Trevi House

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The environment was visibly clean and well maintained. The provider carried out regular infection control audits.
- Since the previous inspection in 2014 medicines management had improved. There was a purpose built medicines and clinical room. Medicines were safely managed and stored. Staff were trained in medicines management and there was a medicines management lead who liaised with the pharmacist, non medical prescriber and GP.
- Risk management had improved since the previous inspection and individual risk assessments were robust and detailed. Staff were all aware of safeguarding procedures and knew how to escalate concerns. Incidents were recorded and there was an open culture of learning from incidents and flagging concerns. The provider fulfilled their duty of candour in relation to incidents and complaints. There was a culture of learning from complaints.
- The service had enough staff to care for the number of clients and their level of need. Care plans were holistic, recovery focused and individual.

Summary of findings

- There were therapy groups that were relevant to the client group and safely managed. Groups were effective and safely managed. The provider offered psychological therapies that were recommended by the (NICE).
- Staff felt well supported and had facilitated group supervision and regular one to one supervision. There were some opportunities for external supervision and the manager received additional supervision from a nursing director of a local NHS provider.
- There were good training opportunities for staff and leadership opportunities for senior staff. Staff were up to date with mandatory training and all staff told us there were opportunities for additional development training. Staff were familiar with and trained in the Equality and Human Rights Act and safeguarding. There was a safeguarding lead that supported and advised the team.
- We received excellent feedback from clients, staff and other agencies that worked with the service, such as specialist midwifery, funders, and pharmacy. Clients told us that staff were always kind and respectful and always went out of their way to help. For example, staff continued to support clients when they had left the service. Without exception the service was described very positively.
- The service was well led and morale was high. Staff knew and put into practice the service's values, and had contact with managers at all levels, including the board of trustees.
- There were many examples of innovative practice. The service hosted a regular garden party to thank partners for their support with developing outreach services to meet needs of clients who had been discharged.
- Partnership working was prioritised and the service had developed effective links with a range of partners. The service worked well with its partners and stakeholders.

Summary of findings

Contents

Summary of this inspection

Page

Background to Trevi House 5

Our inspection team 6

Why we carried out this inspection 6

How we carried out this inspection 6

What people who use the service say 7

The five questions we ask about services and what we found 8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards 11

Outstanding practice 20

Areas for improvement 20

Trevi House

Services we looked at
Substance misuse services

Summary of this inspection

Background to Trevi House

- Trevi House is registered with the Care Quality Commission (CQC) as a care home for the treatment of drug and alcohol dependence for up to thirteen pregnant women, mothers and their children. Trevi House provides residential rehabilitation from drugs and alcohol misuse for mothers. Mothers and their children remain together while the mother receives inpatient treatment. The mother and child are provided with parenting support and observation whilst substance misuse and related issues are addressed.
- The service is registered by CQC to provide accommodation for persons who require treatment for substance misuse and is registered for up to 10 people. The service has current capacity for up to ten persons and their children.
- The home is managed by a chief executive who is also the registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons' who have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- There is a board of trustees that supports the service governance arrangements.
- The Office for Standards in Education, Children's Services and Skills (Ofsted) had inspected the on-site nursery and gave it a rating of good.
- Placements for the clients are funded by statutory organisations. Mothers and children are funded separately.
- Trevi House is an abstinence based service. Clients either come into the service after completing detoxification programmes or the service provides residential rehabilitation and a detoxification service for prescribed medication, such as methadone or buprenorphine with the support of the visiting non medical prescriber.
- Trevi house provides aftercare support and outreach. Recent lottery funding has been awarded for Trevi House in partnership with a neighbouring women's' inpatient rehabilitation service to provide a robust programme of aftercare support and outreach for women and their children. The Sunflower Recovery Project is a three year project that will provide outreach and community support, including support with childcare after women have been discharged.
- Trevi house is a registered charity and individual placements are funded by statutory organisations. Women are referred from anywhere across the UK.
- Trevi house accommodation includes two self-contained flats and eight further bedrooms for women at different stages of their stay.
- There were six clients and their children at the time of our inspection.

