Delamere Health Ltd

Delamere Health Ltd

Inspection report

Forest Road
Cuddington
Northwich
CW8 2EH
Tel: 03301112015
www.delamere.com

Date of inspection visit: 19 and 20 April 2022
Date of publication: 01/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated the service as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Feedback from clients was exceptionally positive. Staff were motivated to offer care that was kind and promoted people's dignity**.**
- Client's individual needs and preferences were considered as part of the delivery of tailored services.
- The service worked proactively to manage people's addictions and the wider implications of long-standing addiction including considering the physical health and mental health impact.
- The service was well led, and the governance processes ensured that its procedures ran smoothly so that most issues were appropriately escalated and addressed.
- Managers quickly addressed minor issues we found on inspection including the orderliness of the clinic room, labelling equipment to show it had been calibrated and revising their complaints policy to reflect CQC's role in individual complaints.

However:

- While staff had access to specialist training on an ad-hoc basis, some specialist training was not provided on a routine and regular basis to all relevant staff such as learning on physical health and the physical impact of detoxification.
- Most incidents showed that individual and organisational lessons had been learnt. The exception was relating to minor medicines errors where staff completed reflective practice, but the provider had not fully considered organisational learning or changes to prevent a reoccurrence of these type of minor incidents.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	We rated Delamere Health Ltd as good. See the summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Delamere Health Ltd

Delamere Health provides residential alcohol and drug detoxification and rehabilitation. The detoxification process usually lasts up to seven days at the beginning of a 28-day rehabilitation programme. The rehabilitation programme focuses on building coping strategies, life skills, and reintegrating clients into the community.

The service is available to men and women aged over 18 years. The service can accept 23 clients at a time. The service is a private facility, so clients pay a fee to receive treatment and rehabilitation, under a contract between them and Delamere Health.

The service also provides an aftercare service to support clients who have been discharged from the residential programme.

The service is registered to provide the regulated activities:

- accommodation for persons who require treatment for substance misuse and
- treatment of disorder, disease or injury.

It was registered in March 2020 and has a registered manager.

Delamere Health has not been inspected before.

What people who use the service say

We spoke with six clients. All six client's feedback was exceptionally positive.

Clients described staff as very caring and empathetic. Clients told us that staff were always available and friendly.

Clients described the quality of the environment as being very high, likening it to a 5-star hotel with comfortable en-suite bedrooms. Clients were also very complimentary about the food available in terms of the choice and quality of the meals provided.

Clients felt that the service provided person-centred care in the way that it offered choices and staff were open and receptive to suggestions from clients. Clients told us that the programme provided a variety of therapies and activities with clients having choices over which therapies and activities would be most beneficial to them. Clients told us that the support they received at Delamere Health promoted their long-term recovery from addiction.

How we carried out this inspection

We undertook this inspection as part of our commitment to inspect newly registered services.

The team that inspected the service comprised a CQC inspector, a CQC assistant inspector and a Specialist Advisor.

During the inspection visit, the inspection team:

Summary of this inspection

- looked at the quality of the environment
- observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager
- spoke with seven other staff members including the consultant psychiatrist, Outcomes Director and Head of Recovery, nurses, therapists and wellbeing assistants (also known as healthcare assistants)
- attended and observed one group session with clients
- looked at five care and treatment records of clients, which included detoxification programme records
- reviewed the management of medicines and
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The provider should ensure equipment to monitor clients' physical health has been labelled to ensure it has been calibrated so staff are assured that the equipment is working properly, and the readings are accurate.
- The provider should ensure that staff have access to specialist training on a routine and regular basis on physical health and the physical impact of detoxification.
- The provider should prescribe the specialist training required for each role and monitor uptake rates to ensure all staff have appropriate training for their responsibilities.
- The provider should ensure that staff are briefed on the revisions to the provider's complaints policy which has been revised to clarify the CQC's role in complaints.
- The provider should ensure they had fully considered and embedded any organisational learning or changes to prevent a reoccurrence of minor medicines error incidents.

Our findings

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

Good

Substance misuse services

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

Are Substance misuse services safe?

Good

We rated safe as good.

Safe and clean environment

The premises where clients received care were safe, clean, well equipped, well-furnished and fit for purpose. The service was provided in a series of large purpose-built buildings in extensive grounds. The design and décor of the building had been considered to promote a calm therapeutic environment.

All clients had their own well-appointed ensuite bedroom. Four bedrooms had been designed as twin rooms with the ability to use a privacy screen. However, since Delamere health opened, these had only been used as single occupancy to reduce the risks relating to COVID-19 transmission. There was one bedroom on the ground floor which was accessible by clients with restricted mobility. There were communal toilets. Call alarm systems were in place for staff and clients.

The clinic room was slightly untidy on the first day of inspection, but this was addressed by the second day of the inspection. We found cardboard boxes with non-clinical items on the floor of the clinic room and the oxygen tank was stored on the floor rather than in its' wall fixing. When we returned on the second day, managers had ensured the clinic room was tidy and the issues we found addressed. There was now better labelling to access equipment. There were also improvements to the clinic room audits to check and sustain the improvements.

