The Lighthouse

Quality Report

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

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

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

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

Summary of findings

Overall summary

We rated The Lighthouse as requires improvement because:

- The provider's governance systems for assessment, monitoring and mitigating risk in the service were not fully effective. We identified issues relating to the environment, risk assessment of clients, staffing checks and sharing learning with staff following incidents. The provider had not completed an action from our 2018 inspection relating to ligature assessment. Managers did not fully investigate incidents and share lessons learned with staff. Additionally, we could not find evidence that the provider had notified the CQC of an incident. The provider's admission and exclusion criteria did not show how they had fully considered the Equality Act 2010 .
- Staff had not updated four out of six clients' risk assessments we checked. Staff had not thoroughly assessed three clients' alcohol dependence and severity in line with National Institute for Health and Care Excellence CG115 alcohol assessment guidance before treatment started. Staff did not develop a specific risk management plan for clients identified as being at risk that included a plan for unexpected exit from treatment.
- The provider's recruitment checks did not effectively demonstrate that they were consistently checking that staff were experienced, competent, and had the right skills and knowledge to meet clients' needs. The provider had not ensured that 50% of eligible staff had received an annual appraisal.
- Staff could not describe how treatments and care for clients were based on national guidance and best practice such as National Institute for Health and Care Excellence. The provider did not have audits or outcome measures to demonstrate that the treatment and therapy programme was effective.
- The provider did not have a robust plan in place for household waste collection as due to bank holidays, the contractor had not collected it. Staff were not always recording cleaning and food hygiene checks.
- The provider's staff shift rota did not clearly show the number of staff on shift.
- The provider did not provide staff or clients with alarms to call for assistance in an emergency.

However:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. Clients we spoke with were overall, satisfied with the service provided and said they had opportunities to give feedback on the service.
- Staff said they were proud of their work and the support they gave and received. There was good staff morale. Staff felt respected, supported and valued. Staff had received regular monthly supervision.
- The provider had acted since our last inspection to ensure that clients' bedroom doors had locks to maintain their privacy, that they had a risk assessment for mixed sex accommodation. They had systems in place for the safe storage and recording of medications.
- The provider had appointed a new manager to improve the running of the service. They had started to review the provider's systems, policies, procedures and protocols to update them and make them easier for staff to follow.
- The consultant psychiatrist assessed the mental and physical health of clients on admission. Staff offered clients person centred and integrative counselling and therapy such as cognitive behavioural therapy. Staff supported and encouraged clients to live healthier lives though yoga sessions and opportunities to attend a local gym. The provider offered clients a free aftercare service, usually up to eight weeks. This included groups and telephone support.

Summary of findings

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Services we looked at
substance misuse/detoxification

Summary of this inspection

Background to The Lighthouse

The provider Step by Step Recovery Limited is registered with the CQC and they deliver a service at The Lighthouse location. This location is registered with the CQC for the following regulated activity: accommodation for persons who require treatment for substance misuse.

There is not a current CQC registered manager. The provider has employed a new manager and they have applied to the CQC to become the registered manager.

The Lighthouse is a detoxification and rehabilitation facility that can support up to 11 men and women, aged 18 to 65 years requiring support for drug and alcohol misuse. At the time of inspection there were nine clients. Mostly they accept private referrals from agents, clients and families. They consider referrals from other statutory services (where funding is agreed.)

The premises are within a detached house over two floors in a residential area. The provider does not own the house but leases it from a landlord

This is the second CQC inspection of The Lighthouse which registered with the CQC in May 2017. This is the first time we have applied ratings. At the last inspection 20 February 2018, breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for:

- Regulation 10, dignity and respect
- Regulation 12, safe care and treatment and
- Care Quality Commission (Registration) Regulations 2009: Regulation 18.

The provider sent the CQC an action plan detailing how they would address the breaches. We checked on this and the provider had taken some actions.

Our inspection team

The team that inspected the service included two CQC inspectors and a specialist advisor nurse with experience of working with clients with substance misuse needs.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. We announced that we were inspecting the location within a timeframe of three months. However, we had not announced the day we were inspecting the location.