We previously inspected Trevi House in July 2014 and the service was compliant. However, there were concerns identified in relation to lack of detail in risk assessments and safe administration and storage of medicines. This was followed up during the inspection. Improvements had been made and the service was found to be compliant in all these areas. All clients had written risk assessments that were regularly reviewed and a dedicated medicines room for the safe administration and storage of medicines had been developed.

Summary of this inspection

Our inspection team

The team that inspected the service comprised CQC inspector Sarah Lyle, another CQC inspector and a specialist advisor who was a specialist in substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked organisations for information.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients who were resident and received a comment card from the client who was on leave
- spoke with two former clients who were attending a group
- spoke with the registered manager and one of the trustees of the service
- spoke with the pharmacist who provides services to Trevi House
- spoke with five other staff members employed by the provider, including the deputy manager, social worker and health lead.
- spoke with two staff members who worked in the service but were employed by a different service provider, including a clinical psychologist and non medical prescriber
- received feedback about the service from eight co-ordinators and commissioners and other stakeholders
- spoke with two peer support advocates and other two volunteers
- attended and observed a hand-over meeting, and two facilitated groups
- collected feedback using comment cards from seven clients
- looked at six staff files
- reviewed five care and treatment records, including medicines records, of clients
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with five people who were current clients and received a comment card from one person who was on home leave during the inspection. We also spoke with two people who were ex clients and used the service to attend facilitated groups. We spoke with two peer support advocates who had also previously used the service.

All the people we spoke to told us that they were treated with kindness and respect and felt safe. All the staff and volunteers were described as caring and non-judgemental.

People commented on being inspired by Trevi House and that the care was firm but supportive and kind. Everyone we spoke with talked about how the service had helped them to change theirs and their children's lives for the better. We were told that support continued when clients were discharged. For example, staff had attended a former clients' Diwali party and staff would collect former clients to bring them to groups.

We received some very positive comments about the service which included; "It's amazing here", "I haven't known such kindness", "It's off the scale in how much it's helped me" and "Trevi has saved my family."

There were several very positive comments about the increase in after care and support that was currently being implemented following a successful lottery funding bid.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for the clients and their level of need.
- The environment was visibly clean and well maintained.
- Medicines management had improved since our last inspection, including the training and supervision and safe storage of medicines. There was a new medicines and clinical room and a designated medicines lead.
- The medicines lead liaised with the pharmacist, GP and non medical prescriber who confirmed that medicines were well managed.
- Incidents were reported and there was an open culture of reporting risks and learning from incidents.
- Individual risk assessments had improved since our last inspection and were robust and detailed.

Are services effective?

We found the following areas of good practice:

- Care plans were personalised and recovery-oriented.
- There was evidence of on-going physical care through a named GP practice.
- Clients were provided with psychological therapies recommended by the National Institute for Health and Care Excellence (NICE). Staff were supervised by a clinical psychologist.
- There were effective and well facilitated groups, for example, groups that supported women with abuse and identifying abuse.
- There was good inter-agency and partnership working with other professionals.
- Staff received appropriate induction, training and support.
- There was a new appraisal system in place and all staff had received a recent appraisal.
- All staff had access to facilitated group supervision and one to one supervision.

Are services caring?

We found the following areas of good practice:

