses were well equipped. Temperatures of all clinic rooms and clinical fridges were checked and recorded daily. Emergency medicines were available in all in clinic rooms. They were easily accessible and well organised. Emergency equipment was checked daily by the staff team to ensure they were in working order and there were no medicines exceeding the expiry dates.

Safe staffing

- The managers ensured that each house had enough staff with the right qualifications, skills, training, and experience to keep clients safe and provide the right care and treatment. The current staff complement included recovery workers, counsellors, therapists, managerial and administrative staff.
- The service determined the staffing levels for each house. The establishment level for recovery workers (number of staff determined by the senior team needed to keep clients safe and meet their treatment and recovery needs) was 21 and support workers was 16. There were no recovery worker vacancies and there were five support worker vacancies. In the last three months 10% of shifts were covered by bank staff. The overall annual turnover was 4% and five staff had left in the last twelve months.
- Although the service had a low vacancy rate, the service actively tried to recruit staff. For example, there was an ongoing recruitment drive for support and recovery staff members.
- The service used regular bank staff rather than agency staff to fill any vacancies. The managers risk assessed staffing levels and could adjust them if they needed. For example, they had additional staff to facilitate trips out of the service.
- Senior managers ensured that a staff member was present in communal areas of the houses at all times.

Good

Substance misuse services

- Staff members and clients told us that activities were occasionally cancelled because there were too few staff. Although they said every effort was made to reschedule.
- Managers ensured there were plans for emergencies. There were clear cover arrangements for sickness, leave, and vacant posts to ensure the safety of the clients. The sickness rate for the service was 2% in 2018. However, these rates included some long-term sickness.
- Senior managers worked closely with the human resources team to ensure staff completion of mandatory and statutory training courses at 2018 was 91%. The electronic rota system automatically told the managers when a staff members training was due for renewal. Managers completed performance reports for the service and forwarded this information onto the senior management team to discuss with staff.
- All staff with positive criminal record disclosures had robust risk assessments in place.

Assessing and managing risk to clients and staff

- Staff undertook a risk assessment of every client on admission and following any incident where the risk could change. All clients had risk management plans and crisis plans which were held on the electronic system and were accessible to all staff. Staff members received training in the assessment and management of risk.
- Staff met weekly to discuss high-risk clients, safeguarding risks and any actions were discussed and recorded in clients' care plans.
- Risk assessments were evident in all 12 case notes we reviewed.. Staff completed a monthly risk assessment audit. The team were 100% compliant with the completion of risk assessments.
- Staff communicated risk well to clients. Staff discussed risks about different treatment options and clients' substance misuse. Clear information was given verbally and in writing to clients at the start of treatment. Staff ensured that clients understood their responsibilities throughout their treatment.
- The service had not implemented a completely smoke-free policy, but there was a smoking cessation practitioner to support clients to reduce their smoking and to consider quitting. The service provided an outside area for clients to smoke.

Safeguarding

- A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.
- Staff members understood how to protect clients from abuse and the service worked well with other agencies to do so. All staff spoken with knew about their safeguarding policy and could tell us how to make a safeguarding alert and when it was appropriate to do so. There were two safeguarding leads who were known to all staff spoken with. Records confirmed that 98% of staff had completed adult safeguarding training. There was a plan in place to ensure the other staff received the training quickly. This was checked by the managers of each individual team who then reported compliance to the service managers. The team had good links with the local safeguarding board.
- Managers monitored the number of safeguarding referrals they made. Staff completed an incident form when each safeguarding referral was made. These were monitored by the senior management team.

Staff access to essential information

- Staff had prompt access to accurate and up-to-date care records. Staff members kept both paper and electronic records of client's care and treatment. The information had recently been reviewed and all staff had been trained to ensure information was consistently kept in the same place in the electronic recording system. All staff could access the electronic records. Staff said they found the records accessible and informative.

Medicines management

- All staff had training in the administration of medication. They had effective policies, procedures and training related to medication and medicines management, including medication handling and administration, overdose and naloxone training. Naloxone is a medication used to block the effects of opioids,

especially in overdose. The GP ensured ongoing monitoring and review of the medication. There was also pharmacist input to provide oversight of medicines reconciliation.

Track record on safety

- There had been no serious incidents in the 12 months before this inspection.