Managers ensured that they carried out the necessary statutory health and safety checks and assessments by external contractors. Annual environmental risk assessments were completed which included fire risk assessments, gas and electric safety assessments, legionella testing and appliance testing. We saw evidence of regular checks and annual maintenance checks. Staff carried out regular environmental checks that identified any required cleaning or maintenance, and then ensured this was carried out.

During the COVID-19 pandemic, Delamere Health continued to admit clients for alcohol detoxification and rehabilitation. Managers had put in control measures to prevent and control infection, including regular testing of staff, staff wearing masks, checking that visitors had a negative lateral flow test, cleaning procedures, and additional staff training. The service had recently had a COVID-19 outbreak and had worked with, and followed advice from, the local public health team to reduce the reinfection rate and were closed to new admissions for a short period.

Good

Substance misuse services

Safe staffing

The service was had enough staff, who knew the clients very well and received basic training to keep them safe from avoidable harm.

The provider had determined the safe staffing levels for the number of clients on each part of the programme. The service was staffed 24 hours a day 7 days a week. The staffing establishment for each shift was two qualified staff member and two support staff during the day and one qualified staff member and one support staff at night. In addition to this there were addiction therapists who ran the programmes and recovery mentors.

The service manager had the authority to increase staffing numbers if needed to suit the needs of the unit. The expected staffing levels included seven qualified nurses and eight support workers as well as a registered manager, operations and clinical director, catering staff, administration staff and domestic staff. At the time of our inspection there were vacancies for 1.5 whole time equivalent qualified nurses. This included one member of staff on maternity leave. However, the unit used regular bank staff to cover shifts. For example, there were two regular bank nurses who used to work at Delamere Health who now offered bank shifts. Staff and clients told us that the staffing levels were sufficient to provide regular one to one time for clients.

The staff sickness rate was low. In the last twelve months it was 2%.

The staff retention rate was 7%. There had been six staff leaving in the 12 months up to the inspection. Reasons for this included returning to general nursing or NHS work, natural progression of career and personal circumstances changing.

Managers ensured that there were enough staff on duty during the period when clients detoxified from alcohol or drugs and required observations. Paid staff were available 24 hours each day.

There had been no shifts where there were not enough staff, and no activities had been cancelled due to staff shortages.

The service had dedicated medical or nursing cover. The lead nurse carried out pre-screening assessment of all clients. Nurses were employed to administer medicines including detoxification medicines and a vitamin injection to all clients when they were detoxifying from alcohol.

There was medical cover provided by a consultant psychiatrist who was a specialist in detoxification. They attended one day per week and were on call the other days. In an emergency, the ambulance service would be used to transfer clients to the local accident and emergency.

Staff underwent appropriate checks to ensure they were of good character. This included managers taking up employment references, checking photo I.D. and disclosure and barring service checks to ensure the suitability of staff working with vulnerable adults.

Most staff had completed mandatory training with 81% of staff up to date with their mandatory training. Staff had completed their mandatory training, which included medicines management, equality and diversity, safeguarding, health and safety, infection control, data protection, moving and handling and basic life support,

Assessing and managing risk to clients and staff

Good

Substance misuse services

Staff screened clients before admission and only admitted them if it was safe to do so. Staff monitored clients for symptoms of alcohol and opiate withdrawal and used recognised alcohol and opiate-withdrawal tools. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

We reviewed five clients' records. The lead nurse screened all clients prior to admission. Each client required a summary letter from their GP for them to be part of the programme. On admission staff took a blood test to check liver function. Staff also routinely gathered information about the client's current physical and mental health, their medical history, and details of any medicines they were taking.

Staff completed a full risk assessment for each client before and after admission. These included risks relating to risks relating to withdrawal complication, relapse, unexpected exit, seizures, forensic history, arson, suicide and self-injury. Assessments were regularly reviewed, and all records contained risk management plans that were up to date. Staff involved each client to make sure that the written risk assessments reflected their views of identifying and managing risk. Records showed dose reductions schedules for clients on detoxification medicines.

Risk assessments and management plans were accessible to all staff. Clients were closely monitored by staff when they were going through the detoxification regime. Staff monitored clients for symptoms of alcohol and opiate withdrawal, using a recognised tool. used Clinical Institute Withdrawal Assessment for Alcohol (CIWA) and Clinical Opiate Withdrawal Scale (COWS) scores regularly to assess how clients were coping with the withdrawal effects. It was therefore clear whether clients were receiving the correct dose of detoxification medicines based on their withdrawal scores. If there were indications that the person was going into withdrawal or suffering significant physical effects, then additional detoxification medicines and/or other medicines were given to manage the risk of an adverse incident alongside increased observations. Staff we spoke with, and records confirmed, that staff were knowledgeable about any adverse symptoms including in the event of a person having a seizure. One significant risk of alcohol withdrawal is seizures. Staff knew what action to take but such incidents were rare in the service.

Staff had protocols to follow if a client drank alcohol in the service (following the detoxification period), or if they wanted to leave. This was individually reviewed and discussed with the client. If a client wanted to return to the programme, this would be individually assessed

All nursing staff had completed emergency first aid training. This included resuscitation and how to respond in the event of an emergency such as a person having a seizure. In the event of a medical emergency, staff would call the emergency services and act under the direction of the emergency call handler until assistance arrived.

