

# SALUS - Withnell Hall - Health, Wellbeing & Addiction Treatment Centre Limited

## Quality Report

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

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

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

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

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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice

- The building was clean, safe and well maintained. Furniture and décor was appropriate and in good condition. All necessary health and safety checks

had been completed and were up to date. Clients had access to a range of facilities and outdoor space. This meant that the environment was safe and comfortable for clients.

- Risk assessments, care needs assessments, care plans and discharge planning were comprehensive, up to date and holistic. There was evidence of

# Summary of findings

collaborative working between staff and clients and information identified within assessments was included in care plans. This meant that staff and clients had a good understanding of client's needs.

- Care and treatment was delivered in line with best practice. Clients had access to a range of treatments. These included, psychosocial therapies, group work, one to one sessions and sessions with a counsellor.
- There were effective systems and processes in place for staff to follow. This ensured that incidents were reported, safeguarding concerns raised and complaints handled appropriately.
- Clients were positive about the staff and staff attitudes. Staff were considered to be caring and compassionate. Staff displayed a good knowledge of the personal circumstances and needs of clients.

- The senior management team were a visible presence within the service. Senior managers were known to staff and clients. Staff felt confident to raise any concerns and that they would be dealt with professionally.

However, we also found the following issues that the service provider needs to improve:

- Not all clients had a copy of the care plan. It was not always possible to identify if clients had been offered a copy of their care plan.
- There was a limited provision of activities at weekends. This meant that clients were not provided with adequate occupation seven days a week.
- Compliance with two mandatory training courses were low. Mental Capacity Act training compliance was 33%. Infectious disease control training compliance was 22%. This meant that staff were not up to date with training needed to deliver care.

# Summary of findings

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# SALUS - Withnell Hall - Health, Wellbeing & Addiction Treatment Centre Limited

**Services we looked at:**

Substance misuse services;

# Summary of this inspection

## Background to SALUS - Withnell Hall - Health, Wellbeing & Addiction Treatment Centre Limited

Salus Withnell Hall is a 28 bed drug and alcohol rehabilitation unit based near Chorley in Lancashire. The service provides residential psychosocial rehabilitation to males and females aged over 18. There were nine clients when we visited. There were five male clients and two female clients. Clients who attend Salus Withnell Hall have already completed a detoxification programme which means they are no longer actively using alcohol or illicit substances.

Salus Withnell Hall had been registered with the Care Quality Commission since July 2014. There had been a change in service provider in March 2016 and a new management team had been introduced. The service had not been previously inspected by the Care Quality Commission.

The service was registered to provide accommodation for people requiring treatment for substance misuse. There was a registered manager and nominated individual.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors and a CQC assistant inspector.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- visited Withnell Hall, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager and the operations manager

# Summary of this inspection

- spoke with four other staff members employed by the service provider, including recovery coordinators and support workers
- spoke with one volunteer
- attended and observed one handover, one community meeting and one group session
- looked at six care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with six clients. Clients were positive about the care they received. Clients considered staff to be compassionate, respectful and caring. They believed staff were interested in their wellbeing and supported them through their treatment. Clients told us staff were approachable, empathetic and non-judgemental in their approach.

Clients told us they were involved in decisions about their care and that the service provided a supportive environment.

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## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

- We found the following areas of good practice: The building was clean and well maintained. Furniture and décor was appropriate and in good condition.
- There were appropriate checks to ensure the safety of the building. Health and safety and fire risk assessments had been completed. Equipment was checked regularly and was fit for purpose. Maintenance contracts were in place for equipment where required.
- Staff assessed client risk on admission. Risk assessments had been reviewed and updated. Risk management plans were in place and reflected the findings of the assessment.
- The service had effective systems and processes to ensure the safe storage and administration of medications. Medication administration records were completed and up to date.
- Staff demonstrated knowledge of safeguarding principles and how to identify concerns. Staff had completed safeguarding training and were aware of how to raise concerns and referrals.
- There was a process to report and learn from adverse incidents. Staff knew how to report incidents and the type of incidents that should be reported. Feedback from adverse incidents was provided in team meetings and supervision sessions.

