

Providence Project 6







Quality Report

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Date of inspection visit: 25th June 2019
Date of publication: 21/08/2019

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.

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

Summary of findings

Overall summary

We rated Providence Project 6 as good because:

The building was clean, well equipped, well-furnished and fit for purpose.

The service had enough staff and had plans in place to adjust staffing levels when client numbers increased. Staff assessed and managed risks well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate client recovery.

Staff assessed the physical and mental health of all clients on admission. They developed care plans which staff reviewed regularly and updated as needed. Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Staff provided a range of treatment and care for clients based on national guidance and best practice for substance misuse services from the National Institute for Health and Care Excellence (NICE).

The service treated incidents, concerns and complaints seriously. They investigated them, learned lessons from the results, and shared these with the whole team and wider service to improve practice.

Systems and processes around prescribing, administering, recording and storage of medicines were robust. The service had an agreement with the local GP practise for a responsible clinician to prescribe all medicines, including detoxification medication.

Staff training compliance levels was 100% for mandatory training such as safeguarding, first aid and medicine management as well as some substance misuse specialist training courses. Staff were confident with their safeguarding responsibilities and made referrals to the local authority as appropriate to ensure that people were safe from abuse.

Staff treated clients with compassion, kindness and respected their privacy and dignity. The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Clients we spoke with spoke highly of the staff and the standard of care they delivered.

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of substance misuse and the service they managed. Leaders were visible in the service and approachable for clients and staff. Staff felt respected, supported and valued, and morale was good. Staff received regular internal and external supervision, and all staff had been appraised.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good	

Summary of findings

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Good 

Providence Project 6

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Providence Project 6

The Providence Projects Rehab Group Limited is a substance misuse service that provides detoxification, primary treatment, secondary treatment and aftercare. All clients receiving care and treatment for detoxification are accommodated at Providence Project 6, which is a 5-bed service providing supervised detoxification for adults using the 12 steps programme. The 12 steps programme is a set of guiding principles outlining a course of action for recovery from addiction, compulsion or other behavioural problems. The service accepts clients funded by the National Health Service (NHS) and privately funded clients. At the time of this inspection there were three clients undergoing detoxification at the service.

The service is registered for the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.

There was a registered manager in post at the time of this inspection.

Providence Project 6 is situated in a former home that has been adapted for the service. There are two floors, with communal facilities and a double occupancy bedroom on the ground floor and 4 single bedrooms and a staff bedroom on the first floor. Clients spend the majority of their day at the main therapy centre on Caryscroft Road and return to Providence Project 6 to sleep. It is not a secure environment and all clients are voluntary. Each client is screened before admission, and criterion for entry is low risk.

Clients self-refer for private admissions and a small number of clients are admitted to the programme by the NHS.

At our last inspection of the service in September 2016, we did not rate the service but told the provider they must ensure:

- Opiate detoxification treatment is in line with guidance from National Institute for Health and Care Excellence (NICE) and Drug misuse and dependence.
- Formally monitor for clinical withdrawals on a daily basis for clients undergoing opiate detoxification to measure the effectiveness of the treatment provided.
- Provide safe supervision at night for clients who are receiving detoxification treatment from alcohol.
- Mandatory training for medicine administration training is repeated regularly.
- Governance structures are robust and able to assess and monitor the quality, safety and effectiveness of the service.
- Monitoring of clients' nutrition and hydration and that clients receive advice regarding diet and nutrition.

At this inspection we saw the provider had addressed all of these requirement notices. Detoxification medication being prescribed was in line with NICE guidance, staff were formally monitoring clients for withdrawals, clients were being supervised overnight by staff, all training was repeated regularly, governance structures were robust and staff were monitoring and advising clients on nutrition and hydration.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a pharmacy inspector and a medicines inspector.

