

# Meijer House







## 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 Western Counselling as good because:

- The service had sufficient staff to ensure the identified needs of clients were met. Staff were compassionate and respectful and treated clients with dignity. Staff provided practical and emotional support to a high standard.
- Risk assessments and recovery plans were personalised, thorough and reviewed regularly. Staff acted appropriately to keep people safe. Recovery plans were person-centred and included physical, psychological and social needs.
- Clients could access specialist services, support and urgent care when needed, and were supported to live healthier lives. Staff aimed to involve clients in all aspects of the service.

- The service was responsive to concerns identified and acted on these to make improvements.
- The service recruited volunteers, many of whom went on to be offered permanent roles.
- Staff we spoke with felt that leaders and managers of the service encouraged an open, supportive and honest culture. They valued the open-door policy that had been put in place. Staff received regular supervision and annual appraisals.

However:

- The service did not have a clear set of values that staff were able to articulate. Policies and procedures were not all up to date, accurate and fit for purpose despite having been recently reviewed.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Substance misuse services</b>	Good 	Western Counselling is a residential rehabilitation service for substance misuse.



# Summary of findings

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### Summary of this inspection

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Good 

# Meijer House

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to Meijer House

Western Counselling provides residential rehabilitation for people with drug and alcohol problems using the 12-step model of treatment (a structured, abstinence based model). The service also offers medically supervised detoxification for clients who were assessed as low risk. Most people are funded by their home local authority but the service also admits self-funding clients. The service takes people from the age of 17, and has a specialist young person's counsellor in post.

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

Western Counselling operates from two locations:

- Whitecross House: the treatment centre which holds groups, one to one therapy sessions and doctor's appointments.
- Meijer House: residential accommodation with capacity for 23 people. There are currently eight female beds in one half of the property and 15 male beds in the other half. At the time of the inspection there were 10 people in residence.

Our previous comprehensive inspection of Western Counselling Services 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 prescription/medicine administration records are signed by a doctor
- ensure that clients are fully informed when methadone is given in tablet form, rather than liquid (as per national guidelines) and should ensure the clients understand the reason for its use and their consent is sought.
- ensure that medicines are administered from their original packaging from the dispensing pharmacy.

On 10 May 2018 we undertook an unannounced, focused inspection to see whether the provider had made the required improvements. We found the improvements had been made.

## Our inspection team

The team that inspected the service comprised of 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.

# Summary of this inspection

## 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 locations.

During the inspection visit, the inspection team:

- visited Meijer House (accommodation) and Whitecross House (treatment centre and main offices), looked at the quality of the environment and observed how staff were looking after clients
- spoke with four clients
- spoke with the registered manager and nominated individual
- spoke with seven other staff members, including the medical liaison officer, counsellors and recovery worker volunteers
- looked at six out of 10 care and treatment records
- looked at four staff files, four staff supervision records and three staff appraisals
- attended two therapy groups and a staff handover
- 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 the service had a good reputation for delivering the treatment programme. The programme was very structured and although this could be difficult at times, clients felt that the boundaries in place were appropriate. They said that staff were approachable and easy to talk to, and the care and attention given was second to none.

Clients also told us that management responded to complaints, and they felt safe and well supported.

Clients told us staff did not always give people relevant information at times. They also told us the activity programme could be improved.

# 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:

- There were sufficient staff to meet client needs.
- Risk assessments and recovery plans were personalised, thorough, and understood by all staff.
- Staff were confident in identifying abuse and could act on this appropriately to keep people safe.
- Meijer House had separate sleeping areas, bathrooms/toilets and lounge areas for men and women.
- There was good support for staff and clients after incidents and leaders identified actions and provided feedback to staff and clients following investigations.
- The service had clear protocols around the searching of clients, and a code of conduct for behaviour. Clients understood this and felt reassured by the boundaries in place.

However:

- There was stained flooring in a lounge and bathroom, and no handwashing facilities in the clinic room to help control infection.