However, we also found the following issues that the service provider needs to improve:

- Staff were not up to date with mandatory training in the Mental Capacity Act or infectious disease control. This meant that staff were not fully trained to deliver safe care and treatment.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care and treatment was delivered in line with best practice. Clients had access to psychosocial therapies, group work, one to one sessions and sessions with a counsellor.
- Staff completed comprehensive assessments of clients need. Assessments reviewed were comprehensive and reflected in care plans.
- Care plans were regularly reviewed and were up-to-date. Care plans evidenced client involvement and were recovery focused.

# Summary of this inspection

- There were good links with other organisations. These included health care providers such as GPs and other recovery agencies. The service was engaged with the local recovery community.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were involved in decisions about their care and this was reflected in care plans.
- Clients were positive about the staff and staff attitudes. Staff were considered to be caring and compassionate. Staff displayed a good knowledge of the personal circumstances and needs of clients.
- Clients had the opportunity to give feedback on the service they received.
- We observed staff treating clients with respect and dignity. Staff were approachable and engaged with clients in a non-judgemental manner.

However, we also found the following issues that the service provider needs to improve:

- Not all clients had a copy of the care plan. It was not always possible to identify if clients had been offered a copy of their care plan.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had eligibility criteria. This ensured that only individuals who were in a position to benefit from the treatment offered were admitted.
- There was a complaints policy and process. Information on how to complain was provided to clients and displayed in the building. Staff were aware of the complaints policy which they could refer to.
- There were clear referral pathways into the service. Referrals were reviewed and assessed within a timely manner. Clients could self-refer and were assessed in the same way.
- The service had an assisted bedroom and bathing facilities for disabled clients or those with limited mobility. There was access to translation services if these were required.

However, we also found the following issues that the service provider needs to improve:



# Summary of this inspection

- There was limited provision of activities at weekends. Clients were not provided with enough occupation or recreational activities to promote their recovery seven days a week.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service monitored performance through engagement with the national drug treatment monitoring service. This was supported by clinical audits.
- There was a range of policies and procedures in place to support the delivery of care. These had been reviewed and were in date.
- Senior management were a visible presence and known to staff and clients.
- Staff morale was good. Staff told us they felt supported in their role by managers and colleagues.
- There was an open and honest culture. Staff were aware of how to raise concerns and told us they would feel comfortable doing so.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

All clients who were admitted to the service were presumed to have capacity to undertake the rehabilitation programme. Staff received Mental Capacity Act awareness training as part of National Vocational Qualifications training courses. Three staff (33%) had accessed additional training. If there were concerns over an individual's capacity staff were aware of how to seek advice, support and specialist services.

If a client presented either intoxicated or under the influence of substances, staff postponed decisions until the individual regained capacity.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

Withnell Hall was a three storey building. The building was clean and well maintained. Clients joined a cleaning rota and took responsibility for the upkeep of the building and communal areas. Completed rotas showed that the building was cleaned daily. Clients were responsible for the cleanliness of their own bedrooms. Clients were able to raise any repair or maintenance issues with staff or at a community meeting.

There was an up-to-date health and safety assessment. This had been completed by an external firm. A health and safety action plan was in place and was being completed as a result of the assessment. Electrical items had been portable appliance tested and were in date. There were certificates to evidence that gas safety and electrical wiring had been undertaken by an approved individual. A maintenance contract was in place to cover the buildings boiler system. A legionella risk assessment had been completed.

There was a fire risk assessment. This had identified seven remedial actions including removing combustible materials and replacing fire signage. All actions had been completed. Fire wardens had been identified. There had not been a recorded fire evacuation drill in the previous six months but one had been scheduled. There was a schedule of regular checks of the fire alarm and detection systems. Fire extinguishers were in date and checked annually.

The service had a mixture of single and shared bedrooms. Bathing and showering facilities were shared. Clients were informed of these arrangements prior to admission. Female and male sleeping and shower areas were segregated.

There were ligature points in the building and in bedrooms. A ligature is a place to which patients intent on harming themselves might tie something to strangle themselves. The provider did not admit clients with high level mental health concerns or who were deemed to be at risk of self-harm. This was included in referral documentation and covered during the initial assessment.

### Safe staffing

Salus Withnell Hall employed nine staff. These included an operations manager, a team manager, a deputy team manager, five recovery coordinators and one support worker. There was one vacancy for a support worker post. The vacancy was being recruited to at the time of our inspection. In addition, there were support staff including a business manager, administrator and two chefs.