Reporting incidents and learning from when things go wrong

- Staff managed incidents well. They recognised incidents and reported them appropriately.They had received training on how they could report incidents on both paper and the electronic reporting system. They could explain what to report and how they would do this.
- Senior managers, with the assistance of human resources investigated incidents thoroughly. Managers from the houses completed a monthly report for senior managers, human resources, the board and NHS England as part of their quality monitoring. These were analysed by the governance lead and discussed at governance meetings and trends were identified and acted upon. For example, they identified areas in the houses activities where incidents happened so they reviewed the use of these spaces and encouraged clients to take safety precautions in some activities.
- The staff teams implemented changes to practice after an incident in 2018. A client who was discharged needed staff assistance after getting off at the wrong train station but did not have a mobile phone to contact them. The learning included the introduction of new policy and procedures about providing all clients with a phone with enough credit to enable them to contact staff.
- There was a weekly incident meeting with managers to review all incidents.
- Staff members were always offered a debrief session after each incident. For example, in 2018 the staff team suspected a client took illegal substances and all clients urine was tested. This resulted in clients who had been at the service a long time leaving. Both clients and staff received debrief from counsellors as all were affected by the outcome.

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

Good

Assessment of needs and planning of care

- Staff completed a thorough assessment of needs with all clients. Staff triaged initial referrals for urgency but all clients received a full assessment which involved a wellbeing assessment.
- Staff developed care plans that met the needs identified during assessment. Each client had detailed care plans. Out of the 12 sets of care plans, all had care plans that were personalised, holistic and recovery orientated. Care plans were completed with clients at initial assessment and then on an ongoing basis, at least every three months. All care plans identified client needs, including risks and safeguarding.
- Staff ensured the client's GP routinely monitored the physical health of clients. Any suicidal ideation was assessed at admission stage, and closely monitored. A peer was allocated to provide close support.
- Clients completed self-injury agreements at admission where there was agreement that the client would notify staff. There was also a record called 'new client recording' where staff recorded the presentation of new clients for the first two weeks to monitor their progress. They used this information to offer more support to clients when needed. They recorded the client's mood, and participation at meal times and included these key points at staff handovers.
- Staff members ensured crisis plans were consistently completed. The managers monitored completion and monthly data showed that compliance was good across the teams in each of the houses.
- All clients had an appointment with the GP within two days of admission for a physical health assessment. They were registered upon admission.

Best practice in treatment and care

- Staff followed the providers policies and procedures, which were adapted from relevant National Institute of Health and Care Excellence (NICE) guidelines.

- Clients had access to a range of care and treatment interventions suitable for the client group. The staff team delivered psychosocial services in line with best practice guidance. For example, the appropriate use of medication (overseen by the GP) (NICE guidelines QS11 and QS120), psychological therapies, and activities and training and work opportunities intended to help clients reintegrate back into the community. The women's service was focussed on trauma informed approach based on the work of an American therapist.
- Blood borne virus testing was routinely offered via the GP.
- Staff supported clients to live healthier lives, for example, clients were provided with support from the smoking cessation practitioner, with healthy eating advice, with advice in dealing with issues relating to substance misuse and support from an external health trainer from the local authority.

Skilled staff to deliver care

- The multidisciplinary team comprised of recovery workers, support workers, counsellors, managers and the service manager. family therapists, occupational therapists and psychologists.
- The managers ensured that bank staff were required to undertake the induction for new starters. Managers told us that all staff, including bank staff, received an induction and training when joining the service.
- Staff received training in working with challenging behaviour. They also had reflective practice where training was delivered. This covered a range of areas, such as risk assessments and care planning or any area staff wanted to have more information.
- The managers provided staff with regular appraisals and managerial supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development). In teams clinical and managerial supervision was combined. At the time of inspection, the rate of supervision and appraisal for the staff team was on average around 95%.
- The managers ensured that staff had access to regular team meetings, morning briefing meetings, skill sets and handovers to share information and develop learning.
- Managers recruited volunteers for the service with lived experience into recovery/ support worker roles and trained and supported them for the roles they undertook. Many volunteers had gone on to become permanent members of staff.

Multi-disciplinary and inter-agency team work

- The service worked in partnerships with local GP practices who prescribed to substance misuse clients. Staff accompanied clients to the GP and had regular meetings to ensure consistent working. They could access a daily appointment slot for clients, as well as an appointment for all clients on the day of admission to the programme.
- Clients had recovery plans which included pathways to other supporting services, with evidence of external multidisciplinary input into their care and recovery.
- Each client had an allocated support worker and counsellor to work with them during the programme.
- The service had links with external related self-help agencies such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA).