Good



### Are services effective?

We rated effective as good because:

- Assessments and care plans were holistic, personalised and included physical health care checks. Care plans promoted recovery and met the individual needs of each client. Plans also addressed the potential of early exit from the programme and included a back-up plan in case this happened. All clients saw a GP on the day of admission and had access to a daily GP appointment if needed.
- Staff received regular supervision and had annual appraisals of their work performance.
- There were systems in place to check the competence of staff to administer medicines safely and to ensure all clients received physical health checks. Clients going through assisted withdrawal from alcohol or opiates were overseen by the GP.
- Health screening was routinely carried out as part of clients' care and treatment.
- The service recruited volunteers, who had access to a comprehensive induction and training programme. Many volunteers had been offered permanent roles.

However:

Good





# Summary of this inspection

- Staff did not all have a good understanding of the Mental Capacity Act 2005. While the service did not admit clients lacking mental capacity to consent to the treatment programme, capacity to consent to treatment was assessed at the pre-admission stage. There was no evidence of consideration of fluctuating or deteriorating mental capacity to show that staff could respond appropriately if clients lacked capacity to make a decision whilst under the influence of alcohol or drugs.

## Are services caring?

We rated caring as good because:

- Staff showed compassion, dignity and respect towards clients, giving responsive, practical and emotional support as appropriate.
- Staff supported clients to understand and manage their care and treatment.
- Staff showed a good understanding of the impact care and treatment can have on clients' emotional and social well-being.
- People who used the service and those close to them were provided with access to appropriate emotional support including access to mutual aid groups. The service also offered a carers programme of support.
- The service offered interventions aimed at maintaining and improving clients' social networks, employment and education opportunities and provided support for people to attend community resources.

Good



## Are services responsive?

We rated responsive as good because:

- The service could assess and admit clients to the programme on the same day in urgent cases.
- The service did not have a waiting list.
- At the pre-admission assessment stage, the admissions department discussed an unplanned discharge and crisis plan with all clients
- Each client had a named allocated counsellor on admission to the programme with identified skills, knowledge and experience to meet their individual assessed needs.
- Recovery and risk management plans were regularly reviewed with the patient and adjustments made as appropriate.
- The service had links with and referred people to advocacy services.

Good



# Summary of this inspection

- Clients understood the complaints system and knew how to access it. The service had a complaints policy and could demonstrate its responsiveness to complaints.

## Are services well-led?

We rated well-led as good because:

- The service had been proactive in capturing and responding to clients concerns and complaints.
- The leadership team were responsive to concerns raised during the inspection and acted on these without delay.
- Staff we spoke with felt the leadership and management of the service encouraged an open, supportive and honest culture. They valued the open-door policy that had been put in place.

However:

- Staff were not able to articulate a clear set of values for the service.
- Not all policies and procedures were up to date, accurate and fit for purpose despite having been recently reviewed.

Good



# Detailed findings from this inspection

## 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.

Staff had attended in house training on the Mental Capacity Act in the month before the inspection. However, there were gaps in knowledge and understanding amongst some staff. There was no

evidence of consideration of fluctuating or deteriorating mental capacity within the service to demonstrate that staff were able to respond appropriately if clients lacked capacity to make decisions under the influence of alcohol or drugs. There were no clear processes in place for staff to follow if a client lacked capacity or to ensure that mental capacity was being considered on an ongoing time and decision specific basis.

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.

## 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

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

Areas that clients had access to were, in general, homely, clean, comfortable and well-maintained. However, there were some areas, such as the lounge carpet and flooring in the male toilets that were stained and not well maintained.

There were no handwashing facilities in the clinic room, with staff needing to use the sink across the hallway in the nearby toilet.

The service had completed environmental risk assessments, which they reviewed every six months. The service also employed an external company to carry out a yearly check on the environment.

The service completed a client risk assessment about whether a client was at risk of using ligature points to attempt suicide at the pre-admission stage, and did not admit clients who were assessed as at high risk of self-harm.

However, the service undertook environmental risk assessments related to ligatures. Ligature cutters were not available to staff at the time of the inspection but within an hour of this being raised the service had ordered these. In addition, cleaning fluids were stored inappropriately but these were moved to a lockable storage cupboard once we told them about this.

In Meijer House, we raised concerns around hygiene due to a fridge being stored next to one of the client bathrooms. The fridge door opened directly into the open toilet doorway. This was moved during the inspection.

### Safe staffing

The service had enough skilled staff to meet the needs of clients. There were five counsellors, who were allocated to a maximum of four clients at one time. A support worker was also on shift from 2pm -10:30pm every day. A member of staff was on site out of hours in case of emergencies.