The unit was staffed 24 hours a day seven days a week. Clients could seek support from staff at any time. There were two shifts during the day. One shift ran from 8:00am until 3:00pm. One shift ran from 1:30pm to 9:00pm. One staff member slept over each night but could be woken by clients if needed. Managers were on an on-call rota so night-time staff could access advice or support if required. At weekends staffing levels were reduced to one staff member. Clients we spoke with told us that staffing levels were appropriate and that they were able to talk to staff when they wanted to.

Staff illness or absence at Salus Withnell Hall was covered by existing staff or the use of bank staff. The unit had used bank staff to cover 37 shifts in the period 1 May 2016 to 1 July 2016. This equated to 5% of the shifts worked during this period. Bank staff were familiar with the unit and the client base.

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Worker caseloads were low. At the time of the inspection there were nine clients and five recovery coordinators. The maximum client number was 28. This would mean an average caseload of between five and six clients for each recovery coordinator.

There was a programme of mandatory training for staff. Compliance with training overall was good. There were two training courses where compliance fell below 75%. Compliance with Mental Capacity Act training was 33% (three out of nine staff). Compliance with infectious disease control was 22% (two out of nine staff). Staff accessed National Vocational Qualifications in health and social care as part of their mandatory training. Recovery coordinators accessed level three training and support workers accessed level two training. All of the staff had completed or were completing the relevant qualification.

## **Assessing and managing risk to clients and staff**

We reviewed six care records. Risk assessments were completed in all of the client files we looked at. Assessments had been updated and risk management plans reflected the findings of the risk assessment. We found that in some records there were separate risk management plans. In other records the risk management plan was built into the care plan. We discussed this with the unit manager who acknowledged that the service was changing its documentation and the process had not yet been completed. We saw evidence of ongoing risk management and of plans being updated to reflect changes in circumstance.

Staff received safeguarding training as part of their mandatory training programme. Compliance with safeguarding training was 100%. Staff we spoke to understood how to identify signs of abuse and potential safeguarding concerns. They displayed a good knowledge of safeguarding procedures and understood their responsibilities in raising safeguarding alerts. The unit did not have any clients with active safeguarding concerns at the time of our inspection. If clients had active safeguarding concerns it was the role of the recovery coordinator to link in with local authorities and safeguarding boards. Recovery coordinators we spoke to were aware of their responsibility and told us they would be supported by the unit management in this regard. One of the unit managers had previously sat on safeguarding boards and was able to give advice to staff if required.

There were clients in the service who were on medication. However, the service did not prescribe medications. Clients self-administered. There was a medication policy to support this. Staff received medications management training as part of their mandatory training. Compliance with medication management training was 100%. Clients taking medication had medication administration records sheets in place. A medication administration record sheet is a legal record of medication administered to an individual. The medication administration record sheets were completed, up to date and clearly stated what medications had been administered. Medication was self-administered by clients.

Medication storage facilities were appropriate. There was a lockable cabinet and a medications fridge. Each client's medication was kept in individual containers which were stored in the locked cabinet. The service did not store controlled drugs. There were procedures in place for medicines reconciliation on admission and to check stock levels.

## **Track record on safety**

Between August 2015 and August 2016 there had been no serious incidents that required investigation. There was a process to report and investigate such incidents should they occur.

## **Reporting incidents and learning from when things go wrong**

Staff followed the provider's incident reporting policy and procedure. Incidents were recorded in an incident book and where relevant in the clients care notes. Incidents were reviewed by the unit management. There was a separate form to record the response to the incident and any learning that had occurred. This was fed back to staff at handovers, in team meetings and in individual supervision. Staff understood the type of incidents that should be reported including incidents of violence or aggression, safeguarding or suspected use of illicit substances.

The unit was in the process of introducing an electronic reporting system to replace the paper based version. The system had been purchased and the unit was awaiting installation. Staff training on the new system was scheduled.

## **Duty of candour**

# Substance misuse services

Duty of candour is a statutory requirement to ensure that providers are open and transparent with people who use services in relation to their care and treatment. It sets out specific requirements that providers must follow when things go wrong with that care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There had been no recorded incidents that required a formal apology. The service had a duty of candour policy in place. Staff showed a good understanding of their responsibilities to be open and transparent with people in relation to their care and treatment.

