Gladstones Clinic Cotswolds

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	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 Gladstones Cotswolds Clinic as good because:

- Staff had imbedded protocols to ensure safe management of medicines at the clinic since our last inspection. This included reviewing their protocol and developing more tools for staff to ensure they followed best practice and national guidance. We saw that staff were knowledgeable about national guidance in prescribing medicines and sought advice on managing medicines from their pharmacy appropriately.
- Staff helped to ensure the safety of patients by assessing their risk prior to admission, as well as during their treatment. They also assessed and checked the environment of the clinic to keep clients safe. This included an environmental risk assessment, as well as checking the water temperatures (to help prevention of legionella), completing gas safety checks and holding fire drills.
- Clients were involved in assessing their needs during their treatment, and in designing their treatment plans. We saw that staff sought consent from them appropriately when considering sharing information. While in treatment, clients benefited from group and individual therapy using therapies recommended by the National Institute for Health and Social Care Excellence.
- Staff received supervision in line with their professional guidance, and discussed clients risk and presentations in twice daily handovers, as well as a multidisciplinary team weekly. These meetings used a set structure to ensure that important factors were not overlooked.
- There was a culture of acceptance and respect in the service. Clients said staff treated them with dignity and that discrimination against people was not tolerated in the service. They were involved in their care and staff gave them opportunities to feedback on their care during their treatment in weekly meetings, and after their treatment. Client views were used as part of the recruitment process for new staff.
- The clinic had no waiting list at the time of inspection, but they worked with patients to ensure they were admitted and discharged at appropriate times. While patients were there, they had access to a range of facilities so they could have group and one to one therapy. Clients could also personalise their rooms during their stay. The clinic had adaptations for clients with disabilities, and staff worked with clients with mobility issues to make adaptations to the service to make it accessible for them.

However:

- There were still steps for the service to take to improve their governance procedures. For example, implementing systems to speed up the collection of data to show the services progress against its key performance indicators, and ensuring that their website displayed accurate information about the services they provided.
- The service had no set of defined values for staff to work with, and there was no strategic vision for the service. This had been added to their action plan after our visit.
- Staff were in the process of completing their appraisals and so none of them had an up to date appraisal.
- Clients felt the admission process could be better, and that they should get their induction pack as soon as they were admitted instead of potentially waiting three days

Summary of findings

Contents

Good

Gladstones Clinic Cotswolds

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Gladstones Clinic Cotswolds

Gladstones Cotswolds Clinic provides accommodation and treatment for up to 12 clients who require residential substance misuse treatment which can include medically monitored detoxification from alcohol and opiates. There were no set number of beds for clients receiving detoxification. The service only accepts privately funded clients. At the time of this inspection there were 11 clients at the service but two clients were being discharged on the day of inspection.

The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment for disease, disorder or injury. It has two registered managers in post to ensure that it had adequate managerial cover across this clinic, and the other clinic operated by the same provider.

Our last inspection of the service was in November 2016, we did not rate the service at that time.

Our inspection team

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

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme to inspect and rate substance misuse 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.

During the inspection visit, the inspection team:

- Toured the clinic and looked at the quality of the environment and observed how staff were caring for patients
- spoke with the registered manager
- spoke with three other staff members; including a healthcare assistant, therapist and clinical administrator
- spoke with 10 clients in a focus group
- looked at six care and treatment records of patients and 11 medicines administration charts:
- carried out a specific check of the medication management at the clinic
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients were positive about the service, they said staff were responsive to their needs and treated them with compassion and respect. However, they felt that the clinic could provide more accurate information about the service, and that they would like their induction pack at the very start of their treatment, instead of potentially waiting three days.

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:

- The clinic was well maintained. We saw that the furnishings of the service were clean and well maintained. Staff ensured they assessed and acted upon environmental risks.
- Staffing at the clinic could be adjusted to meet the needs of their client. The service had no vacancies and had an out of hours emergency protocol to help keep clients safe.
- As part of the admission process to the clinic, staff comprehensively assessed clients' risks, include their past substance misuse, history of blood borne viruses and their mental health history.
- Staff were aware of their responsibility to safeguard clients from abuse and we saw prompts around the building highlighting how to raise concerns for both staff and clients.
- We saw that staff managed medicines appropriately, complying with national guidance in the storage of controlled drugs and seeking advice from their pharmacy when needed.

