

Steps Together Rehab - Chestnuts

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

Summary of findings

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 rated Steps Together Rehab as good because:

All clinical premises where clients received care were safe, clean, well equipped, well furnished and well maintained.

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.

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

The service met the needs of all clients, including those with a protected characteristic or with communication

support needs. 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.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. 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.

However;

Managers did not ensure that all supervision was recorded as per the provider's policy.

Managers were unable to provide evidence of a risk register, we were therefore not assured that risks were adequately monitored and mitigated.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	

Summary of findings

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Good 

Steps Together Rehab- Chestnuts

Services we looked at-

Residential substance misuse services

Summary of this inspection

Background to Steps Together Rehab - Chestnuts

Steps Together Rehab – Chestnuts registered with CQC in March 2019 and opened in April 2019. It is one of two registered locations under Steps Together Rehab Limited.

It provides the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Treatment of disease, disorder or injury

Steps Together Rehab - Chestnuts has a CQC registered manager and an accountable controlled drugs officer.

Steps Together Rehab - Chestnuts is a 15-bedded mixed gender residential substance misuse service providing detoxification and rehabilitation interventions, called

Chestnuts. The service offers an abstinence-based programme that includes a structured day, group-based interventions, educational workshops, mutual aid, 12 step and Self-Management and Recovery Training, and discharge and relapse prevention plans. Length of stay ranges from seven days to 12 weeks.

All clients at Steps Together Rehab - Chestnuts are self-funded and choose to receive treatment at Chestnuts. When we inspected, Chestnuts had 11 clients admitted.

This was the first inspection of Chestnuts, Steps Together Rehab Leicester.

Our inspection team

The team that inspected the service comprised three CQC inspectors and one specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited the service looked at the quality of the treatment centre environment and observed how staff were caring for clients;
- spoke with six clients who were using the service;
- spoke with the registered manager, chief executive and deputy chief executive;
- spoke with six other staff members; including support workers, therapists, catering and medical staff;
- received feedback about the service from 16 clients;
- attended and observed one flash meeting;
- looked at four care and treatment records of patients;
- carried out a specific check of the medication management and reviewed eight medicine charts; and

Summary of this inspection

- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients at Chestnuts. Clients told us that the environment was always clean, and the furnishings were of good quality. They said that staff treated them with dignity and respect and were always available when they needed support.

Clients reported that the food was consistently of good quality and the variety of therapies and social activities was good.

We looked at 16 feedback forms, 15 of which were overwhelmingly positive. One client said that they would not recommend the service but did not give details as the reason why.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires good because:

All clinical premises where clients received care were safe, clean, well equipped, well furnished and well maintained.

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

Staff screened clients before admission and only offered admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

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.

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff had easy access to clinical information and it was easy for them to maintain clinical records.

The service had a good track record on safety. 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.

Good



Are services effective?

We rated effective as good because:

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.

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.

Good



Summary of this inspection

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff and provided opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

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.

However;

Staff reported they received regular supervision, however in two out of the four staff files we reviewed supervision had not been recorded as per the providers supervision policy. One member of staff had taken emergency leave and the other had not recorded that clinical supervision had taken place.

Are services caring?

We rated caring as good because:

Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

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.

Good



Are services responsive?

We rated responsive as good because:

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Good



Summary of this inspection

The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

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.

Are services well-led?

Good



We rated well-led as good because:

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.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

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.

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

However;

Managers did not ensure that clinical supervision was recorded as per the provider's policy.

Managers were unable to provide evidence of a Chestnuts specific risk register, we were therefore not assured that risks were adequately monitored and mitigated.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service provided staff with Mental Capacity Act training as part of mandatory training requirements. Records showed that staff had completed this training, or that new staff were booked to receive training.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge in relation to substance misuse and intoxication.

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.

Staff recorded a client's capacity to consent to treatment during the admission assessment. We saw this recorded in all the care and treatment records we reviewed. A further assessment of capacity was made and recorded prior to clients commencing the therapy programme. This was to consent to participation in the therapy programme.