Summary of this inspection

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- held a focus group with seven clients who were using the service
- spoke with the registered manager and the chief executive;
- spoke with five members of staff;
- attended and observed a therapy group;
- looked at seven client medicines charts and five client care records;
- carried out a specific check of medicines management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were overwhelmingly positive about the care and treatment they received. Clients told us they felt safe and were well informed about and involved in their care and treatment. Client feedback forms told us the admissions staff were excellent and all the staff had made them feel welcome. Clients reported that staff regularly went the extra mile, for example supporting clients to go to the beach and that they had never felt so cared for in their lives.

Clients thought the therapeutic program was effective and they spoke highly of the support they received from counselling and support staff. Clients told us they had good access to physical health treatment and were supported by staff to attend appointments.

Clients had been supported by staff to manage all aspects of their lives, including finances and family relationships, in addition to substance misuse.

Clients said that the new addition of the house primarily for clients undergoing detoxification with dedicated staff really helped them to settle into the treatment program and feel supported during detoxification. Clients felt they were able to flourish whilst at Providence Projects and that the program has not only changed their lives, but saved them.

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 rated safe as good because:

- The service was clean, well equipped, well furnished, and fit for purpose. Staff ensured they assessed and acted upon environmental risks.
- The service had a well-established staff team, who knew the clients well. The service had no vacancies and had an out of hours emergency protocol to help keep clients safe. Although the service did not have any medical staff, there were sufficient skilled staff to provide safe care. Detoxification medication was prescribed by a doctor at a local GP practice. Staffing at the clinic could be adjusted to meet the needs of their clients. The service provided mandatory training in key skills for all staff, including core substance misuse specialist training. Compliance levels for all training was 100% for all staff at the time of this inspection.
- As part of the admission process, staff comprehensively assessed clients' risks, including past substance misuse, history of blood borne viruses and mental health history. Staff responded promptly to deterioration in a client's health and wellbeing. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate client recovery. Staff kept detailed records of clients' care. Records were clear, up-to-date and easily available to all staff providing care.
- Systems and processes around prescribing, administering, recording and storage of medicines were robust. All medicines were prescribed by a GP at a local surgery the service had an agreement with. Administration of medicines was the responsibility of one staff member per shift to promote accountability and minimise errors.
- Staff were aware of their responsibility to safeguard clients from abuse and we saw examples of staff making appropriate safeguarding referrals.
- The service managed safety incidents well. Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the staff team.

However:

Good



Summary of this inspection

- Some medication administration record (MAR) charts had been hand written but the provider did not specify within their policy how this was to be carried out safely. MAR charts records did not specify times for administration of medicines and there was no system in place to monitor medication being supplied to clients who were self-medicating.

Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all clients on admission. They developed care plans which were reviewed regularly and updated as needed.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff used recognised rating scales to assess and record severity and outcomes. These included use of the clinical institute withdrawal assessment for alcohol (CIWA-AR) to identify common signs and symptoms of alcohol withdrawal. They also participated in clinical audit and quality improvement initiatives.
- Managers supported staff with supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood the provider policy on the Mental Capacity Act 2005 and were aware of the fluctuating nature of capacity and the potential impact of substance misuse on the ability to make a decision.

However:

- Care plans were generic and not personalised for each client. Care plans did not reflect clients' individual needs and recovery goals.

Good



Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. Staff had an understanding of the impact peoples' care and treatment could have on their emotional and social well-being. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Good



Summary of this inspection

- Staff informed and involved families and carers appropriately, including holding awareness events for families.

Are services responsive?

We rated responsive as good because:

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Clients had their own bedrooms and could keep their personal belongings safe.
- There were admission criteria to ensure that only clients who could safely receive a service were admitted to the service. For example, not admitting clients with a medium to high risk of self-harm as the service could not meet their needs.
- Staff assessed and treated clients who required care promptly and clients did not wait too long to start treatment. There were no waiting lists at the time of this inspection.
- There were a range of rooms to allow one to one therapy, and group therapy and clients could decorate their rooms during their treatment.
- The service was welcoming to clients of different races, genders, religious beliefs and sexual orientation.
- Clients knew how to complain and felt comfortable that staff would act on their concerns. The service treated concerns and complaints seriously. We saw that complaints were reviewed by senior leaders and learning was acted upon.