Staff implemented restrictions on clients, particularly during the early part of the programme. These restrictions were kept to a minimum and explained to clients before they came and agreed to by clients. For example, clients were not allowed mobile phones during the therapy sessions so that clients could focus on the programme and themselves. Clients did not go out of the building alone without first having undergone a nursing and psychology assessment due to the potential risks to clients in terms of their health and possible relapse. Restrictions were discussed with clients and agreed with them.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Good

Substance misuse services

Most staff had completed safeguarding training with 80% of staff having completed safeguarding training recently. Staff we spoke with were knowledgeable about recognising signs of abuse and knowing when and how to refer to social services' safeguarding teams.

The service had made one safeguarding alert in the previous year and had taken appropriate action to deal with a disclosure by a client. We did not come across any other incidents that would need a safeguarding alert.

Staff access to essential information

Staff had easy access to client information, and it was easy for them to maintain high quality client records.

Assessments, recovery plans and risk assessments were completed on an electronic client record system. All staff had an individual login and password to ensure client information was kept safe and secure.

Medicines management

The service used systems and processes to safely store medicines. Staff regularly reviewed the effects of treatment on each client's physical health.

The service had a robust system to record medicines brought into the service and processes to safely store medicines.

Clients were reviewed by the doctor before starting the detoxification regime. A full medical and drug history were recorded and a copy of the client's medical history. The service obtained baseline blood results before commencing detoxification programmes, mainly to check on liver function. For clients undergoing detoxification, the service reduced the detoxification medicines down each day within set prescribed limits. Staff could increase the dose of detoxification medicines to be administered if clinically indicated. Clients were given a high potency, vitamin intra-muscular injection to correct deficiencies that may have occurred due to clients' alcoholism. It was used to help prevent Wernicke's encephalopathy (a condition which can develop in alcohol dependent clients who are also malnourished), especially during detoxification. Staff kept appropriate records of its' administration. Records indicated that staff checked clients afterwards to make sure there were no adverse reactions such as anaphylactic shock.

The service had an emergency bag to deal with medical emergencies. This included medicines to deal with anaphylaxis and emergency medicine that can reverse the effects of opiates. Staff were trained in its use. It was regularly checked.

When a client brought medicines in such as inhalers or creams, staff completed an assessment on whether the client could self-medicate. Staff reviewed client's medicines regularly and provided specific advice to clients about their medicines. Clients were reviewed by the doctor each week or more frequently if needed.

Staff stored and managed all medicines and prescribing documents in line with the provider's policy. All medicines and prescribing documents were stored securely in the medicines room. Access to the room was restricted to nursing staff. Where clients were prescribed scheduled or controlled drugs, these were stored safely in a secure locked cabinet in the clinic room. A separate controlled drug record was kept, and two staff were involved in the dispensing controlled drugs. A local pharmacy usually disposed on any unwanted medicines including the appropriate disposal of controlled drugs.

Staff followed current national practice to check clients had the correct medicines during treatment. The lead doctor ensured that they had a GP summary before commencing detoxification regimes. Staff used recognised tools to ensure

that clients were protected from the risks of unsafe withdrawal. They used Clinical Institute Withdrawal Assessment for Alcohol (CIWA) and Clinical Opiate Withdrawal Scale (COWS) scores regularly to assess how clients were coping with the withdrawal effects. It was therefore clear whether clients were receiving the correct dose of detoxification medicines based on their withdrawal scores.

Clients were reviewed each week by the doctor and medicines was reviewed daily if needed by the request of the client or nursing staff. Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Staff completed and recorded physical observations. This included routine ECG, blood pressure and pulses recording. The results were then shared with the doctor. We saw that staff proactively reviewed and acted on any physical health concerns. Nursing staff were soon to receive training in interpreting the ECG results rather than them having to be seen by the doctor.

Some equipment to monitor clients' physical health had not been labelled to show it had been calibrated to make sure the equipment was working properly, and the readings were accurate. Managers acted on our feedback and ensured that equipment was labelled to show when it had been calibrated and when it was next due.

Where clients self-administered their medicines, such as inhalers and creams, they had access to a locked safe in their room to store their medicines.

Medicines audits were completed regularly both by nursing staff and through a contract with the pharmacist. We saw that action had been taken to address issues from the last pharmacy audit such as action taken if the clinic room temperatures were above 25 degrees centigrade and moving non-medical items out of the medicine storage cupboards. Most incidents at Delamere Health related to minor medicine errors. Following these incidents staff completed reflective practice to try and prevent a reoccurrence.

Staff were trained in medicine administration. Nursing staff had received briefings on administering naloxone. Naloxone is an emergency medicine that can reverse the effects of opiates. Staff were first aid trained and there was a protocol in place to contact emergency services.

The service had systems to ensure staff knew about safety alerts and incidents, so clients received their medicines safely.