Are services effective?

Good

We rated effective as good because:

- Staff comprehensively assessed clients' needs and jointly created a treatment plan with them. These plans were reviewed and updated throughout the clients' treatment.
- Clients received therapy in groups and individually, using techniques recommended from the National Institute for Health and Social Care Excellence. We saw that staff were also following nationally recommended prescribing guidelines.
- There were staff from a range of professional backgrounds including psychiatry, nursing and therapy. They received clinical supervision in line with guidance from their professional bodies and the service aimed to have managerial supervision with their staff five times a year.
- Staff held twice daily handovers, and weekly multidisciplinary reviews that followed a set structure to ensure that important factors were not overlooked.

However:

Summary of this inspection

- Staff were in the process of completing their appraisals at the time of inspection.

Are services caring?

Good

We rated caring as good because:

- Clients said that the staff were kind and treated them with dignity. They also said that staff promoted a culture of acceptance and were vigilant in tackling any discrimination in the service.
- We saw that staff interacted with clients in a compassionate way and worked with clients to ensure that their individual needs were met.
- There were weekly meetings where clients could feedback any concerns about the service, and clients said that they felt staff would act on their concerns.
- Staff also gathered feedback from families and clients and used this to help improve the service they delivered.

However:

- Clients said that they felt the admission process could be better. They felt that they should be given their induction pack as soon as they arrived instead of waiting up to three days.

Are services responsive?

Good

We rated responsive as good because:

- There were admission criteria to ensure that only clients who could safely receive a service were admitted to the service. For example, not admitting pregnant clients as the clinic could not meet their medical needs.
- The clinic worked with clients to ensure an appropriate time for them to be admitted and discharged. 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.
- Staff encouraged a compassionate and accepting culture at the clinic. Clients said they would not tolerate discrimination and that 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. We saw that complaints were reviewed by senior managers and learning was acted upon. This included reviewing their complaints policy based on themes in their complaints.

Summary of this inspection

Are services well-led?

Good

We rated well-led as good because:

- The clinic benefited from an experienced and capable manager.
- Staff morale was good and they reported an open-door culture with the manager of the clinic. They said that this meant they felt they could raise concerns freely and that these would be addressed appropriately.
- There were good processes in place to ensure that all staff had an up to date disclosure and barring services check to help ensure client safety.

However:

- At the last inspection in November 2016 we said the provider should continue to imbed their governance procedures. At this inspection, there were still issues with their governance procedures. Staff told us that collecting performance information for the manager to review the key performance indicators was time consuming and burdensome.
- There were no procedures in place to ensure that the services website was kept up to date. At the time of inspection, it said that services were provided at a clinic that had been closed, and that acupuncture was provided at the clinic when it was not.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training on the Mental Capacity Act, and were aware of the core principles of the Act. Staff had access to a policy on the use of the Mental Capacity Act and we saw that they had recorded consent to treatment and to share information in care records. Staff waited up to three days from admission to induct new clients to ensure they could consent to treatment appropriately and were not under the influence of substances such as alcohol or illegal drugs.

None of the clients were under Deprivation of Liberty Safeguards.

Good

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good

Safe and clean environment

Staff completed annual safety checks as appropriate. For example, gas safety checks. These were also supplemented with more routine tests such as fire alarm tests and drills.

Staff also assessed the environment for ligature points (points where a rope or cord can be tied for self harm). The staff completing these checks had training on how to do so. Staff assessed a client's risk of self-harm on admission to ensure that only clients who could be safely cared for and treated.

The service could change the allocation of rooms for clients to create single sex floors when appropriate. Staff would assess clients' risks on admission and had rooms available to allow for single sex lounges. Clients had access to ensuite bathing facilities.

Clients that were assessed as having risks such as falls were given personal call alarms.