Summary of this inspection

- We observed that staff treated clients with kindness, dignity and respect and responded to individual needs.
- The care was outstanding and all the clients described each member of the team in a very positive light. We were told staff always went the extra mile to help and that this support was on going. For example, clients would be invited to use any spare capacity in the nursery so that they could attend counselling. Staff would collect former clients from their homes to attend groups.
- All the clients felt supported by staff with their recovery and parenting support and said that the staff understood their needs and really cared about their future.
- Clients were fully involved in their care and met regularly with their key worker to review their care plan and recovery goals.
- Clients were enthusiastic about their inclusion and involvement in the development of the service. For example, the Sunflower Recovery Project which had been set up to provide community outreach support. Clients had been part of the interview process to recruit staff and volunteers.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were no waiting lists and the provider could respond quickly to new referrals or requests to extend placements.
- The service actively engaged with commissioners and relevant stakeholders to monitor placements and ensure that clients' needs were being met.
- There was a range of rooms to support treatment and care, such as the purpose built therapy room and medicines room.
- There was a well maintained outdoor space and courtyard.
- There was facility for people to lock their bedrooms if they wished to.
- There was a comfortable kitchen and dining area with space for the mothers and children to eat together.
- Clients had access to good quality food that met specific needs and they could make hot and cold drinks and snacks when required.
- The service had responded to the need for improvements in aftercare and support and started a joint project of community and outreach support in partnership with another women's service.
- There was a robust complaints service and clients were encouraged to comment and complain.

Summary of this inspection

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

- Despite actively engaging with commissioners, community groups and local services there was difficulty engaging with the local community mental health teams (CMHT) for clients who had mental health needs.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was effective leadership from the management and board.
- The service had an open, honest and supportive culture where staff felt valued
- There were monthly board meetings and staff meetings. Managers monitored to ensure training, supervision, risks and procedures were in place.
- The organisation encouraged learning and innovation and demonstrated their involvement in innovative practice, such as the developing an outreach service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- All care staff had received Mental Capacity Act training and demonstrated a clear understanding of the Mental Capacity Act 2005.
- All clients using the service had capacity to make their own decisions and the provider ensured this as part of the pre assessment process.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

The environment was visibly clean and well maintained.

Bedrooms, flats and communal areas were homely and not ligature free. Ligature points had been considered and were adequately mitigated through the detailed assessment process and individual risk assessments. People who were at risk of self-harm, such as using ligatures, were not admitted to this unit as the environment was not appropriate to accommodate this. Pre assessments were robust and included input from the non medical prescriber. People were declined from accessing the service if there were concerns over existing health issues or were still using multiple drugs.

There were policies on the use of observation in relation to children's safety. All the children had been admitted on Child Protection Orders and Interim Care Orders. Clients agreed to observation levels and parenting support prior to admission. For example, babies and children were observed hourly when women were in their rooms at night.

There was a well-equipped clinical area with a locked medication room. There was equipment to monitor blood pressure. There was equipment for drug and alcohol testing.

There was an infection control lead that carried out regular audits. Staff were up to date with infection control training and there were hand wash signs and hand wash gels to enable staff and clients to adhere to infection control principles.

Environmental checks were undertaken and fire equipment had visible stickers to show they had been regularly checked. An environmental food premises inspection had given the kitchen a 5 star rating.

Cleaning records were up to date and demonstrated that the environment was regularly cleaned.

Safe staffing

The manager and deputy manager managed the duty rota. Staffing levels were safe on the unit. Staffing levels were based on a minimum of four clients, which included two waking support staff at night to carry out observation of mothers and babies. During the day the staffing requirements were two key workers, a social worker and health lead and group worker. Weekends were covered by two support staff at all times. A senior member of staff was on call out of hours. There were a number of other staff and volunteers supporting the service, such as the nursery staff team, a clinical psychologist, counsellors and volunteers.

The service had cover arrangements for sickness and leave, including three regular bank support workers all of whom had received specialist training for the role. No agency staff were used so that the service could provide consistency to the clients.

There were six clients at the time of our inspection. All clients were assessed as having the capacity to care for their children.

The nursery was open five days a week in the mornings and afternoons to enable mothers to attend the daily therapeutic programme.

Sickness rates were 16% in the 12 months up to June 2016, this included one staff member who was on long term sick. Since July 2016 sickness had reduced to below 5%.

The turnover of staff in the 12 months up to June 2016 had increased due to staff leaving to develop their careers. Two staff had returned to the service once they had completed their qualifications. Exit interviews had recently commenced which confirmed that career progression was the main reason for leaving.