Good



Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were visible and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they applied to the work of their team.
- Staff received regular supervision and yearly appraisals which were meaningful and had objectives focused on improvement and learning.
- Staff felt respected, supported and valued, and morale was very good amongst the team. Staff felt comfortable raising concerns in the service without fear of reprisal and were aware of the whistle blowing procedures.

Good



Summary of this inspection

- The service had facilitated a research project on the efficacy of yoga in recovery from substance misuse.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which staff were aware of and could refer to. Staff referred any concerns around mental capacity to the registered manager.

Staff were aware of the potential impact of substance misuse on the client's mental capacity. They knew that this could lead to fluctuating capacity, and the need to delay decisions until such time as a person was no longer under the influence of substances and was able to make the decision for themselves.

People were supported to make decisions where appropriate. When they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Staff ensured clients consented to care and treatment. Staff assessed capacity to consent to treatment as part of the admission process. Clients would sign a contract consenting to the treatment programme.

Staff had access to Mental Capacity Act 2005 online learning as part of their basic induction training.






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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

- The furnishings of the service were clean and well maintained.
- Staff completed annual safety checks as appropriate. For example, gas and electrical safety checks. These were also supplemented with more routine tests such as fire alarm tests and drills.
- Staff carried out environmental risk assessments of the buildings each day and completed daily maintenance logs to highlight concerns with the environment. There were ligature points (points where a rope or cord can be tied for self-harm) at both sites. However, Staff assessed a client's risk of self-harm on admission to ensure they only accepted clients who could be safely cared for.
- Staff were aware of infection control principles and we saw prompts in appropriate areas on how to manage the risk of infections. This included hand washing technique posters.
- Staff had access to an Automated External Defibrillator which was tested and serviced regularly. The service ensured monitors for blood pressure and estimating blood alcohol content from a breath sample (breathalysers) were calibrated or replaced, as appropriate.
- Although same sex accommodation regulations had not been met according to national guidelines, leaders had ensured risks were mitigated.

Safe staffing

- The provider had enough staff to meet the clients' needs and had contingency plans and cover arrangements to manage unforeseen staff shortages to ensure client safety. Staffing levels were well established and maintained. There were 19 staff employed by the service, including counsellors and support staff. At the time of inspection there were no vacancies. The minimum staffing was two counsellors and four support workers during the day (alongside the manager, admin and housekeeping staff) and one support worker at night. The staffing during the day was shared with other services provided by Providence Projects, such as clients in primary and secondary treatment. The manager said they would increase staffing above these levels where this was needed to meet client needs. For example, if the service was full.
- In the year before this inspection there had been no use of bank or agency staffing. The provider employed sessional staff to cover any long-term absences and substantive staff worked extra shifts to cover short-term absences, as needed. Staff told us that client activities were never cancelled, and they very rarely found themselves short staffed.
- All staff had completed their mandatory training, which included safeguarding adults, medication management, Mental Capacity Act (MCA), alcohol detoxification and dependence, using a defibrillator and emergency first aid. In addition to this, staff are due to receive life support training in January 2020. The service had a mandatory training matrix and made training available for staff to carry out their respective roles. The support team receive equality and diversity training in addition to this as counsellors are known to have covered this as

Substance misuse services

part of their qualification. Management and administration staff ensured staff had completed and were up-to-date with their mandatory training and development was a standing supervision agenda item.