Adherence to the MHA and the MHA Code of Practice

- In 2018, overall 85% of the workforce had received training in the Mental Health Act. 1983.
- The service did not work with clients detained under the Mental Health Act 1983. However, staff members understood their roles and responsibilities under the Mental Health Act 1983 (MHA) Code of practice 2015.

Good practice in applying the MCA

- Clients were screened in the pre-admission stage to assess if they had the mental capacity to consent to their admission to the treatment programme. If a client could not consent to this they would not be admitted to the programme.
- The service had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which staff were aware of and could refer to.
- Staff were competent in assessing capacity in substance misuse clients. When we spoke to them, staff were clear on what actions they would take if a client's capacity

Good

Substance misuse services

was fluctuating and they were aware of how substance misuse can affect capacity. The provider delivered training on the Mental Capacity Act and all staff requiring training for their role had completed it.

- Decisions regarding capacity were documented in clients' care records.
- We saw evidence of the use of consent forms, but these were not all completed or signed.
- The team had a Mental Capacity Act lead who delivered in house training and who staff could approach for advice.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff members cared for the clients with compassion. All the interactions we saw between them and the staff members were kind, respectful and showed an understanding of the client's needs. For example, each person had a separate support worker and counsellor so that their roles didn't conflict. Clients we spoke with said this made a real difference to the way they interacted with their support workers and each had their own clear role.
- Clients were overwhelmingly positive about the way staff treat people. Clients told us the care they received exceeded their expectations.
- All clients we spoke with said staff listened to them and were supportive and caring. Clients gave us positive feedback regarding the staff teams.
- The teams respected clients' confidentiality; they had soundproofing in interview rooms and used lockable bags to carry any information outside the houses.

Involvement in care

- The service held service user forums to provide clients with an opportunity to give feedback on service delivery and discuss potential changes to the service.
- The service had family workers to offer one to one and group support for family and carers of clients.
- Clients did not have access to advocacy services. There was no evidence in care files that staff regularly discussed arranging an advocate for them. Staff said they could advocate for the clients as the client had a key worker and a separate counsellor. However, there was no one outside the organisation, apart from family and friends if they were involved in the care and treatment of the client. Not all clients chose to involve their families.
- Clients were involved with the recruitment of staff in all teams. They formed part of the recruitment process for new clinical staff in 2018. Staff met with clients in the houses as part of the selection process.
- Staff encouraged clients to attend their review meetings and staff met with them to design a care plan together. The majority spoken with said they attended reviews. Clients had copies of their care plan. Both clients and staff were positive about their collaborative approach.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- Clients could self-refer or could be referred by other professionals, such as local drug and alcohol services. Staff conducted assessments to prioritise clients based on risk and all clients were then offered a comprehensive assessment. There was no waiting list for assessment for treatment and there was a set target time from initial referral to start of treatment. This could vary depending on the level of client risk.
- The service took referrals from clients anywhere in the country so did not have a catchment area.The senior management team ensured they met the key performance indicator target for occupancy rates which were 88% in the houses. The average length of stay in the houses varied but was in the region of three months.
- There were no delayed discharges. Three clients spoken with were planning to stay in the area following discharge as they felt integrated into the rural community. Many clients were discharged home from

the service. The staff team met regularly and focused on barriers to discharge and what actions could be taken to reduce these. This assisted staff to identify and remove barriers to discharge during clients' admission.