Track record on safety

The service had a good track record on safety. We looked at the incidents that had occurred recently at Delamere Health. All registered substance misuse services were required to submit notifications of incidents to the CQC. Managers had notified us of appropriate relevant events including safeguarding incidents and incidents which involved the police where, for example, clients had gone out and failed to return. There had been no serious incidents in the 12 months prior to our inspection. The provider had notified us of appropriate significant events. These included five incidents where the police were called. Managers had taken appropriate action to ensure these incidents were looked at full.

Staff knew clients well and discussed changes in behaviour and discussed support strategies. Every week staff had detailed case management meetings to discuss each client's progress in depth and it was also used as a forum for reflective practice to ensure any learning was shared.

Reporting incidents and learning from when things go wrong

Good

Substance misuse services

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff understood the types of incidents that should be reported, including safeguarding, accidents, equipment, and medicines incidents. Incidents and lessons learned were discussed at team meetings. Staff told us that they felt encouraged and supported to report and learn from incidents. Staff showed a good understanding of their responsibilities to be open and transparent with clients in relation to care and treatment.

We saw that there were 38 incidents in the three months before the inspection. These included clients taking illicit substances, COVID-19 positive cases and estates issues. The most recorded clinical incidents related to minor medicine errors which accounted for seven out of the 38 incidents. Following these incidents staff completed reflective practice. However, it was not always fully clear from the records we saw that the provider had fully considered any learning beyond the individual member of staff such as organisational learning or changes to prevent a reoccurrence of these incidents. Following the inspection, the provider had amended the reflection statement to include a section on clinical/ organisational changes required and had also amended the timetable to include protected time during medicines rounds to give more time to nursing staff to safely dispense medicines and allow interactions with clients.

There were no recorded incidents of a level that required a formal apology to clients using the service.

Are Substance misuse services effective?

Good

We rated effective as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

We reviewed five care records. All records contained information from each client's GP which included a medical history, medical opinion on whether the client was fit for detoxification, recent blood tests, and current medicines. Prior to admission, the admission team completed a pre assessment questionnaire with clients. Staff completed an assessment of the client's alcohol and illicit substance use, mental and emotional health, physical health, social circumstances, criminal history, and their motivation to change. Each client had a mental health assessment using recognised tools. A senior nurse and/or the consultant psychiatrist screened all clients. Records showed and clients confirmed that they had been involved in the assessment

Staff supported clients with access to physical health services. As clients were only admitted for short periods they remained under the care of their usual GP. However, they were able to use the local minor injuries unit if there was anything the nurses or doctor could not resolve. The local emergency department would be used in the event of a health emergency.

At the start of the detoxification, staff used information from clients about their recent drug and alcohol use, a breathalyser test, and the client's body mass index and physical health to decide on an individualised and clear drug and alcohol reduction regime.

During the detoxification process, clients were closely monitored. Detoxification regimes were tailored to suit the needs of each client. For example, adding supplementary medicines and the number of days the detoxification lasted. Together with the high-dose vitamin injection, these measures ensured that the detoxification process was safe and effective, and the risks were mitigated.

Clients could then undertake a structured programme of rehabilitation. This included group sessions four days a week. The group programme was comprehensive in helping clients understand and change their attitude and behaviour to drugs and alcohol. Each client had regular one-to-one meetings with their key worker to reflect on what they had learned and their progress. Care records also showed that clients met with their assigned key worker regularly to review their plans, maintain commitment to treatment, manage risks and review their goals.

We observed one education session where the clinical lead provided specific group sessions for clients, which included the impact of adverse childhood experiences to support clients to understand its effects. The session had a clear structure and objectives. Staff encouraged clients to share personal experiences to inform the discussion and make the session meaningful. Each session was supported by workbooks to provide information on the theoretical underpinning for the session and work for the client to complete to provide individualised strategies and discussions for overcoming addiction.

Throughout the inspection, we observed staff to be empathic and non-judgmental with clients. Clients told us that the programme provided an excellent start on their road to recovery which provided education on how to deal with addiction and manage thoughts and behaviours.

All the clients had an up-to-date person-centred recovery goals on their care record. Clients wrote their own recovery goals with support from their key worker, and these were regularly reviewed together. If clients completed the programme, they 'graduated,' and staff and clients celebrated their journey towards overcoming addiction.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. All staff were actively engaged in delivering therapeutic activities to monitor and improve quality and outcomes for clients.

The bespoke programme of rehabilitation at Delamere Health was developed by a core group of staff who had worked in, and had lived experience of, addiction. There were three distinct stages to the programme – stop, start and grow.

- The 'stop' part of the programme included detoxification from drug and alcohol addiction, attending to the physical aspect of recovery and settling into the environment at Delamere Health.
- The 'start' part of the programme included the rehabilitation element which also looked at the triggers to addictive behaviour and the problems, grief or trauma that may have led to addiction in the first place.
- The grow element looks at the meaningful recovery through setting goals and boundaries to overcome addictions in the longer term.

Each client had a separate care plan for each stage of the programme that they had started. These were individualised and detailed. At the time of the inspection, there were 15 clients. Two clients were in the stop phase; seven in the start phase and five in the grow phase – one further client had been admitted to hospital for investigations following concerns relating to ongoing physical health checks. The programme continued to develop based on experience of working with clients and their feedback.