There were contingency plans to manage unforeseen staff shortages or to cover leave and vacant posts, which ensured patient safety. The service had access to bank staff who were not permanent staff members, but who had access to the same induction and training as regular staff and were familiar with the service. Staff could also carry out other roles within the team if needed.

We were given the example of a time when a planned walk for clients had to be cancelled because there were not enough staff on shift to cover. As a result of this, changes were made to staffing. There was now an additional staff member on shift in the morning so a member of staff could go out with clients and the other can remain in the house with any clients who wished to stay there.

Staff had recently completed mandatory in-house health and safety training. This included Mental Health Act 1983 and Mental Capacity Act training 2005. However, the nature of the service meant there were limited formal responsibilities under these Acts.

Staff we spoke with told us they felt the training equipped them to do their jobs well.

### Assessing and managing risk to patients and staff

# Substance misuse services

We looked at six out of ten client care records and found the risk assessments were of a good standard, thorough, personalised and regularly reviewed and updated.

At the pre-admission assessment stage, the admissions department discussed an unplanned discharge and crisis plan with all clients. Clients understood there was a zero-tolerance policy on aggression or violence and that they would be asked to leave the programme if they did not follow this. Clients told us these boundaries helped them to feel safe.

Staff updated risk assessments every four weeks, or in response to any changes in risks to, or posed by clients.

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

Staff could identify people at risk of abuse. They could give examples of how to protect clients from abuse, discrimination and harassment, and worked effectively within the service and with outside agencies to promote safety, including systems and practices in information sharing. If in doubt about any safeguarding concerns staff would contact the local authority safeguarding team for advice. They could also approach one of the three safeguarding leads in the service for advice and guidance.

## Staff access to essential information

Staff used a mixture of paper and electronic client records. Staff had prompt access to accurate and up to date care records.

## Medicines management

Staff had access to 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 medicines liaison officer was responsible for medication reconciliation and completed competency

assessments and audits. Detoxification was overseen and managed by the GP. 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 knew what incidents to report and how to do this. They were clear about their responsibilities for reporting incidents, and were encouraged and supported to do so.

Staff understood the duty of candour. They were open and transparent, and gave clients a full explanation if something went wrong.

Staff discussed incidents at a care team meeting, and adopted a team approach to looking at lessons to be learnt and ways the service could be improved.

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

Good 

## Assessment of needs and planning of care

We looked at six out of ten care records. We found these to be of a good standard and included a thorough and holistic assessment of need, were person centred and captured each client's thoughts and input about their care and treatment.

Staff completed a thorough assessment as part of the pre-admission process, and developed care plans that met the needs identified during this assessment. Following this assessment, clients were allocated a counsellor who had the skills and specialisms most suited to meet their needs.

Staff regularly reviewed individual needs, recovery plans and risk management plans, updating these as necessary.

All clients had an appointment with the GP on the day of admission for a physical health assessment.

## Best practice in treatment and care

# Substance misuse services

Clients had access to a range of care and treatment interventions suitable for the client group. The service used the 12-step model of treatment (this model is recommended by the National Institute for Health and Care Excellence), which was delivered in line with this guidance. These included 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 (NICE guidelines QS23).

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

Staff had a thorough induction. However, the induction programme needed some updating as this still referred to the previous management team as points of contact.

At the time of the inspection management were developing a training matrix for all staff. This was completed following the inspection and showed some gaps in completion of mandatory training by all staff. Some of this training was being arranged or completed by staff, but there were still some identified gaps.

Managers identified the learning needs of staff through supervision and appraisals, and gave them opportunities to develop their skills and knowledge. Staff could request additional training relevant to their roles as part of this development.

Staff received regular supervision and appraisals. Staff had internal supervision monthly (or more often if needed). The service also employed an external supervisor to offer additional supervision sessions for staff.

Any concerns around poor staff performance were picked up and addressed through the supervision and appraisals process.

Managers recruited volunteers for the service 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

Clients had recovery plans which included pathways to other supporting services, with evidence of external multidisciplinary input into their care and recovery.

The service had good links with the local GP service, and could access a daily appointment slot for clients, as well as an appointment for all clients on the day of admission to the programme.