We saw that the furnishings of the service were clean and well maintained. The staff had recently switched the treatment room and the staff office so that patients could receive medicines on the ground floor of the building, and so the clinic room could have better facilities. The floor in the new room was carpeted, causing an infection control risk. However, the service had booked in maintenance work to replace the carpet with laminate to reduce this risk. This was due a couple of weeks after this inspection.

The clinic room had appropriately calibrated and cleaned equipment to complete physical observations of clients.

Staff were aware of infection control principles and we saw prompts in appropriate areas on how to manage the risk of infections. These included hand washing technique posters.

Safe staffing

Staffing levels were established and maintained. There were 18 staff employed by the clinic. These included a single nurse and five healthcare assistants. There was also a consultant non-medical prescriber and a consultant psychiatrist that worked part time at the clinic. There were no current vacancies. The minimum staffing was two therapists during the day (alongside the manager, admin and housekeeping staff) and one support worker at night. The manager said they would increase staffing above these levels where this was needed to meet client needs. For example, during the start of a client's admission, or if the service was full. There was no recent use of bank or agency staffing for clinical staff and there had been four staff leave in the year before this inspection.

There was appropriate medical cover for the clinic day and night.The clinic had an on-call rota for out of hours medical cover and an emergency protocol for staff on the night shift to follow should anything go wrong (for example, if a client should have a seizure).

The service was in the process of switching training providers to allow them greater oversight of which staff members were up to date with their mandatory training. We saw that all staff had either completed or were booked in to complete their training. Mandatory training covered

the administering of emergency medication if a patient was suspected to have overdosed or was having a seizure and on how to recognise signs of withdrawal and what to do if clients health began to deteriorate.

The prescribers of medicines at the clinic both had specialist qualifications to ensure they were competent to prescribe and medically monitor clients in substance misuse treatment.

Assessing and managing risk to patients and staff

We reviewed six out of eleven care records. Suitably qualified staff had completed comprehensive assessments of clients' substance use, medical history (including blood borne virus history) and current risk factors. Staff included a mental state examination as routine as part of a client's admission checks. These checks used nationally recognised scales where appropriate, for example the Severity of Alcohol Dependence Questionnaire. Staff also used recognised withdrawal scales (such as the Clinical Institute Withdrawal Assessment for Alcohol scale) to help reduce the withdrawal effects that clients felt while detoxing. Staff monitored clients physical health during their detox and would assess clients face to face before issuing the first prescription and before making any changes. Staff also worked with clients to make plans for if they left treatment early.

We saw evidence of risk being discussed in handovers twice a day, and in weekly multidisciplinary team meetings. These discussions were documented in clients' care records.

The clinic had a set of guidelines to help patients adapt to routines and act in a positive way towards each other. These included recommended bed times, and expectations for clients to attend groups. Clients said that they felt there could be more opportunity for relaxation time, as they spent most of the day in group work or completing therapeutic tasks. Staff asked clients to agree to these rules before admission and were clear with clients that they could leave treatment freely.

Staff were trained on how to manage aggression and violence, but said they would not use restraint. They said they would call the police if a client could not be de-escalated.

Safeguarding

Staff knew how to identify and report safeguarding concerns. We saw that they had also put prompts in communal areas around the clinic to remind staff and clients to report concerns if they saw any.

Discrimination against clients or staff with protected characteristics was not tolerated at the clinic. We saw that the clinic rules were set to help protect people from discrimination and staff said they would challenge any discriminatory behaviour they saw.

There were protocols in place to safely allow visitors (including children) to the clinic, and Sundays were set aside for family visits.

Staff access to essential information

Staff stored client records in several paper files. These included medical records and therapeutic records being stored separately. The clinic had recently employed a new administrator who had helped to archive some of the past paper records, but audits and collecting performance information was still burdensome. The provider was in the process of transferring to an electronic record system that would make data collection easier, as well as making it easier to ensure staff had easy access to the information they needed. The management in the service had received training for this system, but a date had not been set for it to be fully implemented.