Assessing and managing risk to patients and staff

- We looked at five care records and found all of them contained risk assessments and risk management plans that were up to date and signed for by clients. Staff worked with clients to create and make good use of risk management plans. Where risks were identified, clients had corresponding risk management plans in place. Staff offered a range of interventions to clients based on their risks.
- Staff identified and responded to changing risks posed by clients by updating their risk assessments and risk management plans. Staff were aware of what to do in the case of deteriorating mental health and how to keep patients safe. Staff were able to confidently talk through the procedures for medical emergencies, such as seizures and delirium tremens. Staff knew which local services they could access and could also access a private psychiatrist if required.
- Care plans addressed what to do if there was an unplanned exit from treatment. However, this information was generic and not personalised for each individual client.
- Staff made clients aware of the risks of continued substance misuse, and gave harm minimisation advice and information throughout the programme. Safety planning was an integral part of discharge planning.
- Clients were not permitted to leave the grounds unescorted in the first seven days of detoxification. Clients were made aware of this restriction pre-admission and were asked to sign to consent to this on admission.

Safeguarding

- Safeguarding systems were robust, and all staff had attended safeguarding training as part of their induction and subsequent refresher sessions as required. Staff were able to identify safeguarding issues and how to report them. Safeguarding was a standing agenda item in team meetings and supervision, and staff discussed any possible safeguarding concerns with the registered manager. The manager would then discuss any

safeguarding concerns with the local authority as needed to ensure people were safe. We saw that staff had made appropriate referrals to the local authority safeguarding team on identifying concerns.

Staff access to essential information

- Relevant staff had prompt and appropriate access to care records that were accurate and up-to-date.
- Staff used paper care records and electronic files for client assessments and care plans.

Medicines management

- Medicines were stored securely in locked cabinets and fridges, within clinical treatment rooms that were only accessible by clinical staff. Staff had ensured that medicines were stored within the recommended temperature range to maintain its potency and safety. This included medicines stored at room temperature and those stored in a fridge.
- All medicines were prescribed by the supporting GP practice and arrangements were in place to share information about prescribed medicines with the clients' own GP where they had given consent for this to be shared. Clients registered with this local GP practice on a temporary basis while they were in treatment. The service had paid out of hours medical cover from the GP practice and had four appointment slots daily (Monday to Friday) allocated specifically for clients at Providence. This allowed new and existing clients to be seen by the GP in a timely manner. The service assigned one person daily to be responsible for the administration of medicines to ensure accountability and clarity.
- All medication charts we reviewed were accurate and completed appropriately. However, we saw one medication administration record (MAR) chart had been hand written but the provider did not specify within their policy how this was to be carried out safely. Although the information on the MAR chart matched the prescription, there was no evidence of who had written the chart, or that the entry had been checked by a second person. We also saw all MAR charts recorded administration of medication, which took place at breakfast, lunch, dinner and bed. There was no reference in the medicines policy to indicate what times these referred to. Staff we spoke with were able to

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explain what time of day these referred to, for example 'breakfast' was medication administered to clients after their breakfast at approximately 8.30am before leaving to go to Caryscroft Road.

- Daily records we reviewed showed that staff had considered and recorded processes and care provided before administering 'when required' medicines. These are medicines that are only used when needed for a specific situation, for example elevated anxiety. Where medicines were prescribed with a variable dose there was a clear protocol for the staff member to follow for the administration of these.
- Clients were supported to manage their own medicines through a risk assessment process. However, once this was carried out there were not always records of supplies of medicines made to the person. Although we did not see this having an impact on the clients, there was no system in place to monitor medication being supplied to clients who were self-medicating.

Track record on safety

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

Reporting incidents and learning from when things go wrong

- The service accepted clients who presented as low-risk and incidents rarely occurred. Although staff seldom reported incidents, they knew the provider's incident reporting policy. Staff discussed incidents as part of their daily handover, and all reports were sent to the registered manager for investigation. Learning was established and disseminated to staff.
- Staff understood the duty of candour. Staff were aware of the need to be open and honest and their duty to give clients and their families (where appropriate) a full explanation if things went wrong.
- The registered manager was able to demonstrate the process for investigating and disseminating learning from incidents.