The structured recovery and rehabilitation programme which included psychosocial interventions. The start programme residential and recovery aspect of the service was consistent with national guidance. There was a group programme with therapeutic groups running for on a set weekly timetable. The group programme included elements of education, reflection, mindfulness, psychological approaches to managing addiction and relapse prevention to help clients understand and change their behaviour. The content and delivery of the group sessions followed best practice guidance from the National Institute for Health and Care Excellence (CG 51: drug misuse in over 16s: psychosocial interventions). Sessions were designed and delivered by Delamere Health staff. Staff had a variety of personal experience and formal training that gave them the skills to provide the recovery programme. Staff provided a range of care and treatment interventions suitable for the client group. The service had good completion rates with 91% of people completing the rehabilitation programme.

Clients had four formal meeting with staff each week. These meetings were clearly documented in clients' notes and covered topics such as general wellbeing and progress towards personal goals.

Clients using services told us that staff were available to speak to at any time, including evenings and at night. Managers or senior staff had completed audits of care records monthly. There was a standardised audit tool including sampling care records to check for the presence and quality of records relating to items such as assessments, care plans, mental health, physical health, risk assessment, consent and service user involvement. Recent audits showed high levels of compliance. This was corroborated by our check of the records.

Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives. The programme included education on healthy living and eating to overcome cravings. The service also offered initial sexual health screening kits to all clients and staff to enable them to access treatment through a partnership with the local sexual health screening service. There were also a range of complementary therapies provided as an essential part of the programme including mindfulness, yoga and equine psychotherapy which is a solution-focused model where client work with horses to talk more openly and tackle stressors.

The service was reviewing its approach to sending data to the National Drug Treatment Monitoring System (known as NDTMS) Independent providers of drug and alcohol treatment are not required to contribute to the NDTMS but are invited to submit data. Managers had met with the local NDTMS team to discuss sending data.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Most of the staff had significant experience of working with clients with a history of addiction. Many staff had lived experience of alcohol or drug addiction. Staff we spoke with were knowledgeable and experienced about working with people with addictions. Staff were skilled at meeting clients' needs, working alongside them, managing the detoxification process and at delivering the rehabilitation programme.

The service employed counsellors, nurses and a consultant psychiatrist. The nurses and consultant psychiatrist worked together to prescribe, administer and monitor for clients including the detoxification regime, routine medicines while in rehabilitation and the high dose vitamin injections during the alcohol detoxification period. Together with counsellors, they supported specific parts of the education programme. We saw evidence of staff supporting clients to have health investigations for newly identified and longstanding physical health needs.

Managers made sure that staff had the range of skills needed to provide high quality care. Managers worked closely to ensure that staff provided high quality education and psychosocial interventions to clients. Staff had role-specific job descriptions, which clearly set out the required competencies. Competency was assessed at interview, before completion of probationary periods, then individualised plans were in place for continuing professional development, monitored through supervision and annual appraisals. The service also began to offer vocational placements to nursing students.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Supervision occurred on a regular twice-monthly basis. Data from the provider and staff confirmed that they all staff had received a recent supervision in line with the provider's policy.

Staff received an annual appraisal each year. Staff told us they were well supported and had received a recent appraisal.

There were regular team meetings to share information, identify areas for improvement and plan service development. The doctor ran regular briefing sessions on various topics including detoxification, epilepsy, diabetes management and the physical processes occurring for addiction. The provider had not yet developed a programme of specialist training on a routine and regular basis on physical health and the physical impact of detoxification. This was because Delamere Health had opened in March 2020 and during most of this time, there had been a COVID-19 pandemic. Following the inspection, managers had reviewed its' training offer with 12 core modules that must be undertaken by all contracted team members regardless of job role or contracted hours. Further modules could then be issued to individual team by their direct line manager based on knowledge gaps and role-specific competency requirements. Following the inspection, the provider had also developed and delivered a session on the physical effects of addiction and detoxification.

Managers provided an induction programme for new staff. Staff told us they felt valued they went induction when they started working in the service. As well as a comprehensive induction, new staff learned by shadowing and reflecting with more skilled and experienced staff.

Multi-disciplinary and inter-agency teamwork

Staff worked together as a team to benefit clients and enhance the client experience. They supported each other to make sure clients had no gaps in their care. Staff from different disciplines worked together to provide the programme. There was a pre-admission team that dealt with referrals and helped make sure that all the relevant information was captured to decide whether clients were suitable for detoxification and rehabilitation at Delamere Health. The nurses and doctor screened people before admission with information from the clients GP. This allowed the team to ensure the detoxification plan was individually tailored to meet the needs of the client.

The team had effective working relationships with relevant services outside the organisation. For example, staff worked with the local NHS trust to offer sexual health screening to clients who wished to be screened. Where appropriate, staff had appropriate contact with staff from clients' mental health or substance misuse team where this was applicable, as well as social services, and criminal justice services.

Good

Substance misuse services

Staff and the aftercare team worked with clients at the grow phase of the programme to enable clients to continue with their recovery. This ensured that clients had an aftercare plan so there was a clear plan in place prior to the client leaving the unit.

