Recovery Connections

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 found the following issues that the service provider needs to improve:

- The service's use of blanket restrictions was disproportionate and included not allowing clients to wear football tops, not allowing clients to make calls in private, limiting access to outdoor space and not allowing newspapers to be brought into the service without permission.
- Staff mandatory training compliance rates were low for in relation to safeguarding children training for staff who predominantly worked with children, young people, parents and carers (50% compliance), a training package from an external provider encompassing a variety of different modules (60% compliance), equality and diversity (0% compliance) and trauma training (50% compliance).
- A client's care record showed that their risk assessment had not been reviewed since September 2017 but we were told reviews took place every three months as a minimum.
- There were no formal processes for monitoring staff adherence to the Mental Health Act and Mental Capacity Act. There was no central contact from whom staff could obtain advice about the Mental Health

Summary of findings

Act and Mental Capacity Act. Staff were unsure about the Mental Capacity Act definition of restraint despite the fact that there were blanket restrictions in place at the service.
- The provider had not carried out equality impact assessments on staff policies to ensure they did not negatively impact on people with protected characteristics under the Equality Act
- Clients who spoke with us said they did not know how to make a complaint to an external body such as the Care Quality Commission or the Parliamentary and Health Service Ombudsman.
- Opportunities for leadership development within the service were limited due to the service being an independent charity.

However, we also found the following areas of good practice:

- The environment was clean and tidy, environmental risk assessments were regularly conducted, health and safety related tests such as fire, gas and electrical wiring were up to date and a legionella test was scheduled for March 2018. There was a range of rooms within the service to support care and treatment and clients were able to personalise their bedrooms. Bedrooms contained safes where clients could securely store any medication or possessions. There was accessible accommodation on the ground floor, which contained a wheelchair accessible shower room.
- There were sufficient staff to provide safe and care treatment, staff were experienced and qualified, were regularly supervised and appraised, had access to specialist training and were trained in first aid and emergency first aid.
- Staff had access to the safeguarding and whistleblowing procedures, recognised possible signs of abuse, handled complaints correctly, could add items to the provider's risk register and raise concerns without fear of reprisals. Lessons learned from investigations into complaints were used to improve practice within the service. Staff knew what their responsibility was under the duty of candour in respect of openness, honesty and transparency and offering an apology to the people who used the service when things went wrong.
- Clients had access to advocacy and staff encouraged clients to speak up for themselves. Staff treated the people who used the service with kindness, dignity and respect, were polite, caring and compassionate and encouraged clients to maintain their independence and build upon their life skills.
- The service's medicines management process was effective and included an amnesty box where clients could covertly dispose of any illicit drugs on admission. Opiate users were issued with naloxone kits on discharge, which blocked the effects of opioids and decreased the risk of further illicit drug misuse. The service's policies on relapse prevention, naloxone and the process for opiate detoxification followed the National Institute for Health and Care Excellence guidance.
- Recovery plans were holistic, personalised and contained clients' strengths and goals. All clients had risk assessments in place and risk management plans where appropriate.
- Staff encouraged clients to attend appointments with their GPs, dentists, opticians and other health professionals for routine health checks and ongoing care and treatment needs. Clients' nutrition, hydration and dietary needs were met as clients planned and cooked their own meals. Staff encouraged clients to make healthy food choices and take exercise to improve their mental and physical health.
- Staff had audited the service's fire procedures, client care records and clients' housing benefit applications in the 12 months prior to our inspection visit.
- Staff had received training in the Mental Health Act and Mental Capacity Act. Staff had a good overall knowledge and understanding of the Mental Capacity Act. There was a policy on the Act, which included the use of Deprivation of Liberty Safeguards, best interests and mental capacity assessments that staff could refer to.
- The sustainable homes lead ensured clients had homes to go to that were fit for habitation on discharge. The provider did not report any delays in the discharging of clients due to non-clinical reasons in the six months prior to our inspection visit.
- Clients were given information about how to complain, support services and advocacy. Clients had access to signers and interpreters. Information could be provided in different languages and easy read format. Clients had access to their chosen place of

Summary of findings

worship and a variety of activities, therapies and peer support groups including at weekends including men's' and women's' groups, football, music, walking and art therapies.