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

Assessment of needs and planning of care

- We reviewed five care records and found each of these contained care plans that were up to date and signed for by clients. Staff developed care plans that met the needs identified during the initial assessment and updated care plans when necessary. However, care plans were identical in all records we reviewed. All five care plans we reviewed were not personalised and did not contain Specific, Measurable, Attainable, Relevant and Time-based (SMART) goals in line with the providers' template.
- Staff completed a comprehensive assessment in a timely manner. All care records contained initial assessments and signed treatment contracts. All clients had a pre-admission assessment including an assessment of clinical and psychosocial needs and current risks. Clients were expected to arrive at midday on the day of arrival and be seen by the GP within 2 hours, as the service had allocated appointments at the local GP surgery. The manager completed a detailed assessment on the day of admission, including a physical health check. The counselling and support staff monitored clients' physical health on a daily basis, including taking basic observations.

Best practice in treatment and care

- The service offered therapeutic interventions in line with the 12-step programme, a recognised series of guiding principles for recovery from addiction.
- Staff recorded the use of risk assessment and outcome measure tools such as the clinical institute withdrawal assessment for alcohol (CIWA-AR). This had been completed for all clients undergoing alcohol detoxification and escalation levels had been agreed with the GP providing support to the service. However, the guidance for CIWA-AR states that extra medication should be considered when a score reaches 10, but Providence Projects guidance advised staff to seek medical support when scores reached 20. Staff we

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spoke with were confident and competent at recognising withdrawal symptoms and unwell patients. Staff were clear that they would not leave a client if their score reached 20 before seeking medical advice.

- Staff carried out and recorded ongoing physical health assessment and care. This included a physical health assessment on admission and use of the modified early warning score (MEWS) to identify any deterioration in physical health.
- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence (NICE). These included detoxification medicines and a rolling programme of psychological therapies. Staff provided therapy in a timetable of group counselling, as well as individual counselling sessions. Clients also had access to alternative therapies, for example reiki and acupuncture.
- Blood borne virus testing was done through the GP practice and harm reduction information was given at induction and was part of the ongoing therapy programme.
- Staff supported clients to live healthier lives. Clients had access to a local gym, weekly boxercise classes and the opportunity to go running with other clients.
- Staff participated in clinical audit, such as care plan audits.

Monitoring and comparing treatment outcomes

- Staff regularly reviewed the care and recovery plans with clients to ensure they continued to be relevant and fit for purpose. Staff reported to National Drug Treatment Monitoring System.

Skilled staff to deliver care

- The service provided all staff with a comprehensive induction that included mandatory training, shadowing and familiarisation with a range of policies and procedures. The service ensured that robust recruitment procedures were in place and followed.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. The service had a mandatory training

matrix and made training available for staff to carry out their respective roles. Management and administration staff ensured staff had completed and were up-to-date with their mandatory training and development was a standing supervision agenda item.

- All staff received regular supervision from appropriate professionals. Staff had internal supervision every 8 weeks and fortnightly external group supervision. Staff were positive about the quality of their supervision and the support they received.

Multi-disciplinary and inter-agency team work

- The service worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups. We were given an example of staff working with the local authority safeguarding team and the criminal justice system to support a client who was victim to a serious criminal offence.

Good practice in applying the MCA

- The service had a policy on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which staff were aware of and could refer to. Staff referred any concerns around mental capacity to the registered manager.
- Staff were aware of the potential impact of substance misuse on the client's mental capacity. They knew that this could lead to fluctuating capacity, and the need to delay decisions until such time as a person was no longer under the influence of substances and was able to make the decision for themselves.
- People were supported to make decisions where appropriate and when they lacked capacity, decisions were revisited later.
- Staff ensured clients consented to care and treatment. Staff assessed capacity to consent to treatment as part of the admission process. Clients would sign a contract consenting to the treatment programme. The service would not admit clients who lacked capacity to consent to the programme, but were aware that capacity to consent could change, and that this needed to be an ongoing consideration.
- Staff had access to Mental Capacity Act 2005 online learning as part of their basic induction training.