- Staff offered clients a wide variety of treatment based on their individual needs, interests and end goals. There was an academy and maintenance division in the trust. Clients completed educational courses in conjunction with the local college. Courses included computer skills, art and craft, yoga, pottery, photography, drama. There were also two cafes in the county where clients could volunteer at to gain work experience.
- The therapeutic programme used by the service was eclectic, utilising lots of different models, different approaches work for different people such as behavioural therapy, motivational interviewing, compassion based therapy, mindfulness, trauma informed work and eye desensitisation treatments. Groups were separate for men and women to look at different areas of trauma. Groups were carefully planned and attendees were monitored to ensure there were not previous perpetrators and victims in the same sessions. Areas covered included work around experiences of using violence, experiences in the sex industry, childhood trauma, gender stereotypes and expectations. The main model was derived from the Dr Stephanie Covington trauma informed model (the work of an American therapist who visited the service yearly from her base in America to deliver training directly to staff). The staff team delivered external training on the model for other providers. There was a separate counselling team for individual counselling sessions based on individual need.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients had access to a range of rooms and facilities to support their recovery in the houses. There were shared and single bedrooms. The majority were shared as part of the therapeutic programme but there were single rooms used when needed for a specific reason, for example a client who rocked themselves to sleep wanted to sleep in a single occupancy room.
- Each house had an outdoor space and smoking shelter. In some gardens there were windchimes made by clients and seating. In one house the canal ran behind the outdoor space. It had been risk assessed for clients slipping and clients could obtain a fishing license from the local post office.
- The houses did not have a dedicated quiet family room or visiting rooms to ensure that clients maintained relationships with family, children and friends. However, they had a flat which family could use on weekends when they were invited to be a part of their family members workshops.
- Staff ensured that clients had access to education on their bespoke educational site. They received therapy such as counselling at the treatment centre. Clients told us they enjoyed visiting the education centre as it felt like a college.
- Clients did not have access to their mobile phones. There were phones in each of the houses. These were in communal areas so conversations could be overheard. However, all clients spoken with said that staff were trialling the use of mobile phones without internet access in accordance with individual risk assessments.
- Clients told us that the food was good and they could make hot drinks and have snacks day and night. Clients cooked food fresh on site each day and decided on the menu at house meetings. There was always a vegetarian choice.

Clients' engagement with the wider community

- The staff team helped clients to access employment and training opportunities. They supported clients, particularly those out of area, to maintain contact with families and friends. The education team had strong links with local community colleges. Clients could work in the afé belonging to the service or in the maintenance team. Clients we spoke with were very positive about the way the team enabled them to have these opportunities.
- The service worked in partnership with a local organisation to facilitate clients' access to mutual aid, such as Alcoholics Anonymous.
- Staff worked to identify needs and engage clients with their community on an individual basis. For example, they assisted clients to join local support and creative groups.

Meeting the needs of all people who use the service

Good

Substance misuse services

- Staff in the service had made some adjustments for people with physical disabilities. There were some disabled access ramps leading to the entrances of each house. Clients with a physical disability which affected their mobility would be seen in a downstairs interview room but could not access any bedrooms. There were no disabled access toilets in the houses.
- The service did not offer a service to clients who used a wheelchair.
- The houses were on two floors and had no lifts so were not accessible for clients in a wheelchair.
- The waiting areas and kitchen areas contained information leaflets about local services and medication. Information leaflets about the service were not provided in a range of formats but they could be accessed on request. Information included how to access counselling and substance misuse services, how to make a complaint.
- Staff supported clients to access treatment when their first language was not English. Staff were able to access interpreters for appointments and to translate letters. Interpreters and signers were sourced through the local authority. Any hearing-impaired clients were supported in sessions by a dedicated member of staff. They used expressive art for clients who could not communicate using words. For example, they used a shoe box to express what was on the outside and what was on the inside of the person.
- Clients had access to a wide range of food to meet their spiritual and cultural needs. For example, halal food was readily available.

Listening to and learning from concerns and complaints

- The staff team received four complaints in 2018. Two were partially upheld, one was not upheld and one was currently under investigation. None were referred to the Ombudsman.
- All staff treated concerns and complaints seriously, investigated them and learnt lessons from the results. The theme of the majority of complaints was around communication between staff and clients and their representatives. The manager phoned carers and spoke with clients to discuss their concerns. These were addressed with the staff involved. Clients reported they were happy with the outcomes.
- Any formal complaints about the service management were investigated by the senior management team and human resources.
- Staff told us they spoke about how to make a complaint at their first meeting with a client. Information on how to make a complaint was displayed in the treatment centre and education centre.
- Clients told us they knew how to complain and were confident that the staff would act upon them.
- Learning from complaints was shared at monthly governance meetings and at weekly reflective learning forums, team meetings and handovers. For example, a client complained they had lost their belongings and could not contact staff on discharge. They were discharged without a mobile so staff ensured that all discharged clients had mobiles from the date of the complaint.

Are substance misuse services well-led?