Medicines management

We reviewed the medicines management and medicines administration records at the clinic and saw that medicines were being managed appropriately. Following an incident, the clinic room had been re-located and was more secure. Staff sought advice from pharmacists when needed about medicines and we saw that they followed national guidance about the storage, administering and disposable of medicines. For example, following guidance on the storage and management of controlled substances (NG46).

Staff had training on the emergency administration of medicines for clients that may have overdosed, and for clients that may be having seizures. This medicine was stored appropriately and the service had adequate stock to keep clients safe. There was a clear emergency policy for out of hours emergencies.

Track record on safety

Good

Substance misuse/detoxification

The service reported four serious incidents since January 2018. These included an incident involving medicines, a safeguarding concern and a complaint about staff.

Staff had taken actions following these incidents, including changing the location of the clinic room, reporting allegations to external bodies and working with staff to improve their practice.

Reporting incidents and learning from when things go wrong

Staff knew which incidents to report and how to do so. Staff discussed incidents as part of their daily handover, and reporting them to the service manager for investigation. Learning was established and disseminated to staff, as well as the general trends being examined as part of the twice-yearly governance meetings.

The service had a duty of candour policy, and staff were aware of the need to be open and honest if things went wrong.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

In the six care records we reviewed, staff had completed timely and comprehensive assessments of client's needs. This included assessing their mental state, risk, substance misuse history and physical health needs. Staff also received information from the clients GP, including the results of recent blood tests.

Staff and clients used these assessments to jointly create care plans to ensure clients' needs were met during their treatment. Clients had ongoing one to one counselling and group counselling and this helped staff to monitor any deterioration in clients' mental health.

Best practice in treatment and care

In the ten medical charts we reviewed, we saw that staff used prescription guidance from the British National Formulary and did not use medicines for purposes they were not licensed for (without detailed clinical judgements being recorded) and they discussed medicines with clients in line with QS120. Staff responsible for prescribing medicines received updates from the National Institute for Health and Social Care Excellence on changes to recommendations. Staff assessed clients individual needs to design personalised detoxification programmes.

Therapists working at the service were skilled in providing therapies that were nationally recommended in line with QS23. For example, cognitive behavioural therapy if clients had depression and motivational interviewing techniques as part of clients' main psychosocial treatment. They provided these in an intensive timetable of group counselling, as well as individual counselling sessions. Therapists used an abstinence based treatment model.

Staff helped clients access specialist physical health professionals when needed. We saw that staff documented a clear focus on clients' physical health needs in their care records, including their diet and exercise.

Clients could access smoking cessation aids via the clinic's nurse. Staff advised some clients to focus on their other addictions first.

Senior staff in the service were in the process of drafting a compliance audit to ensure they followed national guidance. However, there were audits in place for other clinical tasks, for example to check they were managing medicines appropriately.

Skilled staff to deliver care

The staff team were experienced and comprised of support workers, a consultant psychiatrist, a registered mental health nurse, therapists, and a non-medical prescriber who was a registered general and mental health nurse.

New staff undertook shadowing shifts before starting their role and received a formal induction to their role. For support workers, this involved completing the care certificate standards.

Staff at the clinic had monthly clinical supervision from external supervisors in line with their professional guidelines. They also had managerial supervision a minimum of five times a year. Staff said they felt supported in their role.

At the time of this inspection, none of the staff at the clinic had an in-date appraisal as all staff were in the process of completing their yearly appraisal forms.

Good

Substance misuse/detoxification

The service was changing their training provider to a new system that would improve staff access to additional training. Alongside this, staff had received in-house specialist training from the services consultant psychiatrist. Each member of staff had a personal development plan, where their manager helped them to set meaningful development goals, including their individual learning needs.

The service had one volunteer at the time of this inspection. The volunteer was completing a counselling course in substance misuse treatment and had a current disclosure and barring service check before working with clients.

Multi-disciplinary and inter-agency team work

Staff held daily handover meetings, and the nurse, manager and doctor met weekly to review the clients in the service. Both meetings followed a set structure that ensured that relevant information was discussed effectively.

The manager of the service reported they had good working relationships with local healthcare providers such as the local GP and the local hospital. They said that relationships were also good with the local safeguarding team. Clients from the service were also encouraged to attend a local gym.