Substance misuse services

There were enough staff for clients to have formal weekly one to one time with their named keyworker. Key worker sessions were consistently documented in care plans. There was a therapeutic programme in place which clients attended and this included a range of one to one and group activities. There were no recent examples of activities being cancelled due to reasons such as too few staff.

Medical cover was through a named local GP practice. All the clients registered with the local GP practice and were supported to attend the GP practice. There were regular visits from the non medical prescriber.

We looked at six staff files and training records. Staff had received mandatory training which included safeguarding vulnerable adults and children, infection control and medication handling.

Assessing and managing risk to clients and staff

In our previous inspection we found that although risk management was well understood and people felt safe, risk assessments were not formally documented. We reviewed all six care records and each one contained a detailed individual risk assessment that had been updated monthly. Risk assessments were detailed and individual and included full assessment of drug use and history and severity of alcohol dependency. There was an assessment of the client's motivation to change and factors affecting this. Control measures and early warning mechanisms, such as a reduction in engagement and awareness of how clients may present if under the influence of drugs or alcohol. Individual risk assessments were part of the pre assessment undertaken prior to admission.

There were restrictions that were appropriate to a recovery service. For example, there was an expectation that clients attend the therapeutic programme. Clients received a residents' handbook which set out the expectations the service had of them, their rights and responsibilities. These were discussed in groups and in one to one meetings. A clear system was in place for when clients breached expectations and responsibilities, such as by using drugs or alcohol. These were documented as incidents and discussed at handovers and multi disciplinary team (MDT) meetings. We reviewed the warning system and saw that warnings had been implemented as set out in the policy. Information had been shared with statutory services, such as the placement funders and social workers.

All staff were trained in safeguarding and knew how to make a safeguarding alert. There was documentation and flow charts on display and staff demonstrated a very clear understanding of safeguarding in relation to clients and their children.

In our previous inspection we found that there was a lack of space to store medicines safely and that training in medicines management was not robust. There had also been a higher than expected number of minor medication errors. Funding had been obtained to develop a dedicated medicines and treatment room, which included a locked medicines room, with a medicines fridge and a locked controlled drugs cupboard.

We reviewed the medicines area and practices for safe administration, transport, and storage and medicines reconciliation. Medicines were being managed safely and all issues from the previous inspection had been addressed.

The service had improved their training on medicines management. The medicines lead provided training and support to the team, such as understanding and awareness of the medicines management policy and guidance.

A medicines lead supported clients with medication and liaised directly with the GP, non-medical prescriber, and pharmacist. The pharmacist and non-medical prescriber confirmed this worked well.

There were very good links with the local dispensing pharmacy service who provided regular training and carried out external medicines audits.

There was a dedicated locked medicines room with facility to store, lock and record controlled drugs safely. This was monitored by the dispensing pharmacist. The medicines fridge was monitored to ensure that the temperature was within safe limits. There was also a dedicated area for random alcohol and drug tests.

We reviewed all six medicine administration records and found no errors or omissions. No one was undertaking a detoxification programme at the time of our visit. The non-medical prescriber supported the detoxification programmes.

We reviewed the recent medicines management audit which did not identify any concerns.

Track record on safety

Substance misuse services

The provider reported one serious incident in the last twelve months, which was reported to NHS England. This was followed up by an internal investigation and an action plan was completed.

Reporting incidents and learning from when things go wrong

The service had a culture of reporting incidents and all staff were aware of incident reporting and sharing learning from incidents. We reviewed the incident policy and three recent incident forms. Actions were taken and incidents were followed up. Incidents were rated red, amber or green.

Staff received feedback from investigation of incidents and met regularly to discuss feedback in one to one sessions and staff meetings.

There was evidence of change in response to incidents, for example, a dedicated medication lead was introduced following medication errors.

There had been no recent serious incidents but staff confirmed that they were always debriefed and offered support after serious incidents.

Duty of candour

The service had a culture of reflection, openness and transparency and applied the duty of candour to their incident reporting. Staff were open and transparent and explained to clients if things went wrong, such as a medication error and what action they had taken. Stakeholders, such as the dispensing pharmacy, commented that staff were keen to learn from incidents and were open and transparent.