Each client had an allocated counsellor to work with them during the programme, but clients knew they could go to other counsellors for support if they needed or wished to.

The service had links with external related self-help agencies such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA).

Where clients had care coordinators in the community they maintained contact throughout the programme.

## Adherence to the MHA and the MHA Code of Practice

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. The service had sought support from the mental health crisis team in the past when needed.

## 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 had attended in house training on the Mental Capacity Act in the month before the inspection. However, there were gaps in knowledge and understanding amongst staff.

There was no evidence of consideration of fluctuating or deteriorating mental capacity within the service to demonstrate that staff could respond appropriately if clients lacked capacity to make decisions under the

# Substance misuse services

influence of alcohol or drugs. There were no clear processes in place for staff to follow if a client lacked capacity or to ensure that mental capacity was being considered on an ongoing time and decision specific basis.

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 demonstrated compassion, dignity and respect towards clients, giving responsive, practical and emotional support as appropriate.

Staff and clients could raise any concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences.

Staff supported clients to understand and manage their care and treatment. They directed them to other services when appropriate, and if needed, supported them to access these.

The service had confidentiality policies in place that were understood and followed by staff.

### Involvement in care

Staff communicated well with clients around their care and treatment. We were given examples of clients who needed information around their finances, but found this difficult to access. Some clients also did not know what to do when there was a fire alarm, as they had not been given this information on admission.

The service empowered and supported access to independent advocacy services for clients and their families and carers.

Staff actively engaged clients (and their families/ carers if appropriate) in planning their care and treatment.

Staff enabled clients to give feedback about the service. Staff carried out client feedback surveys and

questionnaires. Client meetings took place to give clients the opportunity to raise any concerns, and the service had a suggestions box, as well as an affirmations book to include any feedback. There was an open-door policy for any clients or staff who wished to discuss concerns with the management team.

The service ran a carers programme, where an insight into addiction and support was offered directly to families and carers. Families could get support directly from counsellors as well as accessing the family group programme.

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

Good 

### Access and discharge

The service had clear admission criteria that was sent to all potential referrers. The admissions team screened all referrals and carried out a pre-admission assessment to ensure all clients met the service criteria. The service did not admit any clients for treatment who lacked mental capacity to consent to the treatment programme, or who were considered too high risk. The service had referral systems to other supporting services in place for people whose needs could not be met by the service.

Staff assessed and identified an alternative pathway as a back-up plan for all clients in case of early exit from treatment.

The service could assess and admit clients on the same day in urgent cases. The service did not have any waiting lists.

Staff supported clients during referrals and transfers between services, including providing an aftercare service for clients after leaving the programme.

### The facilities promote recovery, comfort, dignity and confidentiality

The service had a range of accessible rooms to see people in.

Patients had their own bedrooms, many of which were shared with another client. Nobody was expected to sleep in bed bays or dormitories.

# Substance misuse services

Clients did not return to their rooms during the day as they spent most of their time in Whitecross House in the treatment programme.

Use of the phone was restricted. This was part of the treatment plan clients agreed to on admission to the service. However, there was the flexibility to facilitate additional calls under certain circumstances, for example if a client had children

## Patients' engagement with the wider community

Staff supported clients to maintain contact with their families, carers and the wider community. Some clients found boundaries and restrictions on contact for therapeutic reasons difficult to manage.

While access to the wider community and activities was restricted in the early stages of recovery, these restrictions reduced as clients moved through different phases. Staff supported clients in later stages of the programme to access the community, education and work opportunities. The service had links with local healthy living trainers, education and training centres, community centres and there were volunteer opportunities within the local community.

## Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable and marginalised groups, and were keen to ensure that clients felt respected and valued, developing a culture of mutual respect.

Clients reported that care and treatment is rarely cancelled or delayed. When this did happen, this was generally due to external providers, and staff would step in where possible to reduce any possible disruption.

## Listening to and learning from concerns and complaints

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Complaints records demonstrated that management had responded to individual complaints in accordance with the service's complaints policy.

The service had a clear complaints system to show how complaints were managed, and lessons were learnt and acted upon to improve the quality of the service.

## Are substance misuse services well-led?

Good 

### Leadership

There was a new leadership team in place. The new team had the skills and knowledge to perform their roles.