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

### Assessment of needs and planning of care

Staff completed comprehensive assessments on new clients entering treatment. Assessment documentation captured information across a range of domains. These included personal and family information, physical health, mental health and wellbeing and addiction and treatment history. The assessment included a section on the clients' expectation and motivation. This formed part of the client assessment for therapeutic activities. Assessments were present in the six care records we reviewed. Assessments were up to date and reflected in the clients care plans.

All six records we reviewed had a care plan. Care plans were recovery focused, personalised and captured the individuals' views. Care plans we reviewed were up to date. Care plans were discussed in one to one sessions with key workers and these sessions were documented.

Clients received a physical health assessment within one week of admission. The unit had good links with a local GP practice to manage clients' physical healthcare needs. The GP attended the unit every Monday. Clients could book into see the GP during these sessions. We saw evidence of ongoing physical healthcare being delivered. For example, there were clients being supported with diabetes and cellulitis. One client had been linked in with the local dentist following toothache. Clients we spoke with told us they were confident in the physical healthcare they were receiving.

Records were stored in paper form. Paper based records were stored securely in locked cabinets. This meant that records were stored safely and that information and data was protected. Staff we spoke with told us they had no problem in accessing the information they needed.

### Best practice in treatment and care

Salus Withnell Hall delivered a recovery focused rehabilitation programme. The unit offered a four stage programme over a 90 day period. The four stages were moving in, working through, moving on and re-integration. The programme was based on four key areas. They were:

- understanding addiction and supporting recovery
- relational health and well-being
- trauma and addiction
- everyday health and well-being.

Clients could also access shorter programmes depending upon their need, for example a four week programme.

Department of Health guidance states that treatment for drug and alcohol misuse should include a psychosocial component. Clients had access to a set programme of therapeutic activities. These included one to one and group sessions as well as sessions with a counsellor. Therapies included cognitive behavioural therapy and mindfulness. Unit managers told us that the service was looking to incorporate elements of the international therapeutic effectiveness programme into their psychosocial interventions. The international therapeutic effectiveness programme was introduced by the National Treatment Agency to promote a structured approach to psychosocial elements of treatment. It promotes the use of node link mapping. Node link mapping provides a simple visual representation of information to aid understanding and key working.

The National Institute for Health and Care Excellence guidance recommends that staff routinely provide information about mutual aid groups and facilitate access for those who want to attend. Mutual aid groups bring together people with similar problems and experiences to help each other manage and overcome their issues. The evidence base shows that clients who engage with mutual

# Substance misuse services

aid are more likely to sustain their recovery. Narcotics anonymous came to the unit every Friday. Clients we spoke with had been supported to attend narcotics anonymous and alcohol anonymous meetings in the local community.

The Strang report (National Treatment Agency 2012) introduced a recovery focus to substance misuse treatment. Care records we reviewed were recovery focused. The service worked with clients to help them develop their recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop in order to help them achieve and sustain their personal recovery. Clients linked in with other organisations and were encouraged to develop their social support including mutual aid. Group sessions included life skills. These helped clients build the skills to maintain their recovery and independence when they returned to the community. The unit was linked in with the local Red Rose recovery community and supported clients to attend their quarterly forum. The unit was in the process of establishing social enterprises to further enhance recovery and opportunities available to clients.

The Strang report recommended the use of peer mentors as a tool to help embed recovery. Peer mentors are individuals who have been through their own substance misuses treatment and are now in recovery. They provide a positive example to clients of the benefits and possibilities of treatment and recovery. At the time of our inspection the unit did not have peer mentors who had completed their recovery who visited the service. However, clients who were in the later stages of the programme acted as peer mentors to clients who were in the early stages. The unit was in the process of developing a programme to facilitate the use of peer mentors who had completed rehabilitation programmes and were in recovery. The unit did employ a volunteer who was in recovery. They were working on the development of social enterprises.

Clinical audit was taking place. There were case note audits carried out as part of supervision. Medication administration records were audited monthly. Clients also completed evaluation sheets on groups that they attended.