Staff signposted clients to other organisations to ensure clients' recovery from addiction was sustained on discharge. As well as the weekly online aftercare offer, the service kept details of local recovery community and services. These included local peer support groups and support services. The service empowered and supported clients to access advice and mutual aid in the community.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

The provider had recently updated its Mental Capacity Act policy to provide better guidance to staff on the specific situations that arise at Delamere Health.

Most staff had received mandatory training in the Mental Capacity Act with a compliance rate of 69% of staff completing annual training as of March 2022. The provider had arranged an all colleague seminar on the Mental Capacity Act in May 2022 so the training compliance figure would improve further.

Staff explained that clients would not be admitted to if they lacked capacity to consent to the programme. Clients could visit the service before they started the programme. This helped them make an informed decision about whether the programme was right for them. Before clients agreed to come into the service, they consented and agreed to the rules of Delamere Health. All clients had signed their consent to treatment and storing and sharing of information. This was reviewed, especially after clients completed detoxification.

Clients we spoke with understood their treatment and care, and had made informed choices about the necessary restrictions, such as limited access to their mobile phones to promote attendance on the programme. They knew that they were free to leave at any time.

Staff described incidents where someone may have temporarily lacked capacity (for example, when intoxicated or going through detoxification), and how they had waited to discuss treatment decisions at another time.

Are Substance misuse services caring?

Good

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

Feedback from people who use the service was positive about the way staff treat clients.

Good

Substance misuse services

We spoke with six clients. All six client's feedback was exceptionally positive. Clients stated that the service was person-centred and non-judgemental. Clients described staff as very caring and empathetic. Clients told us that staff were always available and friendly.

Clients described the quality of the environment as being very high, likening it to a 5-star hotel with comfortable en-suite bedrooms. Clients were also very complimentary about the food available in terms of the choice and quality of the meals provided.

Clients felt that the service provided person-centred care in the way that it offered choices and staff were open and receptive to suggestions from clients and acted on their feedback. Clients told us that the programme provided a variety of therapies and activities with clients having choices over which therapies and activities would be most beneficial to them. Clients told us that the support they received at Delamere Health promoted their long-term recovery from addiction.

Staff were motivated to offer care that was kind and promoted people's dignity. Relationships between clients and staff were caring, respectful and supportive. During our inspection, we saw positive interactions between clients and staff, with staff always being polite and respectful. We saw staff being very caring and supportive to clients

Staff respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. The six clients we spoke with said staff treated them with dignity and respect. Clients appreciated that many staff had been through the programme themselves as staff empathised with them.

Clients we spoke with who were nearing the end of the programme highlighted the offer of attending after care groups at the service to maintain abstinence and support recovery.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support. Staff informed and involved families and carers appropriately.

Client's individual preferences and needs were reflected in how care was delivered. For example, staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Clients told us they were always given options about their treatment. The service was person-centred, and staff were all committed to involving clients in their recovery.

Clients gave positive feedback on the groups provided by the service. Clients completed a feedback questionnaire at the end of the programme. In the questionnaires we saw clients rated the service as very good or excellent.

The service involved clients to make decisions about important aspects of how the programme was run, the emphasis and how their leisure time was spent. Clients were involved in the day to day running of the service. Daily reflective meetings were held to give clients an opportunity to talk about any issues that affected the community and to air their views and ideas.

Good

Substance misuse services

Clients valued their relationships with the staff team and felt that they met or exceeded expectations when providing care and support. Staff we spoke with were committed to providing high quality care that helped clients take back control after many years of addictions.

Clients were actively supported to maintain contact with families during their stay. Clients were also actively supported to develop their relationship to embed their recovery and promote independence. Staff were looking to start more structured family based groupwork to help carers understand alcohol addiction and their role in supporting recovery.

On completion of the programme, clients had the opportunity to receive support from an online aftercare programme. The aftercare team worked with ex-clients on their terms to ensure they received appropriate person-centred recovery.

Are Substance misuse services responsive?

Good

We rated responsive as good.

Access and discharge

The service was easy to access. Clients could refer themselves to the service. The service had a website which included all the details of the programme, and information and videos on what to expect. It also included an opportunity to talk to a designated admissions team to discuss the programme further. Potential clients were invited to visit the service so that they could talk with staff and other clients. These measures enabled clients to understand fully what the programme entailed and to make fully informed decisions about and whether it was the right choice for them

Admissions were all planned and there were no emergency detoxifications or admissions. When a client had been assessed, they were considered for admission at a date that was convenient to them. The service accepted self-referrals from across the UK; most of the current clients came from the north west and central England area.

Staff supported clients who left in an unplanned way to access services in their local community to try and prevent a return to addiction. This included signposting to drug and alcohol treatment services, housing services, mental health services and treatment for physical health. The service had good completion rates with 91% of people completing the rehabilitation programme.

Staff supported clients on discharge according to their individual needs. The service discharged most clients after 28 days, but clients could extend their stay, provided they had an identified need and had the funds to pay for this. During this time, clients had bespoke individualised support plans to ensure that their recovery was fully embedded and provide practical support. Prior to the end of the programme, clients worked with their key worker to establish a plan for when they come to leave Delamere Health.