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

The service did not provide treatment for persons detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

Staff were familiar with the key principles of the Mental Capacity Act. They had received training on the Mental Capacity Act under their old training provider, and it was part of their mandatory training under the new provider. We saw that they had sought consent from clients on sharing information, and on other appropriate areas of treatment and documented this in clients' records. Staff implemented a waiting period for up to three days for new clients to ensure they had capacity to give consent.

Are substance misuse/detoxification services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

The ten clients we spoke with said that the staff were kind and respectful. They said that they felt they were treated with dignity and that staff would not tolerate discrimination at the clinic.

Staff worked with clients to ensure their needs could be met. For example, asking clients what adaptations they could make to the accessibility of the service to meet their needs.

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 clinic.

Involvement in care

New clients were given an induction within the first three days of them being admitted to the clinic. This induction included a folder with information about the service, being assigned a peer buddy and a work book for clients to complete during their treatment. The rationale behind this was that clients may arrive at the clinic in varying states of intoxication and would not necessarily be able to join groups or process the information given to them. However, the clients we spoke with said that this induction process could be better as they could be left in their room with nothing to do when they were admitted. They felt that they should have been given the induction pack earlier.

Clients had weekly meetings where they could feed back their concerns to the staff, and they said that they did feel listened to and that staff would act on their concerns.

Staff included information about the local advocacy service in the induction pack, so that clients could access these services if they wished.

As part of new staff starting, they undertook shifts where they shadowed a current member of staff. Clients views were considered before hiring a new staff member.

Staff gathered feedback from clients in discharge questionnaires, and had feedback forms for visitors to complete. This feedback was reviewed by the clinic manager and the learning from it was shared with staff.

Good

Substance misuse/detoxification

Families of clients were given information about the service with help line numbers they could call for support. Families could also visit one day a week, and could engage in family therapy at the clinic with their relative.

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

Good

Access and discharge

Staff used risk based assessment criteria to ensure they were not admitting clients that were not suitable for the service. For example, they would not admit pregnant clients or 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 there needs.

The clinic had two clients being discharged on the day of inspection, and had discharged a further 11 clients over the year before this inspection. There was no waiting list for beds.

Typically, clients attended the clinic for four weeks. The shortest treatment time would be a ten-day detox, the longest 12 weeks.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own rooms during their treatment. They could decorate their rooms and they could store their valuables in the clinic's safe. Clients said that they would like to have a television or radio in their room, but that they were expected to not spend long periods of time in their room.

Clients were not allowed to use their own mobile phones during their treatment, but shared the use of the clinic phone in the evening and could use this in private. To ensure that all the clients could use the phone, they were only allowed 15 minutes of phone use a day.

The clinic had rooms to allow clients to attend the group therapy, as well as additional rooms to hold one to one therapy sessions. There was also a separate lounge for clients to use if they wanted more privacy.

Clients praised the food at the clinic and said it was of good quality. We saw that the clinic had provided a variety of food for the clients at lunch, including healthier options.

Clients said that the services website was not accurate and offered services that were not available at the clinic, specifically acupuncture.

Patients' engagement with the wider community

Clients were encouraged to use a local gym and swimming pool, as well as attend local support groups such as alcoholics anonymous and narcotics anonymous.

There was the opportunity for clients to engage in family therapy to help repair damaged relationships that may have arose from their addictions.

Meeting the needs of all people who use the service

Staff were passionate about ensuring they encouraged a compassionate and accepting culture at the clinic. This included ensuring they were welcoming to clients of different races, genders, religious beliefs and sexual orientation.

Staff discussed what adaptations to the service would be helpful for clients as part of their admission process. For example, installing ramps for wheelchair access.

Clients who spoke a language other than English were offered an interpreter, and where the client wished, their relatives could act as a translator with the services support.

The service had a chef that could prepare food in line with client's dietary needs, including being able to provide halal diets.

Listening to and learning from concerns and complaints

Clients were given information about how to complain about their treatment and there were posters reminding them of the clinic's complaints procedure on display in communal areas. Clients said they felt comfortable that the staff would act on their concerns.