Salus Withnell Hall measured outcomes using the national drug treatment monitoring service and treatment outcome profiles. Treatment outcome profiles measure the progress of clients through treatment. They are completed at least every three months and form part of the national drug treatment monitoring system. The national drug treatment

monitoring service (NDTMS) is managed by Public Health England. It collects, collates and analyses information from those involved in the drug treatment sector. All drug treatment agencies must provide a basic level of information to the NDTMS on their activities each month. Providers are able to access reports and compare performance against the national picture.

## **Skilled staff to deliver care**

Staff had the necessary skills to carry out their duties and deliver care. All staff had completed understanding addiction training. Some staff members had lived experience of substance misuse. The unit employed an external counsellor on a sessional basis. The counsellor was appropriately qualified and accredited. All staff underwent an induction process which included orientation to the unit, an introduction to the unit's policies and procedures, shadowing existing staff and a programme of mandatory training.

Staff were supported to access specialist training. All recovery coordinators were supported to complete a level three National Vocational Qualification in health and social care. Support workers were supported to complete a level two National Vocational Qualification in health and social care. One staff member had completed acupuncture training. Two staff members were scheduled to attend self-management and recovery training.

Staff underwent an annual appraisal and received one to one supervision. This included clinical and managerial supervision. All staff members had an identified supervisor. Additional supervision could be arranged with the unit's counsellor if required. Staff told us they found the supervision to be of good quality and helpful to them in their role. Supervision records we reviewed showed that supervision was taking place. The unit employed a counsellor on a sessional basis. They received supervision external to the unit in line with their professional requirement.

## **Multidisciplinary and inter-agency team work**

Staff attended a handover meeting at the start of each shift. We observed a handover meeting.

The meeting was well structured and thorough. An update on each patient was provided by staff going off shift.



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Updates on presentation and risk were discussed. General information about the unit and planned activities was also covered. There were effective working relationships within the staff team.

The service had effective working links with external services including the local GP, pharmacy and dental services. There were positive relationships with local authorities, social services and referral agencies. The service had good links with the local recovery community and services. These included alcoholics anonymous, narcotics anonymous and client support groups.

## **Good practice in applying the Mental Capacity Act**

All clients who were admitted to the service were presumed to have capacity to undertake the rehabilitation programme. This was part of the admission criteria. Two recovery coordinators and the team manager had completed specific Mental Capacity Act training. This equated to 33% of staff. Other staff completed or were completing National Vocational Qualification courses that included basic training on the Mental Capacity Act. If staff had concerns over a client's capacity these would be discussed with the referring agency or, if the client had already been admitted, with the GP. Staff were aware they could refer individuals into local mental health services if required.

If a client presented either intoxicated or under the influence of substances staff postponed decisions until the individual regained capacity.

## **Equality and human rights**

Staff had access to equality and diversity and equal opportunities training. All staff had completed the training. The service had an equality and diversity policy which referred to the nine protected characteristics contained in the Equality Act 2010.

Clients we spoke with told us they did not have specific cultural or diversity needs but they felt staff would respect and respond to individuals that did. The unit had admitted one disabled client in the 12 months prior to the inspection. Clients had been supported to attend places of worship in accordance with their religious beliefs.

The service had some blanket restrictions. Clients were unable to use mobile phones between the hours of 8am and 6pm except in an emergency and clients were not allowed to engage in relationships with other clients whilst

in treatment. Restrictions were in place to ensure that clients focused on treatment and were appropriate to the service being provided. Restrictions were explained to clients prior to admission.

## **Management of transition arrangements, referral and discharge**

The service took referrals from various sources including self-referrals, health professionals, local authorities and other substance misuse services. The unit had a working relationship with a private detoxification unit who shared the site. The detoxification unit was run by a different provider. Some clients completed detoxification at the unit before transferring to Salus.

The service liaised with referring agencies to ensure the appropriateness of referrals. We spoke with six clients. All six clients told us that the transition from their previous service had been well managed.

There was a process to facilitate discharge. Discharge planning began from admission. Clients were encouraged in group and one to one sessions to consider their objectives and goals for discharge. The service worked with clients to identify the support that was needed and to link them in with other services and recovery agencies. We spoke with six clients. Five of the clients had a discharge plan in place. The sixth client had only just entered the service.