Substance misuse services

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- The clients we spoke with said that the staff were kind and respectful. They said that they felt they were treated with dignity and compassion. Staff provided responsive, practical and emotional support as appropriate. Clients told us that staff always went the 'extra mile' while providing care and support for them.
- We saw staff interact with patients in a kind and compassionate manner and took steps to help protect the privacy of the clients at the service. The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.
- Staff supported clients to understand and manage their care and treatment. Staff directed clients to other services when appropriate, and, if required, supported them to access those services.

Involvement in care

- New clients were given an induction on admission to the service to the service. This induction included information about the service, staff introductions and being assigned a peer buddy. Staff facilitated an induction group every Friday for clients to revisit their contracts and the information given on admission, as clients arrived in varying states of intoxication and would not necessarily be able to remember all the information given to them.
- Staff included information about the local advocacy service in the induction, so that clients could access these services if they wished. The service had access to details about local advocacy for clients, but had not made any referrals or signposted any clients to this service.
- Staff gathered feedback from clients using discharge questionnaires. This feedback was reviewed by the CEO and manager and any learning from it was shared with staff. Client feedback was very positive, in particular the

caring and welcoming nature of staff had been mentioned in the majority of the feedback forms we reviewed. Clients said they felt listened to and that staff would act on their concerns.

- Staff engaged clients (and their families or carers where appropriate) in planning their care and treatment. Staff had involved carers to meet client's goals, for example, staff had liaised with a client's family to arrange a holiday with their family who lived abroad.
- Staff provided carers with information on how to access a carer's assessment if they wished to do so, although this was only done occasionally. The service encouraged family visits on a weekend and held 'family days' where families were invited in to engage in the client's recovery. This was an opportunity for families to receive information about addiction, attend workshops and develop support networks around addiction.
- Clients were given the opportunity to make 'special requests' and these were individually reviewed by leaders in the service. We saw an example of this where a client was permitted to use their phone at lunchtime to make contact with their family at a suitable time, as they lived abroad.
- Staff demonstrated an understanding of the potential issues facing vulnerable groups. Clients told us staff showed empathy towards them. Some staff had experienced their own recovery journeys and were able to draw on this experience to provide clients with skilled and knowledgeable support.

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

Good 

Access and discharge

- The service had clear admission criteria and would only accept clients over the age of 18 with a substance addiction and considered to be low risk by staff undertaking assessments. Staff used risk based assessment criteria to ensure they were not admitting

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clients that were not suitable for the service. For example, they would not admit clients that had physical health risks that would be better managed in a hospital setting.

- Staff discussed appropriate times for clients to be admitted and discharged with the client. They aimed to only admit and discharge in working hours Monday – Friday, but would be flexible in discharging clients to meet their needs.
- The service did not have a waiting list. The service accepted referrals from NHS commissioners and privately funded clients for the treatment programme. Clients were admitted to the programme as soon as they had been accepted and following receipt of the requested medical information. Clients reported that care and treatment was not cancelled or delayed and an average length of stay for detoxification was seven to ten days.
- Staff planned for clients' discharge from the start of their admission. Clients were given a graduation ceremony on the day of discharge to celebrate their achievements during the treatment programme. If clients relapsed onto alcohol or drugs, this would usually result in discharge from the service but all cases were considered on an individual basis. Staff did not discharge clients into risky situations and a member of staff remained with them until a safe pathway was achieved.