In the year before this inspection, the clinic had received 17 compliments and 14 complaints. Of these complaints,

three were upheld and four were partially upheld. The senior managers of the clinic reviewed the trends across their clinics twice a year, but locally, the manager reviewed these complaints in line with their timeline in their policy. This policy was currently under review and was due to be signed off at the end of November 2018.

Are substance misuse/detoxification services well-led?

Good

Leadership

The clinic benefited from an experienced manager. Staff said they felt their manager was approachable and experienced in their role.

The manager of the clinic was knowledgeable about the direction the service was headed in (including the number of changes the service was undertaking) and was very aware of the needs and current progress of clients in treatment at the clinic.

Vision and strategy

Senior managers in the service (the clinic managers, and the directors of the service) met and discussed the improvements they wished to make to the clinics regularly. However, there was no set strategy or corporate values.

Following our inspection visit, the provider had added an action point to their action plan to start the process to develop corporate values and a service strategy.

Culture

Staff said that they felt happy to work in the service. They said that it was a close staff team and that they felt supported.

Staff felt comfortable raising concerns in the service without fear of reprisal and were aware of how to whistle blow.

The clinic manager managed staff performance concerns appropriately. We saw examples where the manager of the clinic had performance managed staff to help them improve their work performance and this had helped the staff member to keep their job.

The new appraisal process had put a focus on staff development and we saw that staff had development plans to help them feel valued and skilled in their role.

Governance

At the last inspection (November 2016) we said that the provider should continue imbedding their governance procedures, at this inspection we saw that there were still issues with the governance systems used by the service. At the inspection in November 2016, the provider had decided to put in place governance meetings to review audits of key performance indicators and quality indicators but these meetings had only just started. At that time, the service had not decided on its key performance indicators. At this inspection we saw that key performance indicators had been identified, these meetings had continued, and that managers used monthly meetings to discuss their progress on these issues. These monthly meetings fed into six monthly more in-depth meetings that recorded good tracking of actions on areas such as complaints, safeguarding issues, learning from incidents and medicines updates. These meetings led to changes in the services action plan and were fed down to staff through team meetings and supervision. However, the governance structures used by the service were impeded using paper records. Staff told us it was sometimes burdensome to gather information to complete audits of the treatment at the clinic but that this would improve in some areas once they moved to electronic notes and the new training provider.

There was no process in place to ensure that the services website provided accurate information. We reviewed the website at the time of the inspection and saw that they were advertising services at a clinic that had been closed. Clients told us that the website offered acupuncture at the clinic but that this was not provided.

There were good processes in place to ensure that staff had timely disclosure and barring service checks and to ensure the safe management of medicines.

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

Staff said that the planned move to electronic client records and training records would reduce the burden on them when completing service audits. There had been no date set for the change to electronic client records, but the managers had received training on how to use the system and were looking to set a fixed date with the company providing the system.

The clinic had adequate computers for the current needs of staff, but the manager said they would be acquiring more when the move to electronic notes was set. This was to allow staff to have timely access to the care records.

We saw that staff kept client information securely, and there were systems in place to ensure that they notified external bodies of relevant information where needed. For example, notifying the Care Quality Commission of events as appropriate.

Engagement

Staff reviewed feedback from clients and their families and used this to guide service development. For example, using it to review their complaints policy.

The directors of the service engaged with other substance misuse service providers in the area, as well as nationally to try and learn from their good practice and share the clinic's own good practice.

Learning, continuous improvement and innovation

Staff had not taken part in any national audits or research projects at the time of this inspection. However, staff told us they hoped to get accreditation with the federation of drug and alcohol professionals.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that clients receive their induction pack at an appropriate point at the start of their treatment.
- The provider should ensure that staff complete their appraisal process in a timely manner.
- The provider should ensure that they design and implement a service strategy and a set of values for staff to work with.
- The provider should ensure that information on their website is correct.
- The provider should ensure that information about their key performance indicators is timely and not burdensome to collect to allow better governance systems.