Clients had discussed their discharge with recovery coordinators in one to one sessions. We spoke with two clients who were approaching their discharge. The clients had attended meetings about their discharge and been linked in with support services as part of their discharge plan. They told us they were confident about the support that was in place. We spoke with one client who had been allowed to stay for a few extra days without charge as there had been an issue with the accommodation they were scheduled to move into.

## **Are substance misuse services caring?**

### **Kindness, dignity, respect and support**

We observed positive interactions between staff and clients. Clients were treated with compassion and understanding. We spoke with six clients. They told us that

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staff were polite, respectful and caring towards them. Staff were approachable and engaged with individuals in a non-judgemental manner. Staff showed a good understanding of individual need and circumstance.

The service respected client confidentiality. There was a confidentiality policy in place. Clients signed a confidentiality agreement and consent to the sharing of information agreement. All six care records we looked at had the agreements in place. Clients we spoke with told us they felt their confidentiality was respected.

## **The involvement of clients in the care they receive**

There was an admission process to inform and orientate clients to the service. Individuals were encouraged to visit the service as part of the referral process prior to admission. They were shown the facilities and were able to speak to clients and staff. This allowed the individual to ensure that the service was appropriate for them before committing to treatment. Clients received a handbook which included information on the service, its aims and objectives, house rules and expected standards of behaviour.

Clients were involved in decisions about their care and treatment. We reviewed six care records. All of the records evidenced client input. Care plans were personalised and captured the client's objectives and treatment goals. Clients had weekly one to one sessions with their recovery coordinator to review progress. Clients we spoke with told us they were involved in decisions about their care. Where clients had requested the involvement of family members or carers this had been facilitated.

It was not clear from the care records whether or not clients had been offered a copy of their care plan. We spoke with six clients. Three told us they had a copy of their care plan. The other three did not have a copy but were aware of what was in their care plan.

Clients were able to give feedback on the service they received. There were daily community meeting which gave clients the opportunity to feedback to staff and raise any issues. We observed a community meeting during our inspection. The meeting was well organised and clients were given space to voice their opinions.

Clients also completed evaluation sheets after group sessions and at the completion of treatment. Clients told

us they were also able to discuss issues informally with staff on a day by day basis. Clients were involved in decisions about the service through the community meetings. Clients did not sit on interview panels for new staff.

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

## **Access and discharge**

There were eligibility criteria to access the service. This meant that the service only admitted clients who were in a position to benefit from the treatment on offer. Clients completed a detoxification programme prior to entering the service. Individuals who had been referred were encouraged to attend the service as part of the assessment process. They were able to speak to staff and current clients. This enabled the individual to see how the service worked and ensured that they understood the treatment philosophy. This included an explanation of the house rules and expected standards of behaviour. Individuals were also given a copy of the resident's handbook.

There was a process in place to manage referrals from other healthcare providers as well as self-referrals. Referrals were reviewed by staff and assessed within a seven day period. Referrals were assessed either in their current service, at home or on site at Salus. Assessment outcomes were discussed with staff prior to a decision being made.

Between August 2015 and August 2016 the service had discharged 74 clients. The service was in the process of introducing follow up calls to discharged clients. The intention was to introduce follow up calls at one week, three months and six months after discharge. Following discharge ex-residents were able to contact the service for advice and support if they required it.

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

The service promoted clients taking responsibility and working towards independent living. Clients had responsibility for their own washing and for cleaning their own bedrooms and communal areas.

The building was comfortable and homely. Clients were able to access a range of facilities. These included a large lounge and group room, a dining room, kitchen facilities,



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laundry facilities and a gym. Clients had free access to their bedrooms throughout the day. The building was set in large grounds which clients had free access to. Clients could make private phone calls. There was access to the internet.

Clients had access to hot drinks and snacks. The service employed a chef and an assistant who prepared main meals. Clients told us that the quality of the food was high and that they could make suggestions about the menus.

There was a structured timetable of activities during Monday to Friday. This included various group sessions, one to one sessions, household chores, external trips and time scheduled for reflection and to work on assignments. The service offered female only groups as part of its programme. Activities were provided over the weekend but these were limited. Two of the clients we spoke with raised this as an issue. Clients were able to use weekends to have visitors or if agreed to visit family and friends in the community. There were facilities available onsite for visiting.