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:

- carried out a tour of the service and observed how staff were caring for clients

Summary of this inspection

- spoke with five clients who used the service
- spoke with two carers of clients who had used the service
- spoke with two managers and a director
- spoke with three other staff members; including a doctor, clinical lead and chef
- attended and observed a staff shift hand-over meeting
- looked at six care and treatment records of clients
- carried out a specific check of the medication management; and
- 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 five clients who told us that staff gave them enough information before and during their admission. They said staff were very caring and supportive and that the care and treatment had met their needs.

Overall, they were satisfied with the service provided and had opportunities to give feedback on the service. Clients were satisfied with the food and the environment. One client said there could be more exercise offered and they had raised this with staff.

The provider had received 31 feedback responses from clients on their website with an overall rating of 4.8 stars out of five. Thirty clients gave positive feedback about the support staff had given them and the service they received. However, one client gave negative feedback on the service which included the fees.

Two carers said also they were very satisfied with the treatment provided. They said that staff kept them updated on their relatives' progress and gave them support either face to face or by telephone.

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?

Requires improvement 

We rated safe as requires improvement because:

- Staff did not update risk assessments regularly in four out of six risk assessments we checked. Staff had identified risks for clients at the initial assessment (using their own risk assessment tools) but had not recorded this on a later risk assessment.
- Managers did not fully investigate incidents and share lessons learned with staff. Staff had not documented any apparent learning or actions taken to reduce the risk of reoccurrence in four incidents we checked. Additionally, the provider had not sent the CQC a notification for a notifiable incident 27 March 2018.
- The provider's systems for assessing and monitoring the environment to mitigate risks to clients and others were not effective. For example, the provider had not fully addressed an action from the last inspection and the managers had not identified and mitigated against all ligature risks at the location. This posed a risk that staff would not have the information required to manage and reduce risks for clients.
- The provider did not have a robust plan in place for household waste collection. Due to bank holidays, the contractor had not collected it. Some bags were not in bins, were torn and food waste had fallen out. This could pose a risk of pests.
- Staff were not always adhering to the provider's infection control processes in the kitchen. For example, staff were not always recording cleaning and food hygiene checks.
- The provider had not ensured that their staff shift rota clearly showed the number of staff on shift.
- The provider did not provide staff or clients with alarms to call for assistance in an emergency.

However:

- The provider had acted following our last inspection to review their processes for managing risks within a mixed sex environment.
- The provider had addressed actions from our last inspection to ensure appropriate arrangements were in place for the safe storage and recording of medications.
- The provider had ensured up to date fire safety checks by external agencies had been completed.

Summary of this inspection

- The provider contracted cleaning staff to clean areas twice a week and for deep cleaning.
- The provider took some action to address some of the environmental checks during our inspection.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- The provider's recruitment checks did not effectively demonstrate that they were consistently checking that staff were experienced, competent, and had the right skills and knowledge to meet the clients' needs. We reviewed four staff records and found gaps in three records. The provider's system for recording their checks and support for volunteer peer support workers at the service were not robust. The provider had not ensured that 50% of eligible staff had received an annual appraisal.
- Staff had not thoroughly assessed three clients' alcohol dependence and severity in line with National Institute for Health and Care Excellence CG115 alcohol assessment guidance before treatment started. Staff had not ensured that four out of six clients' care plans were fully recovery oriented. Staff did not develop risk management plans in case clients decided to unexpectedly exit treatment. Staff could not describe how treatments and care for clients were based on national guidance and best practice such as National Institute for Health and Care Excellence. The provider did not have audits or outcome measures to demonstrate that their treatment and therapy programme was effective.

However:

- The consultant psychiatrist assessed the mental and physical health of clients on admission. Staff could access a GP if a client had specific physical health care needs that needed treatment. Staff used the clinical opiate withdrawal scale to assess client's opiate withdrawal levels.
- Staff offered clients person centred and integrative counselling and therapy such as cognitive behavioural therapy. Staff supported and encouraged clients to live healthier lives. For example, they held yoga sessions and had an onsite chef to offer clients support with healthy eating.
- Managers had revised their staff supervision and appraisals processes to improve how they supported staff and checked their competency. Information from the provider showed that all staff had received regular monthly supervision.
- Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Summary of this inspection

Are services caring?