Staff assumed that clients entering treatment at Chestnuts had capacity and clients were required to consent to receiving treatment. Staff described how they would give clients assistance to clients to make a decision for themselves, or delay making a decision if the client was intoxicated.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Good 

Safe and clean environment

Safety of the facility layout

The service provided ground floor bedrooms and therapy rooms.

Maintenance, cleanliness and infection control

The environment was safe, clean, well maintained and fit for purpose. Staff adhered to infection control principles, including handwashing and the disposal of clinical waste.

Safe staffing

Staffing levels and mix

The service had enough skilled staff to meet the needs of service users and has contingency plans to manage unforeseen staff shortages.

The number and type of staff matches this number on all shifts.

The service had cover arrangements for sickness, leave, vacant posts etc, which ensured patient safety. The service used bank staff which they block booked to ensure consistency of care for clients. The Chestnuts did not use agency staff.

We saw a proactive approach to anticipating potential future problems including staffing levels and staff absence.

Vacancy levels were low. We were told there was one nurse vacancy and one support worker vacancy.

Mandatory training

The service provided staff with mandatory training. This covered 13 areas including fire safety, infection control, the Mental Capacity Act, and basic life support. Records showed compliance rates of 84% and identified when staff were booked to receive any outstanding training.

Assessing and managing risk to patients and staff

Staff completed a pre-admission assessment form with clients enquiring about accessing the service. As well as substance misuse the assessment included risk of suicide, mental health and offending. Senior staff reviewed pre-admission information and could refuse admission of clients assessed as high risk. We reviewed four records, all contained a completed pre-admission assessment and detailed how this information had been shared with the service's admitting psychiatrist.

Staff were able to recognise and respond to warning signs and deterioration in people's health. We saw examples of where staff completed physical observations and withdrawal charts in accordance with instructions from the admitting psychiatrist. Emergency equipment and medication was available and was checked on a regular basis.

Management of patient/service user risk

Clients were made aware of the risks of continued substance misuse and harm minimisation safety planning was an integral part of recovery plans.

Use of restrictive interventions

Residential substance misuse services

The service reported no incidents of the use of restraint in the six months prior to this inspection. Staff received training in de-escalation techniques as part of people handling training.

Safeguarding

The Chestnuts had an up to date safeguarding policy and compliance rates for safeguarding training was 100%.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010.

Staff worked effectively with other agencies to promote safety including systems and practices in information sharing.

Staff implemented statutory guidance around vulnerable adult and children and young people safeguarding and all staff are aware of where and how to refer on as necessary.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies.

Staff access to essential information

The Chestnuts use paper client records which were stored securely in a locked office only used by staff.

Staff did not routinely record a client's full details on the capacity and intoxication form, we raised this with the manager at the time of inspection. Information received after the inspection confirmed that this was a systems issue which has now been rectified.

Medicines management

The service had policies, procedures & training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medication.

Staff completed medicines reconciliation checks during the pre-admission assessment and then on admission when clients were required to present prescribed medicines in labelled boxes.

Staff reviewed the effects of medication on patients' physical health regularly and in line with The National Institute for Health and Care Excellence guidance, especially when the patient was prescribed a high dose medication.

Track record on safety

The Chestnuts had reported one serious incident in the period leading up to this inspection. This related to an observed fall resulting in serious injury. We saw learning and actions taken following the incident to prevent future occurrence.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them.

Staff we spoke with demonstrated their roles and responsibilities for reporting incidents, who are encouraged to do so and who report in a consistent way.

Staff understood the duty of candour. They were open and transparent, and gave people using the service and families a full explanation when something goes wrong. Learning from incidents was discussed at the monthly staff meeting.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff completed a comprehensive assessment on admission in a timely manner.

Staff developed care plans that met the client's individual needs identified during assessment.

Recovery plans identified the client's key worker and lead therapist

Client's individual needs and recovery plans, including risk management plans, were regularly reviewed. Staff updated care plans when necessary.

Staff developed a risk management plan for those people identified as being at risk that included a plan for unexpected exit from treatment.