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

Assessment of needs and planning of care

We reviewed all the current care records. Clients had a comprehensive and timely assessment completed after admission. Clients had up to date, personalised, holistic, recovery-oriented care plans. Care plans included the client view, strengths and goals. Each person had been given a copy of their care plan.

Care records showed evidence of on-going physical care through the named GP practice. Clients were supported to attend the GP to undertake physical health checks and for on-going monitoring of physical health problems. The non medical prescriber supported physical health checks with clients who were undertaking detoxification programmes.

Care records were stored securely with effective co-ordination between the electronic case management system and paper based systems so that all information was readily available to share with people in the service delivering the care, referrers and other statutory organisations.

Best practice in treatment and care

The service offered psychological therapies recommended by the National Institute for Health and Care Excellence (NICE) that were supervised by the clinical psychologist. This included dialectical behaviour therapy and eye movement desensitization and reprocessing. Eye movement desensitization and reprocessing included group and individuals working with trauma to enhance coping skills and resilience.

Counsellors facilitated daily therapeutic groups. We observed two of these groups. The groups were facilitated well with an opportunity to debrief at the end of the sessions. Additional support was offered to each person if needed. Clients we spoke with after the groups were very positive about the value of the groups.

Each client had their own workbooks to record their progress and reflect on challenges. Each person understood the requirement to complete this. Clients were engaged in this process which they saw as part of their recovery.

Recognised screening tools were used, such as the hospital anxiety and depression scale and impact of event scale to measure progress.

There was good access to physical healthcare including access to specialists when needed. Clients were supported to attend the local GP with their keyworker or the health lead. Physical healthcare monitoring, such as blood pressure, was undertaken by the non medical prescriber who supported all the detoxification programmes.

There was a programme of audit in place which included regular audits of medicines and infection control.

Skilled staff to deliver care

Substance misuse services

There were a range of staff providing input to the unit. The staffing included a manager and deputy manager, a dedicated social worker, counsellors, group workers, a clinical psychologist, a non medical prescriber, a pharmacist support staff and a medicines lead that was the point of contact for the GP. The clinical psychologist provided psychology supervision and training.

Staff received a detailed induction which was tailored according to previous experience and skills and the skills needed for their role.

All staff had disclosure and barring checks. The service was in the process of repeating checks for staff that had been in post for longer than three years and nursery staff and senior staff had undertaken this. New staff could not begin their employment until these checks were completed. The service followed guidance within the 'safer recruitment' policy for appointing staff. This was guidance to deter, reject or identity potential abusers.

All staff were experienced and qualified for their roles at Trevi House. We reviewed six staff records and the training matrix. Staff received and were up to date with all relevant training. For example, three staff were trained as specialist 'thrive' practitioners. Thrive was an attachment based parenting programme to help women and children improve bonding and attachment.

Staff used reflective training logs to embed their training and they reflected on how they would share their learning and how they would apply learning to their work.

Staff received regular individual and group supervision. All staff told us they felt well supported.

All staff received regular one to one and group supervision. Group supervision was facilitated by the clinical psychologist.

Arrangements were in place to support external and peer supervision. For example, the manager received clinical supervision from a director of nursing at a local hospital trust. However, the social worker did not currently have access to specialist peer supervision with other social work professionals, although this was in the process of being arranged at the time of inspection.

There were no students on placement when we visited, however, we received feedback from the local university that students had regularly reported on how the whole team works well in a joined up way and that students had received excellent supervision and support.

A new personal development and performance system had been introduced this year and all staff had received an appraisal and performance review in 2016.

Poor staff performance was addressed promptly and effectively and we saw an example where this had taken place.

Multidisciplinary and inter-agency team work

There were twice daily handover meetings. We observed one of these meetings. Staff demonstrated a good understanding of their clients and discussed key risks during handover meetings.

There were meetings with teams outside of the organisations, for example a discharge meeting took place with social services. The service followed sharing information guidance which covered treating confidential information about individuals and sharing when it is needed for direct care of individuals and their children.