Good

We rated caring as good because:

- Five clients told us that staff gave them enough information before their admission. They said staff were very caring and supportive.
- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity.
- Staff engaged clients (and their families or carers if appropriate) in planning their care and treatment. For example, on admission staff encouraged clients to complete a 'psychosocial self-assessment'.
- Staff gave telephone support and information as relevant to client's families and carers.

However:

- Four of the six care records seen did not show that staff had offered the client a copy of their care plan.

Are services responsive?

Good

We rated responsiveness as good because:

- The provider had an agreed response time for accepting referrals. Staff saw urgent referrals quickly.
- The provider offered clients a free aftercare service, usually up to eight weeks. This included groups and telephone support.
- The provider had acted since our last inspection to ensure that client's bedroom doors had locks to use to maintain their privacy.
- Clients said they were satisfied with the food and the environment. The provider supported clients to maintain and develop daily living skills. The provider also employed a chef, five days a week to prepare evening meals.
- Staff encouraged clients to access the local community and activities such as attending local narcotics and alcoholics anonymous support meetings, walking groups, a local gym and other local facilities.
- The provider had a clear complaints system to show how they managed complaints, and acted upon them to improve the quality of the service.

However:

- The provider's exclusion criteria did not show they had considered the Equality Act 2010, as it stated they excluded clients who were unable to speak English.
- There was limited space for clients to spend time with visitors.

Summary of this inspection

Are services well-led?

Requires improvement 

We rated well-led as requires improvement because:

- The provider's governance systems for assessing, monitoring and mitigating risk in the service were not fully effective. We identified issues relating to the environment, risk assessment of clients, staffing checks and sharing learning with staff following incidents. The provider had not completed an action from our 2018 inspection relating to ligature assessment.
- Meeting minutes we reviewed held limited information about how staff considered governance issues and actions they took to reduce risks. The provider did not use key performance indicators or other indicators to gauge the performance of the team. The provider's risk register did not fully capture the issues we identified at this inspection.
- The provider did not review the feedback they gained from clients from discharge questionnaires and other feedback mechanisms to identify any common themes and areas for improvement.

However:

- Staff said they were proud of their work and the support they gave and received. There was good staff morale. Staff felt respected, supported and valued.
- Clients we spoke with were satisfied with the service provided and said they had opportunities to give feedback on the service. Clients had rated the service positively in the feedback questionnaires we sampled.
- Managers were visible in the service and approachable for clients and staff. The provider had appointed a new manager to improve the running of the service. They had started to review the provider's systems, policies, procedures and protocols to update them and make them easier for staff to follow. The provider had a process in place for staff to raise any whistle blowing concerns. Clients and staff could meet with members of the provider's senior staff to give feedback.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had a policy on the Mental Capacity Act 2005 which staff were aware of and could refer to.

Staff supported clients to make decisions on their care for themselves. Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner. Staff gave an example of when they had concerns about a client's capacity and had requested further assessment.

Staff gained the client's consent before sharing information with other professionals such as their GP.

Requires improvement

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Requires improvement

Safe and clean environment

- The provider's systems for assessing and monitoring the environment to mitigate risks to clients and others were not fully effective. For example, systems were in place to carry out a variety of checks but staff had not completed these or identified all risks. The provider had not addressed an action from the last inspection as the managers had not identified and mitigated against all ligature risks at the location. A ligature anchor point is anything that could be used to attach a cord, rope or other material for the purpose of strangulation. Staff had not identified ligature points such as towel dispensers in communal bathrooms and areas in the laundry room. This posed a risk that staff would not have the information required to manage and reduce risks for clients.
- The provider did not have a robust plan in place for household waste collection. Whilst the provider had a private contract for domestic and clinical waste, due to bank holidays, the contractor had not collected it. There were over 10 waste bags not in bins outside the house near the garden. Some bags were torn and food waste had fallen out. This could pose a risk of pests. We observed a cat in the garden and staff said strays frequently came in to it and they were discouraging this. Staff contacted the contractor to collect the waste and they collected it he day we visited.
- The first aid box in the kitchen did not have details of checks or what equipment should be in it.
- Staff were not always adhering to the provider's infection control processes in the kitchen. Staff had not recorded daily cleaning checks since November 2018.
- The recent managers' environmental check and health and safety audit had not identified risks for window restrictors or waste. The provider had developed a daily room checklist for staff to complete but the ones we checked had no criteria for what staff should be checking. However, a manager told us following the inspection that this was for clients' peer checks of the environment and there was another form staff used that we did not see when we visited. The provider sent us other checklists following our visit to address this.
- Staff did not record food temperature or freezer temperature checks. However, the provider sent us documentation to begin recording these checks following their visit. Staff had not labelled some food in the fridge to show when it was opened but took action to label them when we raised it for their attention.
- The provider took action following our last inspection to review their processes for managing risks within a mixed sex environment. They had updated their policy and procedures to consider risks. They had identified rooms for men and women and a risk assessment for clients in the case of emergency admission. Staff had identified they would give additional support to clients when there were no other clients of their gender admitted.
- Staff had an identified bedroom with less ligature points near the office, so they could monitor clients with higher risks. The provider had systems to monitor sharp kitchen objects such as knives and scissors.