Good

Leadership

- The managers and the senior leadership team provided strong leadership with clear oversight of the service. They had relevant experience to carry out their roles. They provided clear leadership and staff members were confident in their ability to provide an environment where safe care and treatment could be safely delivered to the clients.
- The teams knew who the senior managers in the service were and told us that they visited the teams and houses. All staff spoke positively about the increased presence of senior managers and welcomed their visits.
- There were leadership training opportunities for the staff members to develop their skills as managers.

Vision and strategy

- The managers promoted a positive culture that supported and valued staff. All staff knew and understood the service visions and values and applied them to their work. Staff spoke positively about senior management in the service.
- Staff could explain how they were working to deliver high quality care within the budgets available. All managers completed a benchmarking document (a document that compares their performance with other teams about waiting times, outcomes, discharge) for both the service and the board.

Culture

- All of the staff we spoke with felt positive about working for the service. They could approach mangers without concern. Staff morale was good in the teams.
- Staff said they worked well together and were proud of their achievements.
- Staff spoke very positively about the supportive and innovative work provided at the treatment centre and education centre. They were proud of their trauma based work and the enabling environments like the single sex accommodation. Staff members in the focus group stated they valued the positive culture and support from the managers.
- Staff were proud about the work they did. Staff felt that the organisation listened to and acted upon ideas.
- In the last year there were no cases where staff were either suspended, or placed under supervision. The managers across the service stated they received good support from the human resources team.
- All staff told us there was not a bullying culture in any of the teams. They knew how to raise concerns without fear of victimisation and knew how to use the whistleblowing process if they had concerns. Staff gave us examples of when they had used the whistleblowing process.
- The managers ensured staff were competent for their roles. Staff members received sufficient regular one to one managerial supervision to assist them care for and treat clients safely.

Governance

- The governance systems were sufficient to ensure the safe care and treatment of the clients.
- The trust had introduced systems to check the team's performance and make changes when necessary. Staff had implemented recommendations from reviews of deaths, complaints, and safeguarding alerts. They undertook or participated in audits like care plan audits and acted on the results when needed. They understood arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients.
- Senior managers had systems to ensure that staff complied with mandatory training and attended clinical supervision and annual appraisals. They monitored complaints and incidents across the service and these were investigated where appropriate.
- The manager and service manager of the houses said they had enough time and autonomy to manage the service effectively.
- The senior managers had the support of a small team of administrators. Both managers stated they would welcome additional time and this was being reviewed by the service.
- Regular team meetings were held allowing staff to discuss concerns, participate in educational or clinical supervision, debrief following incidents and to learn from the issues.
- The service had a clear system for identifying risks. The service kept a risk register on the electronic reporting system. The managers could escalate risks to the risk register. Staff spoken with were aware of what risks they had on the risk register and what the service had in place to address these.
- All staff were trained in clinical risk and use of the electronic reporting system. The service had plans for emergencies like adverse weather which was known to all the team.
- The service had a systematic approach to continually improving the overall quality of its service. Both the managers and the service managers could access a business performance report on the electronic system. These were shown to us at the inspection and discussed in staff meetings.

Information management

Good

Substance misuse services

- Staff completed data from the houses for their governance groups, to monitor the work they did and implement change, and for commissioners. There was a governance framework for the analysis and monitoring of information management across the service.
- All staff members completed information governance training as part of their mandatory training.
- Client's records were confidential and required information system log ins.
- The managers had access to systems to support them in their management role such as staff performance and absence figures.
- Staff made notifications to external bodies when necessary and these were logged and monitored by governance groups.

Engagement

- The staff teams engaged well with clients and their families. They listened to feedback from clients and made changes because of the feedback. For example, following feedback from community group and complaints they changed clients support workers, the food they provided and activities offered. Families and clients spoke positively about the family weekends.
- The service used surveys, community meetings, one to one meetings and the complaints procedure as formats to pick up the client's experience of the service. For example, staff ensured any triggers or reminders of trauma were removed from the houses.

Learning, continuous improvement and innovation

- The woman's service achieved the Enabling Environments Award from the Royal College of Psychiatrists in 2018.
- The service was involved in innovation practice like its use of the trauma informed programme.

Outstanding practice and areas for improvement

Outstanding practice

The service was involved in innovation practice like its use of the trauma informed programme. This involved providing clients with validation of their feelings and providing coping skills.

Staff spoke very positively about the supportive and innovative work provided at the treatment centre and education centre. They were proud of their trauma based work and the enabling environments like the single sex accommodation.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure clients have access to an advocate.