There was effective inter-agency and partnership working. We met with the non-medical prescriber and pharmacist and received information from other professionals who confirmed this. Relationships were described as excellent and all the teams we spoke with outside of the organisation, including the local GP and midwife, described effective communication and commented how well the service worked with them.

Staff described good working relationships with local substance misuse services and other community services. The service engaged in joint working and partnership work, for example, the Sunflower Recovery Project, which was in the early stages of development. This was a project where staff were working with another recovery service to develop an outreach and support service for women.

However, the service described poor links with local community mental health services that had not engaged with the service and had not accepted referrals for clients who had secondary mental health problems.

Good practice in applying the MCA

Substance misuse services

Client's mental capacity was assessed as part of the pre admission criteria. All clients needed to have capacity and demonstrate capacity to care for their children before being considered for a placement. Clients and their children were bound by the statutory requirements of the Interim Protection Order or Child Protection Order for the child.

Staff were trained in and showed a very clear understanding of Mental Capacity Act 2005 and the five statutory principles, such as presuming capacity and supporting clients to make their own decisions.

Equality and human rights

There were policies in place in relation to equal opportunities and equality and diversity which included taking account of the nine protected characteristics contained in the Equality Act 2010.

Staff had all received online training in equality and human rights and staff we spoke with were aware of how the service supports people with protected characteristics. The service was in the process of developing its equality and human rights training further to include interactive face to face training.

Are substance misuse services caring?

Kindness, dignity, respect and support

The care was outstanding. People told us that all the staff and volunteers were caring and compassionate and were always kind and supportive. Clients told us that the parenting support was excellent and that staff were very passionate about this. They also commented that although the work of recovering from addictions was hard, that staff always supported them and understood their individual needs.

Clients described that they felt safe with staff at Trevi House. One person told us that being at Trevi House was the only time they had felt safe in their life.

Observations of staff attitudes and behaviours when interacting with clients were that staff were very supportive and respectful. We witnessed staff treating clients with kindness and we saw reciprocal warmth and friendliness to the clients and their children. Staff provided appropriate practical and emotional support with warmth and respect.

The specialist midwifery service described the care that clients received as excellent. This was confirmed by reports from stakeholders, such as the statutory organisations, who had funded placements, the non medical prescriber and the local pharmacist.

Staff showed a clear understanding of individual needs of their clients and this was demonstrated in the individual care plans and key worker meetings.

Staff went out of their way to support current and former clients. For example, continuing to support clients when they had left the service and keeping in touch by phone and other methods such as a closed Facebook page. Staff had attended a Diwali party of a former client and staff regularly contacted former clients when there was extra nursery capacity to offer free childcare when they attended for counselling.

Clients were invited to comment on the service in various ways including after groups, through comments boxes or in daily meetings. There were also questionnaires provided every three months asking clients for their views and whether they felt safe. We looked at two of the most recent surveys. Clients had expressed satisfaction but the surveys were not widely completed by clients.

The involvement of clients in the care they receive

Care plans showed clients were fully involved in their care and care was regularly reviewed with clients. Key workers and clients met each week and reviewed goals every month.

Recovery care plans were all jointly agreed between the recovery worker and client. Goals were agreed with the clients and documented by the keyworker.

The assessment prior to admission and the admission process provided written information to the client and the funders. The key worker and staff explained the admission process; this included a face to face welcome and introduction from the chief executive on arrival to the service.

Clients were actively involved in decisions about the service and were enthusiastic about this role. For example, clients were part of interview panels during the staff recruitment that had recently taken place. Clients were also involved in design of the service, such as choosing colours for rooms when they were decorated.

Substance misuse services

The service had received joint funding with a women only drug and alcohol rehabilitation service to provide dedicated outreach and community support. Clients and ex clients were actively involved in the development of this service.

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

Access and discharge

At the time of the inspection there was no waiting time for the service and there was capacity to take new clients. Clients were always seen for a detailed assessment prior to admission.