The facilities promote recovery, comfort, dignity and confidentiality

- The accommodation facilities for clients were based at Portman Road. Clients had their own rooms during their treatment, which were clean and well furnished. There was one double occupancy room on the ground floor and four single rooms located on the first floor. There was one toilet and bathing facility on each floor, one assigned for males and the other for females. Although there was no segregation of male and female rooms, the risk was managed by only accepting clients with low risk and the presence of staff. Leadership staff told us it was also common for the facility to have all clients of the same gender undergoing treatment at the same time.
- Clients could bring in items to personalise their rooms and store valuables in an individual safe in their bedroom. There were no limitations as to when they could access their rooms, other than an expectation of attending the therapeutic groups.
- The facility at Caryscroft Road had rooms to allow clients to attend the group therapy, as well as additional rooms to hold one to one therapy sessions. The accommodation facility at Portman Road had a kitchen and a shared lounge for clients to use. Clients prepared their own food and were supported by staff to buy ingredients. The kitchen had the full range of equipment to enable clients to store their ingredients and prepare food.
- Clients agreed to therapeutic interventions in their contract before admission. This included no use of their own mobile phones during the day whilst attending therapy sessions at Caryscroft Road. There was no restriction on clients using their mobile phones outside of these hours.
- Clients had access to outdoor space at both facilities and suitable seating had been provided for them.
- Staff supported the clients to access a local gym, provided weekly boxercise classes and arranged for clients to go out running in groups.

Patients' engagement with the wider community

- Staff supported clients to maintain contact with their families and carers. Staff encouraged family visits and clients had access to their personal mobile phones in the evening.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.
- Staff encouraged access to the local community and activities. Clients were supported on a weekly basis to engage in recreational activities in the community. Clients in the aftercare phase accessed community life skills groups and college skills courses.
- Staff also supported clients to attend local alcoholics anonymous (AA) or narcotics anonymous (NA) meetings as part of their introduction to the 12-step recovery programme.

Substance misuse services

- Staff facilitated visits to the local church, mosque and synagogue, for clients who wished to visit these facilities.
- Staff encouraged ex-clients to maintain contact with the service to support clients undergoing care and treatment. We saw examples of ex-clients supporting clients to attend AA and NA meetings, and an ex-client made themselves available to take clients to the local mosque if required.

Meeting the needs of all people who use the service

- Staff were passionate about ensuring they encouraged a compassionate and accepting culture at the service. This included ensuring they were welcoming to clients of different races, genders, religious beliefs and sexual orientation. However, the facilities were not suitable for people with a mobility impairment and reasonable adjustments could not be made due to the layout of the service.
- Clients who spoke a language other than English were offered an interpreter.
- Clients had access to facilities to prepare food in line with their dietary needs. Staff ensured that clients who required special ingredients to meet their dietary requirements were supported to source these in the local community. For example, for clients who had required Kosher or Halal meat. Staff also gave guidance to clients to prevent cross contamination.
- The service also had access to a range of different religious artefacts to meet the needs of a range of different faiths. Staff also facilitated visits to local places of worship and to stores fulfilling specific dietary requirements.

Listening to and learning from concerns and complaints

- There were no complaints for this service in the 12 months prior to this inspection.
- Clients were told how to complain on admission and this was revisited in the weekly induction group. In addition to this, complaints forms were always available in the kitchen and staff knew how to deal with verbal and written complaints.

- Staff protected clients who raised concerns or complaints from discrimination and harassment. Complaints records demonstrated that individual complaints were responded to in accordance with the service's complaints policy.
- The service had a clear complaint system to show how complaints were managed and lessons were acted upon to improve the quality of the service. For example, the provider had installed double glazed windows after clients said the temperature of the bedrooms was cold.

Are substance misuse services well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. They were visible in the service and approachable for clients and staff.
- Leaders were knowledgeable about the service and were very aware of the needs and current progress of clients in treatment. They could explain clearly how they were working to provide high quality care.
- The organisation had a clear idea of recovery, working within the 12 steps to recovery model.