- Areas appeared clean, had good furnishings and were well maintained. The provider contracted cleaning staff to clean areas twice a week and for deep cleaning. The provider had displayed information to promote handwashing.
- The provider had ensured up to date fire safety checks by external agencies.
- The front door to the house was locked and the provider had processes to monitor people coming into the house. Clients could exit when they wanted.

Safe staffing

- The provider's staffing shift rota did not accurately show the number of staff on shift; when staff were off work due to leave or sickness or when additional staff were on site. Between 1 December 2018 to 8 January 2019, the rota showed only two staff on duty for 14 out of 31 days. This was despite the provider's assessment as needing three staff. The manager stated they were reviewing the rota to ensure it clearly reflected they had adequate staffing.
- The provider employed 15 staff including the treatment director, financial director, manager, clinical lead, admissions manager, eight recovery workers, a chef and a peer mentor. There were no staffing vacancies.
- Between August 2017 to July 2018, there was no staff sickness and three staff had left employment during that time. There were two staff off sick the day we visited and there had been two staff off sick in the previous two months.
- The provider did not use agency staff and did not operate a 'bank' system (a list of staff they employed on an as and when basis). Managers said instead staff worked flexibly to meet the needs of the service such as to cover staff sickness or annual leave, which occurred the day of our visit. Staff chose to opt out of 'The working time regulations (1998)' to work over 48 hours a week if required. Clients told us there were enough staff to meet their needs.
- Additionally, the provider contracted a consultant psychiatrist and GP to provide support to staff and clients as required. The provider arranged cover for when these were not available.
- The provider had ensured that some mandatory training was available to all staff and made sure everyone completed it. This included basic life support, infection control and food safety. However, the provider had not updated their training matrix to show this and could not give an overall percentage of compliance figure. The provider did not have records to show that they had given staff fire safety training. Managers said their mandatory training included this but did not provide evidence.

Assessing and managing risk to clients and staff

- We examined six clients care and treatment records. Staff did not update risk assessments regularly in four out of six we checked. Staff had identified risks for clients at the initial assessment (using their own risk assessment tools) but had not recorded this on a later risk assessment. This posed a risk that staff might not know what support to give clients to reduce risks, or to recognise and respond to warning signs and deterioration in the client's health.
- The provider did not issue staff or clients with alarms to use in case of emergency. This could pose a risk for staff or clients if they needed to summon help in an emergency. The provider's admission and exclusion criteria did not clearly corroborate staff's feedback that they did not admit clients with a history of violence and aggression. Staff told us there had been occasions when clients had been verbally abusive and that sometimes despite assessment clients did not always share their background or risks with staff. However, staff said there had not been any incidents of violence from clients.
- The provider had identified a list of restricted items clients should not bring with them and staff searched clients bags on their arrival for admission. Staff restricted clients access to mobile telephones and information technology devices within the first seven days of treatment to ensure clients focus was on their treatment and recovery. Staff carried out random urine and breath testing with clients to check they were not using drugs or alcohol. This was done with the client's consent. Staff would call the emergency ambulance service if a client needed emergency physical healthcare.