Best practice in treatment and care

We reviewed four client records. Staff provided a range of care and treatment interventions suitable for the patient

Residential substance misuse services

group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. These will include medication and psychological therapies. These included cognitive behavioural and social network approaches to relapse prevention. The programme also included recovery approaches from 12 Step and Self-Management and Recovery Training. Clients attended both Alcoholics Anonymous and Narcotics Anonymous meeting both locally and near their home.

Clients at the Chestnuts remained registered with their own general practitioners. Staff registered them locally with a GP when blood tests or additional physical health investigations were needed. Admitting psychiatrists made themselves available to review blood test results, and physical health investigations.

Staff supported patients to live healthier lives, for example, through participation in smoking cessation schemes, healthy eating advice, managing cardiovascular risks, screening for cancer, and dealing with issues relating to substance misuse.

Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans with the person using the service. Staff used recognised rating scales to assess and record severity and outcomes with clients. This included the Alcohol Use Disorders Identification Test, the Clinical Institute Withdrawal Assessment for Alcohol, and the Clinical Opiate Withdrawal Scale.

Skilled staff to deliver care

Steps Together Rehab provided all staff with a comprehensive induction.

Service provided and ensured that all staff have completed mandatory training.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge.

Managers ensured that robust recruitment processes were followed.

Staff reported they received regular supervision, however in two out of the four staff files we reviewed supervision had not been recorded as per the providers supervision policy. One member of staff had taken annual leave and the other had not recorded that clinical supervision had taken place.

We saw evidence that poor staff performance was addressed promptly and effectively.

Managers recruited volunteers where appropriate, trained and supported them for the roles they undertook.

Multi-disciplinary and inter-agency team work

Staff provided examples of when they had contacted teams outside of the service for information or support. We saw staff from the local community health trust supporting a client with complex health needs.

Key workers were clearly identified, and clients told us that they had regular 1:1 time with their key worker and therapist.

Service had weekly multi-disciplinary team meetings.

Recovery plans included clear care pathways to other supporting services and agencies.

Good practice in applying the MCA

The Chestnuts had a policy on the Mental Capacity Act which staff are aware of and could refer to.

Clients were supported to make decisions where appropriate and when they lack capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history. Staff described how they would give clients assistance to make a decision for themselves, or delay making a decision if the client was intoxicated.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Are residential substance misuse services caring?

Kindness, privacy, dignity, respect, compassion and support

Residential substance misuse services

We observed one therapy group, staff demonstrated compassion, dignity and respect.

We observed staff interactions with clients that were respectful, polite, and demonstrated that staff knew clients as individuals.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences.

Staff supported clients to understand and manage their care, treatment or condition.

Staff directed clients to other services when appropriate and, if required, supported them to access those services.

The service had clear confidentiality policies in place that are understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

The service had a record that confidentiality policies have been explained and understood by people who use the service.

Involvement in care

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties.

The service supported access to appropriate advocacy for people who use services their families and carers.

Each person using the service has a recovery plan and risk management plan in place that demonstrates the person's preferences, recovery capital and goals.

Staff engaged with people using the service, their families and carers to develop responses that meet their needs and ensures they have information needed to make informed decisions about their care.

Staff actively engaged people using the service (and their families/carers if appropriate) in planning their care and treatment.

Involvement of families and carers

Staff enabled families and carers to give feedback on the service they received via feedback forms and community meetings.

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

Good 

Access, waiting times and discharge

All care and treatment delivered was self-funded by clients. No external organisations or NHS trusts commissioned services from Chestnuts.

The Chestnuts took referrals from across the country. GPs could make referrals and clients could self-refer. The service's website directed clients with an interest in accessing the service to a free admissions team telephone number. Staff reported that, for clients assessed as suitable for Chestnuts, admission could usually be facilitated within 24 hours of receiving an initial enquiry.

Discharge and transfers of care

The treatment contract at Chestnuts described rule breaches that would result in immediate discharge from the service, and those that would result in a formal warning. Staff described how they would safeguard clients who had breached the rules necessitating in discharge, for example providing a bed overnight at the Chestnuts until they could liaise with the clients identified contact.

Staff assessed a client's risks of unplanned exit from treatment or self-discharge from the service. Staff provided clients with discharge against medical advice documentation that included harm reduction information to increase client safety in the event of relapsing. Discharge planning commenced when the client entered the service and identified recovery resources close to the clients place of discharge.