The service had an aftercare offer with an online weekly group which continued to support clients for up to 12 months after they left the centre.

The facilities promote recovery, comfort, dignity and confidentiality

Good

Substance misuse services

The design, layout, and furnishings of Delamere Health supported clients' treatment, privacy and dignity. The service was in a purpose-built environment consisting of three main buildings – a welcome building which included a large communal area, gym and the dining room; the therapies building where most 1:1 work and group work occurred and an accommodation building where clients' bedrooms were. The buildings looked onto a pleasant well-maintained courtyard where complementary therapies such as yoga and breathing techniques were carried out. Each client had their own well-appointed en-suite double bedroom. The rooms locked and each room had a personal lockable safe where clients could keep their personal belongings safe. There was a choice of rooms from twin rooms, double bedrooms and suites which included a balcony area and a bath. There were quiet rooms and areas for privacy. One room on the ground floor was equipped to accommodate disabled clients.

During the day, clients accessed the onsite group and therapy rooms. There was a range of activities and workshops including equine therapy, yoga, gym, mindfulness and breathing techniques. There was a range of equipment available for recreational activities including a table tennis table, musical instruments, books, and board games. The service had a fully equipped gym with a range of exercise equipment.

The service was in large, well-maintained grounds so clients regularly went for a walk in wildflower meadow or in the woods within the grounds. There was a smoking shelter and outdoor seating areas.

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Clients were encouraged to maintain relationships with families and carers. Families were invited to meet with clients and their therapists as part of the start programme.

Staff encouraged clients to access positive and meaningful opportunities in the community with social, recreational and educational activities. The group programme included a community activity day each week to the equine psychotherapy project. Clients chose where they would like to go, and staff supported their choices. This included activities in the local community such as going for walks in the local area or going to the shops.

The aftercare service helped ex-clients to improve their everyday skills, leisure activities and support to get their lives back on track such as signposting to services to improve their employability.

Meeting the needs of all people who use the service

The building was accessible to clients who used wheelchairs or had limited mobility. There was level access into each the building and each building had an accessible disabled toilet. There was a lift to the upper floor of the accommodation building, and a fully modified en-suite bedroom on the ground floor.

Clients had a choice of the gender of staff that provided most of their care. Clients could request a key worker of a gender depending on who they felt comfortable talking. The provider completed a dignity audit which checked that clients were aware of this offer and it was recorded. The audits showed good adherence.

The service ensured that it worked flexibly to meet the needs of clients with different needs. For example, one client couldn't write and was supported in submitting their daily journal and assignment work via recording into a dictaphone. Managers ensured staff received training on working with non-binary and transgender clients. This enabled staff to have greater awareness and use preferred pronouns appropriately throughout two recent clients' treatment.

Food was cooked onsite, and the chef was aware of client's preferences. The chef proactively adapted the meals to ensure that meals were nutritious. Food was provided to meet client's dietary and cultural needs and preferences.

Clients achievements were celebrated in the service. Clients who had successfully completed their recovery programme attended a graduation ceremony.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service

The provider had a recording system to fully evidence the complaints that had been received. There had been two formal complaints in the year up to this inspection. We saw that the service had worked to investigate these complaints and provide appropriate responses in a timely manner.

Clients were given information about how to complain as part of their orientation to the service, and there was information about how to complain on display. Staff were familiar with the complaints process.

The provider's policy informed clients incorrectly about CQC's role in complaints. It stated that clients had a right to take their complaint to the CQC. However, CQC cannot get involved in individual complaints in this way. The provider's policy also explained that if clients were not happy, they should take their complaint first to the registered manager and then the managing director. At the time of our inspection, these roles were held by the same person so it was not clear how the service would manage second-tier complaints. Following the inspection, managers reviewed their complaints policy, were in the process of appointing a new registered manager and had joined the independent sector complaints adjudication service scheme.

Clients told us they were able to raise concerns or complaints if they wished and were confident that managers would treat their complaints seriously. Clients had a daily reflective meeting at the end of each day which included a forum where clients could raise any problems.

The provider also had a feedback form that clients could complete at any time during their stay. These were many positive comments; on some occasions, clients highlighted minor issues, but these were resolved very quickly. For example, clients had commented on the noise from the table tennis table at night so staff had worked with clients to come to agreement about the use of the table tennis table. Clients were also able to raise issues or concerns in their one-to-one sessions with staff. Clients were encouraged to talk with one another if they had problems, as part of the programme for developing the ability to work and negotiate with others. Clients were also encouraged to post reviews online with most reviews being positive.

Managers kept many examples of thank you cards from clients since the service opened with clients expressing their compliments and thanking staff for supporting their recovery.

Are Substance misuse services well-led?

Good

We rated well-led as good.

Good

Substance misuse services

Leadership

The service was well led. Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

The senior leadership team consisted of a chief executive and a clinical director supported by an operations director and an outcomes director/head of recovery. As a team they had a clear understanding of what they did well and the issues, challenges and priorities in their service. The chief executive carried out both roles of registered manager and nominated individual on a temporary basis. The service had recently promoted a registered manager who was in the process of applying to the CQC.