Safeguarding

- Managers did not ensure that the services policies and procedures included sufficient information about safeguarding. The incident policy did not require safeguarding concerns to be reported as an incident by

Requires improvement

Substance misuse/detoxification

staff. However, staff knew how to protect clients from abuse. They had training on how to recognise and report abuse. The provider had an identified staff safeguarding lead who had received additional training.
- The fit and proper persons policy did not list what pre-employment checks managers needed to complete to ensure they safeguarded the clients.
- Staff had not clearly recorded on a client's risk assessment how risks were managed for a historical safeguarding concern. Staff also had not fully completed a visitor's assessment form to clarify exclusion areas and the level of staff supervision required.
- There were no safeguarding issues reported by the provider to the local authority between August 2017 to July 2018.

Staff access to essential information

- Staff had easy access to information in paper-based or electronic form. Staff securely kept paper records for clients care and treatment.

Medicines management

- The provider had addressed actions from our last inspection to ensure appropriate arrangements were in place for the safe storage and recording of medications. Staff completed audits to check on this. Staff received training if they were supporting clients with medication.
- Staff kept medication for clients as they did not keep any medication in their room.
- Staff had effective policies, procedures and training related to medication and medicines management including: prescribing, detoxification, assessing client's tolerance to medication, and take-home medication.

Track record on safety

- Information from the provider from August 2017 to the day of our visit, showed there were no incidents requiring a serious incident investigation.

Reporting incidents and learning from when things go wrong

- Managers did not fully investigate incidents and share lessons learned with staff. Staff had not documented any apparent learning or actions taken to reduce the risk of reoccurrence in four incidents we checked. The latest team meeting minutes did not show that staff were routinely discussing incident learning and feedback. Additionally, we could not find evidence that the provider had notified the CQC about an incident 27 March 2018. Examples of incidents reported included clients self harming and clients' unexpectedly exiting from the service without notifying staff. Staff said they discussed any learning from incidents at staff team meetings and handovers.
- Staff had recognised incidents and completed forms to report them to the provider.
- Staff had recently reviewed CQC guidance for reporting notifications at their December 2018 team meeting to understand what, how and when they should report incidents to the CQC .

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We checked six clients care and treatment records. Staff had not ensured that four care plans were fully recovery oriented.
- Staff had not thoroughly assessed three clients' alcohol dependence and severity in line with National Institute for Health and Care Excellence CG115 alcohol assessment guidance before treatment started. Although, staff asked clients about their alcohol consumption, they did not use nationally recognised tools/scales. This posed a risk that care and treatment would not be effective and there would be a risk to the clients' health and safety.
- Staff did not develop risk management plans in case clients decided to unexpectedly exit treatment. Staff said they developed discharge plans with clients when they left the service or if they wanted to leave. They did not have a plan in place until that time.
- The consultant psychiatrist assessed the mental and physical health of clients on admission. Staff developed individual care plans and updated them when needed. Staff said they would contact the GP if a client had specific physical health care needs that needed treatment.
- Staff asked clients at assessment if they had blood borne virus testing and arranged to take clients for testing if they wanted to.

Requires improvement

Substance misuse/detoxification

Best practice in treatment and care

- Staff could not describe how they offered a range of treatments and care for clients that were recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. For example regarding medication and psychological therapies, activities, training and work opportunities intended to help clients acquire living skills.
- The provider did not have audits or outcome measures to demonstrate that the treatment and therapy programme was effective. This was despite staff saying client's relapse rate was low. However, staff used the clinical opiate withdrawal scale to assess client's opiate withdrawal levels.
- Staff offered clients person centred and integrative counselling and therapy such as cognitive behavioural therapy and '12 step' therapy. They had developed a structured weekly timetable for clients with groups and individual sessions. Five clients told us the treatment had met their needs.
- Staff supported and encouraged clients to live healthier lives. For example, they held yoga sessions and had an onsite chef to offer clients support with healthy eating.