The service had a clear definition of recovery, and this was shared and understood by all staff. The service worked with the 12-step model of recovery, which threads through their programme.

Leaders were developing a good understanding of the service they managed, and could explain how the team was working to give high quality care.

Leaders were visible within the service and approachable for clients and staff. Both clients and staff we spoke with found the open-door policy to be a very positive change.

### Vision and strategy

The new leadership team were still in the process of reviewing the service vision and values, so staff were not able to describe these to us. However, the service used the 12-step model and it was clear that the values of openness, supportiveness and mutual respect were fostered throughout the service. Staff could identify the overall aims of the service.

Staff had the opportunity to contribute to discussions about the strategy for the service. They felt they were consulted about changes and could make suggestions that were considered and acted upon.

### Culture

Staff felt respected, supported and valued, and part of the organisation's future direction. Staff we spoke with gave positive feedback about the managerial changes, and described feeling enthusiastic and more motivated within their roles as a result. They felt proud to be working for the provider and their team.

Staff we spoke with felt positive, satisfied and had relatively low levels of stress, while acknowledging that the role could at times be stressful.

Staff appraisals included conversations about career development and how this could be supported.



# Substance misuse services

## Governance

Not all the systems and processes in place to support the running of the service were robust.

Some policies were out of date and did not reflect current best practice guidance. Managers had recently reviewed governance policies, procedures and protocols. However, these policies had not been updated, and included out of date information. The safeguarding policy referred to the previous guidance (No Secrets), rather than current legislation (Care Act 2014). The Mental Capacity Act/ DoLS policy was also out of date, and included information contrary to the Cheshire West Supreme Court judgment.

Environmental risk assessments were in place, but did not identify and mitigate a number of risks, for example, ligature points and inappropriate storage of cleaning fluids. The service acted quickly to rectify these once we had identified this to them.

The staff training matrix to ensure that all staff were appropriately trained was incomplete, meaning that there was no clear record of staff training compliance. This was completed and presented shortly after the inspection. Systems were in place to ensure all staff were supervised and had appraisals.

Care records that demonstrated that clients were assessed and treated well. The service managed beds efficiently, and discharges were well planned. We saw evidence that incidents were reported, and there was an effective system to learn from incidents.

There was a clear framework of what was discussed at team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff understood the arrangements for working with other teams, both within the provider and externally to meet the needs of the clients.

The service had a whistleblowing policy in place. Staff were aware of how to use this policy.

## Management of risk, issues and performance

Staff could raise concerns and escalate these with management as needed and were confident these were responded to.

Some of the policies did not support staff to act appropriately in certain situations.

## Information management

Staff had access to the equipment and information technology they needed to do their jobs. The information technology system worked well and enabled staff to do their jobs.

The leadership team had access to information to support them with their management role.

This included information on the performance of the service, staffing and client care.

All information needed to deliver care was stored securely and available to staff in an accessible form, when they needed it.

Staff made notifications to external bodies as needed and when appropriate to do so.

The service had developed joint-working arrangements with other services. This included a reciprocal training arrangement with a local domestic abuse service.

## Engagement

Staff, clients and carers had access to information about the work of the provider and the services they used. However, this information was not up to date in all areas.

Clients and carers had opportunities to give feedback on the service via several different routes, including one to one discussions, community meetings and an affirmation book.

Some clients also reported some gaps in communication around key issues, such as fire evacuation drill processes, and some aspects of their care outside of the main treatment programme, such as support with financial concerns.

The leadership team encouraged clients and staff to give feedback.

## Learning, continuous improvement and innovation

The organisation encouraged creativity to ensure practice is up to date and relevant to the needs of the client group. While the treatment programme was based on the 12-step recovery model, the service was keen to ensure this is applied in a way that works for the clients.

## Substance misuse services

The service was in transition due to recent management changes. While this could lead to uncertainty, staff we spoke with were enthusiastic about the opportunity to make changes to the service, and felt invigorated by this, and their opportunity to be a part of this.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that all policies are up to date, reflect current best practice, and are understood and followed by all staff.
- The provider should ensure that all staff understand the Mental Capacity Act and its relevance to substance misuse services.
- The provider should ensure that consent forms in care records are signed.
- The provider should ensure a clear strategy, vision and values is in place for the service and that staff understand and can describe these.