Leaders demonstrated an in-depth understanding of the client group and the impact supporting clients with complex issues could have on staff. The management team were visible and approachable for clients and staff. On inspection, we saw them speaking to clients on first name terms.

Leaders ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients. All staff told us they felt very well supported by peers and the management team.

Delamere Health had developed a bespoke person-centred and meaningful recovery programme. strong leaders with a clear focus on providing high-quality, person-centred service delivery. The staff team understood how this was delivered through their service. The service was supported by the provider's board to ensure the safe running of the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The leadership team had a shared purpose of making sure they provided truly person-centred recovery and strived to deliver very high-quality bespoke services. Strategies were in place to ensure and sustain delivery and to develop a positive open culture.

Staff were committed to working with clients to promote independence throughout the programme and worked to positively impact on thought processes, enabling clients to take control of their own actions and emotions.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

The staff had high levels of satisfaction. They were proud of the organisation as a place to work and spoke highly of the culture.

Staff we spoke with told us they were very well supported by the managers and felt they worked within a caring and supportive staff group.

Staff appraisals included discussions about professional development. Staff were supported for their own physical and emotional health needs.

Staff at all levels were encouraged to speak up and raise concerns. Staff told us the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well. Staff collected and analysed data about outcomes and performance.

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and were up to date. There were systems in place to check performance and compliance with the assessment, planning and evaluation of clients care and treatment. This included benchmarking against the standards we look at. Any staff member could locate the provider's benchmarking tool and the evidence which best showed the assessment to enable staff to engage in the quality improvement process.

There were very effective ways of monitoring the service and routes for raising improvement suggestions and concerns. This was all passed through 'The Hive' which was the provider's governance system. 'The Hive' consisted of a suite of files to show how improvements had been made within a designated room which staff could access. Staff, clients and other stakeholders were encouraged to pass improvements and suggestions through 'The Hive' and each idea would be processed through the appropriate team or level of the organisation and changes made would be captured back in 'The Hive'. For example, following the success of a drumming workshop, the provider bought some drums and made it a regular feature of the programme. The provider also made the family session within the programme longer to enable clients and their families to have longer to talk about their recovery journey. Managers also ensured that there was a designated telephone number for family members to contact the service.

Managers completed a range of audits to ensure that the service was safe and effective such as health and safety, cleanliness, involvement and care file audits. There was evidence taken to address any shortfalls identified in the audits. Staff could identify improvements. For example, improved care planning on individual files following a care plan audit and ensuring the details of the local safeguarding team was more visible following a safeguarding audit.

All staff had received the appropriate training and regular supervision. Staff had a good understanding of safeguarding to ensure clients received safe care. Staff compliance with mandatory training was recorded on a matrix. Supervision and appraisal records were clear and accessible.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a strong commitment to best practice performance and risk management with problems identified and addressed quickly and openly. There was a clear quality assurance and performance framework in place.

Each resident had a personal risk assessment which was updated regularly. Staff members were given responsibilities for management of risks and performance. For example, nursing staff were responsible for medicines and clinic compliance.

Managers had good systems to ensure that health and safety and building risks were managed and monitored. Minor maintenance issues were addressed very quickly.

The staff team had monthly performance management supervision and annual appraisals.

The service had plans for emergencies such as business continuity plans. Where there had been isolated incidences of COVID-19 and staff or clients were self-isolating, staff delivered groups and classes online to enable clients to continue with the programme.

Information management

Information used in reporting, performance management and delivering quality care was used to drive and support internal decision making as well as system-wide working and improvement.

The team had access to the information they needed to provide safe and effective care and used that information to good effect. All staff had access to the electronic care record system, through their own individual login and password. The provider had a bespoke electronic client record system which followed the programme, so it was easy to see at which stage clients were at in their recovery journey – stop, start or grow. Staff were positive about the electronic care record system as being easy to use.

Paper records were stored securely in staff-only areas. Staff received and shared information with other professionals, such as GPs, when necessary and with client's consent. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

Engagement

Services were developed with the full participation of clients and staff as equal partners. Leaders gathered feedback from clients, and there was a demonstrated commitment to acting on feedback.

Staff, clients and carers had access to up to date information about the work of the service though the internet, leaflets and social media platforms. Clients and staff held daily community meetings at which they could give feedback about the service.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Managers encouraged clients to leave reviews on social media platforms so that other people could view their comments. Forty-six reviews have been left with an average score of 4.4 out of 5 stars given by ex-clients.

Learning, continuous improvement and innovation

The service had a strong established approach and commitment to innovation and improvement. The hive ensured that anyone could highlight and escalate an issue and it would then be considered appropriately for service improvement. The service had recently had a senior leadership away day to consider and develop the service and its' programme including developing new initiatives which included a new staff scheduling tool.

The design of the building had won an architecture award for its environment with judges praising its exceptional function and innovative style.

Good

Substance misuse services

The service had recently met with academic organisations to look into evaluating its' outcomes in a robust way including measuring client's recovery capital which were the resources necessary to initiate and sustain recovery from substance use.