Skilled staff to deliver care

- The provider's recruitment checks did not effectively demonstrate that they were consistently checking that staff were experienced, competent, and had the right skills and knowledge to meet the client's need. Managers had not always documented their checks for example, relating to workplace or character references, proof of entitlement to work in the UK, interview and selection records and checks to ensure professional registration information was up to date. This posed a risk that staff may not be suitable to work with this client group. The provider's checks for peer support workers volunteering at the service were not robust as the provider did not have information available about the support or supervision they received.
- Information from the provider from August 2017 to July 2018 showed that 50% of eligible staff had not received an appraisal and were due them in January 2019. The provider could not give us access to appraisal documentation to check on this.
- The provider employed therapists and support workers. They did not employ registered nurses.
- Managers had revised their staff supervision processes to improve how they supported staff and checked their competency. Staff had supervision with the manager and clinical lead and with an external therapist. Information from the provider showed that all staff had received regular monthly supervision.
- Staff had some opportunities to update and further develop their skills to work with clients. For example, training regarding 'Drugs and Alcohol National Occupational Standards (DANOS)' and naloxone an emergency antidote for overdoses caused by heroin and other opiates/opioids. The provider gave new staff a comprehensive induction.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines said they worked together as a team.
- Staff held regular team meetings including staff shift handovers where they shared information about clients. However, doctors did not attend team meetings and give medical input where staff discussed clients. They did visit the service at other times to discuss clients' progress with staff and offer support.
- Staff gave examples of working with other professionals involved in the client's care such as social workers.
- Staff had not documented in five out of six care plans, that the multi-disciplinary team was involved in the development of them.

Good practice in applying the Mental Capacity Act 2005

- The provider had a policy on the Mental Capacity Act 2005 which staff were aware of and could refer to. Staff supported clients to make decisions on their care for themselves.
- Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.
- Staff gave an example of when they had concerns about a client's capacity and had requested further assessment.
- Staff gained the client's consent before sharing information with other professionals such as their GP.

Requires improvement

Substance misuse/detoxification

Are substance misuse/detoxification services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Five clients told us that staff gave them enough information before and during their admission. They said staff were very caring and supportive.
- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity.
- 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 were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.
- The service had a record that confidentiality policies had been explained and understood by clients.
- The provider had received 31 feedback responses on their website from clients with an overall rating of 4.8 stars out of five. Thirty clients gave positive feedback about the support staff had given them and the service they received. However, one client gave negative feedback on the service which included the fees.

Involvement in care

- Staff engaged clients (and their families or carers if appropriate) in planning their care and treatment. For example, on admission staff encouraged clients to complete a 'psychosocial self-assessment'.
- Staff gave telephone support and information as relevant to client's families and carers. The provider did not offer groups for carers as they often lived outside the local area and had difficulties attending. Two carers said they were very satisfied with the treatment provided. They said that staff kept them updated on their relatives' progress and gave them support.
- The provider had advocacy services available to support clients as required.
- Staff had not documented in four of six care records that they had offered the client a copy of their care plan.

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

Good

Access and discharge

- The provider had an agreed response time for accepting referrals. Staff saw urgent referrals quickly. The provider had an identified admissions manager who supported clients and carers to understand the admission process.
- The provider had admission criteria. The provider accepted clients living in the local area or from outside. The average client's length of stay was between two to 12 weeks (depending on their therapy or treatment programme).
- Staff held a graduation ceremony for clients on completion of therapy before discharge. Prior to leaving staff developed a recovery plan with clients. Between August 2017 to July 2018, staff had discharged 115 clients. However, staff did not have information to show they checked outcomes following planned and unplanned discharges.
- The provider offered clients a free aftercare service, usually up to eight weeks. This included groups and telephone support.
- Staff said they helped to support clients with finding appropriate accommodation if they were homeless as they had access to supported living houses.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had acted since our last inspection to ensure that clients' bedroom doors had locks to maintain their privacy. We noted that bedroom doors were unlocked when we visited due to clients' choice. Staff had a dressing gown available for clients to use when waking to communal bathrooms to preserve their dignity.