The service offered an aftercare service lasting for one year. This was available to all clients that had completed their chosen programme and remained abstinent.

If required, staff supported clients during referrals and transfers between services. For example; if they required treatment in an acute hospital.

The facilities promote recovery, comfort, dignity and confidentiality

Residential substance misuse services

Clients had their own bedrooms and were not expected to sleep in bed bays or dormitories.

Patients'/service users' engagement with the wider community

Staff supported clients to maintain contact with their families and carers.

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Clients were actively encouraged access to the local community and activities.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. LGBT, BME, people experiencing domestic abuse and sex workers and offer appropriate support.

The Chestnuts did not have a waiting list at the time of inspection.

Listening to and learning from concerns and complaints

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

The service had reported no formal complaints in the period leading up to this inspection.

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

Are residential substance misuse services well-led?

Good 

Leadership

Leaders had the skills, knowledge and experience to perform their roles.

The Chestnuts has a clear definition of recovery and this is shared and understood by all staff.

Managers provided clinical leadership and had a good understanding of the services they managed.

Leaders were visible in the service and approachable for clients and staff.

Vision and strategy

Staff demonstrated an understanding of the vision and values of the team and organisation and what their role is in achieving that.

Managers had ensured that all staff had a job description.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

Staff told us they felt respected, supported and valued and that morale was high.

Staff we spoke with said they can contribute to developing the service and that they feel positive, satisfied and there are low levels of stress within the team.

The service had a bullying and harassment policy, they reported no cases of bullying or harassment in the period prior to this inspection.

The service had arrangements in place to support staff with their own physical and emotional health needs. Staff had access to an external occupational health company.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression, for example supporting staff to undertake NVQ qualifications.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

Managers had developed a range of governance policies, procedures and protocols specific to this service.

There was a clear framework of what must be discussed at a facility, team or company level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff had implemented recommendations from incidents for example environmental changes following a fall.

Residential substance misuse services

Managers did not ensure that staff recorded all supervision as per the provider's policy.

Staff undertook or participated in local clinical audits.

Managers ensured data and notifications were submitted to external bodies and internal departments as required.

Management of risk, issues and performance

There was a quality assurance management and performance framework, which was reviewed at the monthly governance meeting this included monitoring sickness and absence, vacancy and turnover rates.

The service did not have a specific Chestnuts risk register in place at the time of the inspection.

Managers demonstrated plans for emergencies and that were being reviewed and updated. This included continuity plans for fire, flood, and building catastrophe.

Information from the provider did not identify any cost improvement initiatives that would compromise client care.

Information management

Chestnuts had a dedicated administrator who supported the service.

Staff had access to equipment and information technology needed to do their work. For example; telephones and access to computer terminals.

The service had a confidentiality policy in place to guide staff practice, and staff completed information governance training as part of mandatory requirements. Staff stored care and treatment records securely in a locked office only accessible to staff.

Managers used indicators to gauge the performance of the service. This included staff training, admission rates, treatment completion rates, and the exit questionnaires of clients treated at Chestnuts.

Managers ensured staff made notifications to external bodies as needed.

Engagement

Managers ensured staff, clients and carers had access to up-to-date information about the work of the provider and the services they used via the company website and membership packs given to clients on admission.

Managers actively encouraged clients and carers to give feedback on the service they received in a manner that reflected their individual needs.

Patients and staff could meet with members of the provider's senior leadership team to give feedback.

Learning, continuous improvement and innovation

Managers told us they were passionate about developing the service and were committed to involving staff and clients in process. Clients told us they were regularly asked how the service could improve.

The service was not participating in research, and staff did not identify any specific innovations were taking place.

The service had a programme of clinical audits. However, we found they were in their infancy, and not always effective in monitoring all areas of the service. Staff did not report that use of any additional quality improvement methods.

The service did not participate in accreditation schemes or national audits that were relevant to the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure staff record all supervision appropriately.
- The provider should ensure that a specific Chestnuts risk register is produced to monitor and mitigate risks.