The service actively engaged with commissioners, social care, the voluntary sector and other services. We received very positive feedback from stakeholders. Clients were usually funded for 12 to 24 weeks and the average length of stay in the last year was six months.

There was no set catchment area and Trevi House took referrals from across the country. However, the beds were not fully occupied. There were six clients and their children at the time of our inspection and an admission was booked for the week following the inspection. The service had been affected by recent financial pressures on statutory services to obtain funding for a placement at Trevi House. Funding was needed for clients and separate funding for their children. Occupancy below 70% was identified as a risk on the service risk register.

The majority of children left Trevi House in the care of mothers who were alcohol and drug free with 65% of clients in the last three years leaving the service alcohol and drug free. However, the service had identified the need for more support after being discharged to the community and had had been proactive in responding to the needs of the clients in the community. They had responded to women's needs for support after discharge home and provided outreach support and group interventions post discharge. There was also telephone support and support via a closed face book page. Together with another women's substance misuse service the service were in the early stages of implementing the Sunflower Recovery Project which provided dedicated after care support tailored to individual need. This service had been recruited to and were in the early stages of providing additional after care support and childcare. The project was due to start in October 2016.

The service had collected data which found that 30% of former clients had chosen to relocate to Plymouth following discharge from Trevi House. We spoke to two former clients who had relocated in order to continue to access the aftercare support.

There was access to beds on return from leave. The service had two flats where clients were supported while they gradually gained independence.

The facilities promote recovery, comfort and dignity and confidentiality

The service had good facilities to promote recovery; this included a purpose built therapy lodge for one to one therapy and groups. There were crèche facilities and a nursery for the children to be looked after during therapy times.

Clients had access to make drinks and snacks at any time. Menus were agreed with the clients and food was freshly prepared on the premises. At weekends clients prepared meals and were involved in making choices for an internet shopping delivery.

There was a comprehensive resident's handbook which gave information about the service and facilities. This included expectations, rights and restrictions. Clients signed to agree that they would comply with this. A disciplinary procedure was in place to address clients breaching the agreement. The disciplinary procedures enabled the service to make immediately discharge or give up to three warnings, depending on the type of breach. There was evidence the disciplinary procedure was being applied.

There were appropriate restrictions in place, for example, clients were not allowed access to personal mobiles during therapy hours.

Each client was offered a key to their bedroom to enable them to store their possessions securely. Clients could personalise their bedrooms. The service provided clients with a welcome pack of toiletries and other personal items.

Substance misuse services

There was access to a full programme of activities and therapy. Weekends activities were offered such as trips out and cooking. The service was in the process of increasing weekend activities and childcare support in response to feedback from clients.

Meeting the needs of all clients

All the communal facilities were on the ground floor and were accessible to people with restricted mobility. Whilst there was no requirement to provide adaptions for wheelchair access when there was no one in a wheelchair that required it, we were advised that adaptions would be made for wheelchair users, such as ramps and handrails.

Information leaflets and posters were on display and there was a range of information on treatments and information about abuse. Information leaflets were available in languages spoken by people who use the service. The manager knew how to access information in other languages and how to arrange interpreters and/or signers if required.

There was a choice of food to meet dietary requirements of religious and ethnic groups and dietary preferences and keyworkers accessed appropriate spiritual support on an individual basis.

The provider demonstrated a clear understanding of the potential issues facing vulnerable groups. For example, they provided support for people who had experienced domestic abuse through one to one counselling and group work.

Listening to and learning from concerns and complaints

There had been one formal complaint in the last 12 months which was upheld. The outcome was shared with clients and staff and was reported to the board of trustees. Staff we spoke with knew how to handle complaints appropriately. The provider applied duty of candour with complaints and the process was open and transparent.

Patients were familiar with the complaints process and knew how to complain. There was information on how to complain in the resident's handbook and clients were invited to comment and complain in daily and weekly meetings. On admission to the unit the chief executive welcome included how to complain and comment.

Actions from client feedback were implemented. For example, clients had indicated that they wanted more support and activities at weekends and this was being introduced as part of the new Sunflower Recovery Project starting in October.