Substance misuse/detoxification

- The provider had three shared bedrooms (for two clients). Clients were asked if they wanted to share if not, then staff respected this. The provider had ensured that clients had areas where they could keep personal belongings safely.
- The provider had a group room, communal mixed sex lounge and a designated smoking area in the garden.
- Clients said they were satisfied with the food and the environment. They had access to a kitchen to make drinks and snacks. The provider had a rota for them to take part in household chores as part of keeping and developing daily living skills. The provider also employed a chef, five days a week to prepare evening meals. They attended community meetings with staff and clients to get feedback on the menu.
- Managers said there was limited space. For example, they had arranged for a carpenter to build storage cupboards to store equipment. There was limited space for clients to sit quietly or for visitors. They used the group room when therapy was not taking place. The provider was exploring alternative options.

Clients' engagement with the wider community

- Staff supported clients to keep contact with their families and carers.
- Staff encouraged clients to develop and keep relationships with people that mattered to them, both within the services and the wider community.
- Staff encouraged clients to access to the local community and activities such as through attending local narcotics and alcoholics anonymous support meetings, walking groups, a local gym and other local facilities. The provider had named staff to increase client's social activity.

Meeting the needs of all people who use the service

- The provider's admission and exclusion stated they did not admit clients with the 'Inability to speak English'. We asked the provider to check this met the requirements of the Equality Act 2010.
- The provider did not admit clients who could not 'negotiate lay out of the building' due to greater physical mobility or disability needs. However, staff said they could support clients with some mobility difficulties, for example, using a mobility scooter if they could manage their own personal care. They had access to some mobility aids and adaptations such as a shower chair.
- The provider had a named staff equality and diversity lead. They had a policy and provided annual training for staff. The lead was developing a folder with leaflets for local support. Staff had displayed posters for staff and clients about different spirituality needs. Staff said they could give more accessible information in alternative languages and were seeking to update their website to provide information more easily to people who had difficulties reading or where English may not be their first language. Staff could support clients to understand written information and give them a Dictaphone or use other mediums of expression such as collage if clients had difficulties reading and writing.
- Staff had supported clients (as relevant) to access a Polish social group. The chef said they supported clients with dietary requirements including vegetarian and halal diets.
- The provider had updated their 'same sex accommodation' policy to consider clients vulnerability and to include supporting transgender clients.

Listening to and learning from concerns and complaints

- The provider had a clear complaints system to show how they managed complaints, and acted upon them to improve the quality of the service.
- The provider displayed information about how clients or others could make a complaint and included this information in the 'service users guide'. The provider had received two complaints between August 2017 to July 2018, which managers investigated and upheld. We reviewed two complaints on site. Managers had responded to them in accordance with the service's complaint policy.
- One client said there could be more exercise offered and they had raised this with staff. The provider said they had implemented more trips to the local gym to respond to the changing client group. Staff said they were looking to increase activities but sometimes activities like the walking group were dependent on clement weather.
- Information from the provider August 2017 to July 2018, showed they had received 46 compliments. Staff showed us 'thank you' cards that clients had sent to them.

Requires improvement

Substance misuse/detoxification

Are substance misuse/detoxification services well-led?

Requires improvement

Leadership

- Managers were visible in the service and approachable for clients and staff.
- The provider had appointed a new manager who had been in post two months. They were still getting to know the service and staff. They worked Monday to Friday 09:00 to 17:00 hours.

Vision and strategy

- The provider had a mission statement with aims for the service and this had been shared and understood by staff.
- The provider had ensured that staff had a job description outlining their role and responsibilities.
- Staff had the opportunity to contribute to discussions about plans for their service.

Culture

- Staff said they were proud of their work and the support they gave and received. There was good staff morale. Staff felt respected, supported and valued.
- Due to the service not being an NHS provider and most clients had self-funded their care (as opposed to having an NHS contract), there was no requirement for the provider to specifically report on workforce race equality standards.

Governance

- The provider's governance systems for assessment, monitoring and mitigating risk in the service were not fully effective as we identified issues relating to the environment, risk assessment of clients, staff checks and sharing learning with staff following incidents. The provider had not completed an action from our 2018 inspection relating to ligature assessment.
- A sample of directors and team meeting minutes reviewed held limited information about how staff considered governance issues and actions they took to reduce risks. The provider's clinical governance policy was undated and had no review date. The provider did not use key performance indicators and other indicators to gauge the performance of the team.
- The new manager was reviewing the provider's policies, procedures and protocols to update them and make them easier for staff to follow. This included a business continuity plan in case of emergency situations such as weather, staff sickness and bank holidays.
- The provider had a process in place for staff to raise any whistle blowing concerns.