## Meeting the needs of all clients

The service had an assisted bedroom on the ground floor with access to a shower and appropriate bathing facilities. The remaining bedrooms were located on the first and second floors. All group rooms and facilities were located on the ground floor.

The treatment provided meant that clients needed to be able to contribute to group activities and complete paper based tasks. Staff supported clients with reading or writing difficulties, for example laptops had been enabled with programmes to support clients with dyslexia. Staff had access to translation services if these were required. This included face to face translation as well as the translation of documentation and leaflets. However if a client did not speak English the service would discuss the suitability of the service with them and the referring agency. This was due to concerns over the client's ability to participate in group work and the treatment programme if they did not speak English.

The unit supported clients with their religious and cultural needs. Clients had been supported to attend local places of worship in line with their religious beliefs. The service was able to meet specific dietary requirements, for example the

provision of halal meat. Client's religious and cultural beliefs and needs were covered in both referral and assessment documentation to ensure that need could be met.

## Listening to and learning from concerns and complaints

The service had a complaints policy. The policy laid out staff responsibilities and the process to record, investigate and respond to any complaints that were received. There was a process to feedback learning from complaints to staff through team meetings and supervision.

Information on how to complain was included in the client handbook and on display within the service. We spoke with six clients. Three of the clients knew how to complain but the remaining three were unsure. However they stated they would raise concerns with staff and the registered manager. Clients we spoke with felt that if they made a complaint it would be managed properly.

We observed a community meeting where clients were given the opportunity to raise any issues they had with the service. Managers confirmed they had list of actions that they were working on including fixing a leaking shower and purchasing a new DVD player.

The service had received two complaints between the period August 2015 and August 2016. Both complaints had been upheld. None of the complaints had been escalated to the Parliamentary and Health Service Ombudsman. During the same period the service received 47 compliments. These included thank you cards and letters.

## Are substance misuse services well-led?

### Vision and values

The aim of Salus Withnell Hall was to promote recovery from addiction and support clients to reengage with society. The ethos of the service was to restore, renew, reconnect and recover.

The team manager and the operations manager were actively involved in the day-to-day activities of the service and were known to clients.

### Good governance

The service monitored performance using the national drug treatment monitoring service and treatment

# Substance misuse services

outcomes profile. This was supported by internal audits, health and safety assessments and client feedback. The service also provided performance reports to commissioning bodies and completed their performance data frameworks where applicable. There was a governance framework in place based on CQC key lines of enquiry that was used to monitor compliance with CQC standards.

There were policies and procedures in place to support staff. These included policies around the management of medications, complaints and compliments, safeguarding and adverse incidents. Policies had been reviewed and were in date. Staff knew how to access policies if they required them.

There were systems to report and review adverse incidents. Learning from incidents and complaints was shared through team meetings and supervision sessions. Staff compliance with mandatory training was monitored. Staff were provided with regular supervision.

The service manager had access to administrative support and sufficient authority to effectively perform their role. The service had a risk register. There were two items captured on the register. These related to bed occupancy and financial requirements and the safe use of gym equipment by clients. Actions had been identified to mitigate risk.

## **Leadership, morale and staff engagement**

Staff we spoke with were positive about the service management and their leadership. They told us that there had been improvements since the new management team arrived and that morale had improved. Staff gave feedback on the service verbally through supervision sessions and team meetings. Staff told us the service management had an open door policy if they wished to discuss issues outside of those formats.

Staff were positive about their role. They showed an enthusiasm and commitment to providing care to clients and supporting their recovery. There were no bullying or harassment cases within the service. Staff sickness and absence rates were 4%. Staff turnover between August 2015 and August 2016 was high. There had been a turnover of 62% with five out of eight staff leaving. This was linked to the change in service provider. There had been no staff turnover since the current provider and management team had been in place.

Staff described an open and honest culture. They told us they would raise any concerns they had without fear of victimisation.

## **Commitment to quality improvement and innovation**

The service was not engaged in any research projects at the time of our inspection. The service participated in local drug and alcohol reviews when requested. The operations manager had been part of a service consultation by the local county council.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

#### Action the provider SHOULD take to improve

- The provider should ensure that staff comply with mandatory training requirements.
- The provider should ensure that all clients are offered copies of their care plan and that this is recorded.
- The provider should ensure that sufficient activities are provided over the weekend.