Are substance misuse services well-led?

Vision and values

All the staff we spoke with knew and agreed with the organisation's statement of purpose and values to provide a safe place for mothers with drug or alcohol dependency issues to recover whilst remaining and supporting them with their children.

The chief executive worked closely with the team and all staff were familiar with the board of trustees. The trustees were involved in the service and provided support and advice to the service including finance, planning, clinical, human resource and legal advice.

As part of the governance and quality standing agenda, the Board of trustees committed to visit the service regularly and formally feedback to the Board.

Good governance

There were good governance procedures in place. This included reporting key performance indicators, such as finance, incidents and complaints to the Board. There were monthly minuted Board meetings and governance and quality information was also submitted to Plymouth City Council Quality Assurance and Improvement Team (QAIT).

Monthly minuted team meetings covered policy and practice updates and staff training. There was a culture of reflection and learning across the team.

The management team ensured that all staff received regular training, supervision and appraisal.

Systems had recently improved the training and appraisal system with alerts to trigger reminders for managers and all staff to complete mandatory training, supervision and appraisal within the agreed timeframes.

There were systems in place to review incidents and involve the relevant statutory organisations, such as the organisations that funded the placements.

Leadership, morale and staff engagement

Substance misuse services

The leadership was outstanding and the challenges were well understood. Morale and staff engagement were high across the service. All staff we spoke with felt supported and expressed high levels of job satisfaction.

There was an open culture where staff were able to raise concerns without fear of victimisation. Staff knew how to whistleblow and felt comfortable to do so if needed.

There were leadership opportunities and the service worked in partnership with the Plymouth City Council to offer leadership programmes. The manager and deputy manager had undertaken leadership courses.

There was evidence of team working and mutual support. Staff told us that they supported each other and felt supported by management.

Staff were involved in the service and there were clear opportunities to input into service development. For example, staff were enthusiastic about the development of improved community support through the Sunflower Recovery Project.

Commitment to quality improvement and innovation

The service was committed to quality improvement and innovation.

The provider was in the process of carrying out a longitudinal study with Plymouth University about successful outcomes for women after discharge. A longitudinal study was observational research method where data was collected repeatedly over a period of time. Trevi House had reported outcomes for women discharged from the service between 2013 and 2015. This had demonstrated a 65% success rate and identified that more support was needed post discharge. This research had resulted in a successful funding bid with a neighbouring women's only substance misuse service.

The service demonstrated their commitment to engaging clients in the development of the service. Clients had been involved with the development of the Sunflower Recovery Project. This was due to start on the first week of October 2016.

The service was a registered charity and the governors were actively involved in supporting the service, such as being proactive in helping to get additional funding and grants and other assistance for the service.

Nationally accredited group programmes such as 'You and me mum' designed by Women's Aid and in house programmes helping women with abuse issues. were in place

Outstanding practice and areas for improvement

Outstanding practice

Trevi House was a unique service that admitted mothers or pregnant women together with their children from anywhere in the United Kingdom. Although there was not another service to compare this with, we considered that there were a number of areas where the service demonstrated excellent practice, for example in partnership working with other substance misuse services and stakeholders.

The service acknowledged the support and effective partnership work with other agencies and had nurtured and developed excellent links with services and individuals, such as the local university, council, local pharmacy and many other professionals and local services. They hosted a recent garden party to say thank you to all the community services, which received local press coverage.

The service demonstrated total commitment to their work with mothers and their children and we received unanimously positive comments from clients, statutory services and other agencies who worked with Trevi House.

All the clients described that staff went above and beyond what could be expected of a good service. Clients told us staff frequently went out of their way to provide additional support. For example, support during the night, community support and telephone support when they had left the service, sourcing extra child care support and extending placements despite receiving reduced or no funding.

The service provided welcome packs to clients and their children. Each client who was leaving the programme to return to the community had a leaving ceremony which included meaningful work, such as pictures and books and an individual gift to take with them into the community.