Management of risk, issues and performance

- Staff maintained and had access to a risk register. Staff could escalate concerns when required. However, this did not fully capture the issues we identified at this inspection.
- The provider had access to a staff occupational health service. They were seeking to arrange a contract with an external human resources service to aid them, for example, with staff recruitment and support.

Information management

- The new manager did not have full access to information to support them with their management role. This included information on the performance of the service, staffing and staff appraisals.
- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems included confidentiality of client records.

Engagement

- The provider did not review the feedback they gained from clients to find any common themes and areas for improvement. For example, we checked a sample of four clients discharge questionnaires and three clients had recorded that staff had not offered a 'buddy' on admission which was identified in the 'service users guide'. The manager said they would act to address this. The provider had a comments, compliments and suggestions box and clients (or others) could give feedback on the service but there were not any actions identified from the feedback. The manager acknowledged they were still in the process of reviewing any themes from clients and others and identifying

actions. Clients had rated the service positively in the four questionnaires sampled. Clients we spoke with were overall, satisfied with the service given and said they had opportunities to give feedback on the service.

- Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used.
- The manager had changed the weekly community meeting minutes template to capture information and actions more effectively.
- Clients and staff could meet with members of the provider's senior staff to give feedback.

Learning, continuous improvement and innovation

- None identified at this inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must review their governance systems to ensure they effectively assess, monitor and mitigate risks for the service.
- The provider must ensure that staff complete risk assessments and management plans for clients which capture historical and current risks.
- The provider must ensure that staff complete comprehensive assessments of the client's alcohol dependence levels.
- The provider must demonstrate that managers review incidents and any learning or actions to be taken to reduce reoccurrence is shared with staff.
- The provider must ensure that checks on staff and volunteers are carried out before they start working in the service to ensure they are suitable to work with clients.
- The provider must ensure their ligature risk assessment is accurate.
- The provider must ensure they have an alarm system in place for staff or patients to summon assistance in an emergency.
- The provider must ensure that eligible staff receive appraisals for their work.
- The provider must ensure that they report notifiable incidents to the CQC.

Action the provider SHOULD take to improve

- The provider should ensure their staff rota clearly identifies the staff on shift each day who are available to support clients.
- The provider should ensure staff assess and complete environmental checks as specified by the provider to reduce and manage risks.
- The provider should review their business contingency plans for waste disposal.
- The provider should demonstrate their treatment and care follows National Institute for Health and Care Excellence guidance and Department of Health and Social Care guidelines for treatment of drug and alcohol misuse.
- The provider should ensure that audits are carried out and recorded to enable staff to learn from the results and make improvements to the service.
- The provider should ensure that client care plans address the potential risks to clients of early exit from the programme.
- The provider should audit their service provision and outcomes of clients' care and actively seek involvement from clients, their carers or others where appropriate.
- The provider should evidence they share care plans with clients.
- The provider should demonstrate that staff receive fire training.
- The provider should ensure their first aid boxes are regularly checked and maintained.
- The provider should ensure their admission and exclusion criteria adheres to the Equality Act 2010.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider did not ensure that staff completed risk assessments and management plans for clients which captured historical and current risks. • The provider did not ensure that staff completed comprehensive assessments of the client's alcohol dependence levels. • The provider did not ensure their ligature risk assessment was accurate. • The provider did not have an alarm system in place for staff or patients to summon assistance in an emergency. This was a breach of regulation 12 (1)(2)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider did not have governance systems to ensure they effectively assessed, monitored and mitigated risks for the service. • The provider did not demonstrate that managers reviewed incidents and any learning or actions to be taken to reduce reoccurrence was shared with staff. This was a breach of regulation 17(1)(2)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

- The provider did not ensure that eligible staff received appraisals for their work.

This was a breach of regulation 18(2)(a).

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • The provider did not fully ensure that checks on staff and volunteers were carried out before they start working in the service to ensure they are suitable to work with clients. **This was a breach of regulation 19(1)(2)(3)(4).**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents • The provider did not ensure that they reported all notifiable incidents to the CQC. **This was a breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.**