Vision and strategy

- Staff knew and understood the visions and values of the team and organisation and what their role was in achieving that.
- Senior managers in the service (Chief Executive Officer and managers) met regularly to discuss the improvements they wished to make to the service. For example, looking at integrating a mobile application in to clients care to enhance carer and professional input into clients' recovery. These meetings had a set agenda and covered medication errors, safeguarding issues, incidents, complaints and maintenance.

Culture

- Staff felt respected, supported and valued, and described the culture of Providence Projects as open. The staff group was extremely positive, and morale was

Substance misuse services

high across the service. The service benefited from a very settled staff team, with the majority of staff having worked there for over 10 years. Staff felt valued and part of the organisation's future direction. They felt positive and proud about working for the provider and service. All staff we spoke with had confidence in the management team. Staff were positive about the training they received and said that managers were receptive to requests for additional training.

- All staff had received an appraisal that was individualised and meaningful. All staff had objectives focused on improvement and learning.
- Staff felt comfortable raising concerns in the service without fear of reprisal and were aware of the whistle blowing procedures.

Governance

- The service had systems and processes to ensure the service was safe and clean. The service had sufficient staff for the number of clients in the service and there were no vacant posts at the time of inspection. Staff had regular supervision and training available to them and leaders had ensured that staff had all attended core training. Staff ensured that clients had a smooth transition between the providers detoxification service and further treatment. Discharges were well planned from the time of admission.
- Governance policies, procedures and protocols had reviewed regularly to ensure they were relevant and up to date.
- There was a clear framework of what must be discussed in team meetings. Staff met twice a day for handover meetings to discuss clients and conduct case reviews as well as handing over more practical issues about the day to day running of the service.
- Staff undertook or participated in local clinical audits, including medication and client record audits. The audits provided some assurance and identified themes and training requirements.
- Staff understood the arrangements for working with external teams, to meet the needs of clients.

Management of risk, issues and performance

- Risks were discussed in handovers, and where these risks were identified for the service (and not just for an

individual client) they were raised to the manager to add to the services risk register. The senior managers in the service held monthly business meetings where they would discuss any changes to the risk register and any other service developments.

Information management

- All information needed to deliver care was stored securely and available to staff in an accessible form, when they needed it. The service used systems to collect data that was not over-burdensome for frontline staff. Staff had access to the equipment and information technology they needed to do their work. All client records were paper based.
- There were systems in place to ensure that they notified external bodies of relevant information where needed. For example, notifying the Care Quality Commission and local authority safeguarding team of events as appropriate.
- The registered manager had access to computerised records and spreadsheets in relation to the running of the service to support with the management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement were acted upon.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. Each client was given information in the form of a welcome pack on arrival and during group sessions.
- Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. All clients were encouraged to complete feedback sheets at the point of discharge from the detoxification service. There were examples of changes that had been made as a result of these service evaluations, such as bedrooms being refurbished, double glazed windows being fitted to retain warmth in client bedrooms and the addition of nutritional information during induction to ensure clients had sufficient access to food and drink.
- Clients and staff could meet with members of the provider's senior leadership team to give feedback.

Substance misuse services

- Leaders had identified a relapse prevention application designed to engage family, carers and professionals in a clients' recovery. The application programmer was due to visit the service and meet with management to explore how to optimise its use for clients.
- The organisation encouraged creativity and innovation to ensure up to date evidence-based practice was implemented and embedded. At the time of inspection, the service had agreed to facilitate a research programme delivered by someone who had completed treatment there. The programme intended to study the benefits of yoga for people undergoing treatment for substance misuse.

Learning, continuous improvement and innovation

Outstanding practice and areas for improvement

Outstanding practice

The service had agreed to facilitate a research programme delivered by someone who had completed treatment there. The programme intended to study the benefits of yoga for people undergoing treatment for substance misuse.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure care plans are personalised and contain individualised recovery goals.
- The provider should ensure that MAR charts specify times for administration of medicines and that policies

include procedures for handwritten medication administration record (MAR) charts. The provider should also review the system in place for recording supplies given to clients who are self-medicating.