- The treatment programme provided clients with lifelong learning credits and qualifications. Clients could volunteer to work in a local alcohol free bar to increase their skills and potential employability. The service offered a job club onsite with a Job Centre Plus representative who provided financial advice to clients. There was an aftercare service for clients following discharge, which included two years' support with tenancy skills training and help to become a member of their local community.
- The chief executive officer had completed a Winston Churchill Fellowship in 2017 looking at young people in recovery and recovery support on university campuses and at the time of our inspection visit, the service was working with Newcastle University to pilot this with an academic attached to capture the outcomes.
- The provider explored continual service development and actions for improvement. The service contributed and participated in local drug related death reviews if they related to existing or previous clients.
- The service employed its own quality assurance assistant and a compliance lead whose role was to map processes, procedures and general practice against the Care Quality Commission's fundamental standards and key lines of enquiry for inspections.

Summary of findings

Contents

Recovery Connections

Services we looked at: Substance misuse services

Summary of this inspection

Background to Recovery Connections

Recovery Connections offers a residential rehabilitation programme, also referred to as The Step Up Programme, as part of the Middlesbrough Recovering Together offer for male and female clients recovering from alcohol and drug misuse. Accommodation comprises six flats, which adjoin the Recovery Connections building, with ongoing support to motivate and empower individuals to take responsibility, improve life skills, increase their potential employability and to make their own choices independently. The service is registered to take a maximum of eight service users so there were two twin rooms, which required occupants of the same gender to share with their agreement.

The programme is based around a mutual aid 12 step programme and promotes honesty, patience and tolerance, giving back, lived experience and unity as a solution to heal and recover.

The programme is in three parts; primary care, secondary care and after care and lasts for 24 weeks with open ended after care following discharge. In addition, professional recovery to wellness coaching is offered to support the person to work through any challenges they experience and identify a plan of action with accountability.

The service works with local organisations and community groups to widen opportunities and increase networks. The service offers peer led activities which include, floristry, sporting activities, crafts, men and women specific groups, cooking, community garden projects and nature and wildlife programmes. Clients are also given employment advice and information and supported to access mutual aid, health and wellbeing programmes. The service also offers individual recovery coaching to help clients through their recovery.

The service also runs its own ambassador programme for anyone in abstinence for six months or longer. This programme includes a bespoke open college network level two accredited qualification that underpins the role of an ambassador. The ambassador role is to provide support to those accessing treatment services across Middlesbrough Recovering Together.

The service has been registered with the Care Quality Commission since February 2017 to provide accommodation for people who require treatment for substance misuse. The service manager is also the registered manager and the chief executive officer is the nominated individual. The Care Quality Commission had not previously inspected the service.

Our inspection team

The team that inspected the service comprised two Care Quality Commission inspectors, a nurse specialist acting as a special advisor and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, 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. This is the first time the service has been inspected by the Care Quality Commission.

Summary of this inspection

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.

During the inspection visit, the inspection team:

- undertook a tour of the environment and observed how staff were interacting with clients
- spoke with eight clients and one carer and collected feedback from six clients who had completed comments cards
- spoke with the service manager and chief executive officer
- spoke with five other staff members employed by the service, including 12-step rehabilitation and programme support workers, a volunteer, a quality assurance assistant and the service's compliance lead
- spoke with a staff member from one of the partner agencies to find out about substitute prescribing arrangements
- attended and observed two activity sessions in operation including a lecture for to clients about step two of their treatment and a recovery to wellness coaching session
- looked at six clients' care and treatment records and,
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients and one carer and a further six clients provided feedback using our comments cards. The people who used the service said that staff treated them with kindness, dignity and respect and were polite, caring and compassionate. People felt treated as individuals, said staff were interested in their wellbeing and there was a fun atmosphere at the service. The carer we spoke with said they felt supported by staff and they rang them at home to check they were ok. Clients felt the service encouraged them to maintain their independence, build upon their life skills and speak up for themselves. There was only one negative comment from a client in relation to the doorbell continually ringing while clients were engaged in group activities.

There were mixed views about whether clients felt involved in decisions about their care and treatment. Three clients felt that because the treatment plan was a set programme, individualised care and treatment options were limited. Others said they had been heavily involved in formulating their recovery and risk assessment plans and given the opportunity to engage in additional therapies to those outlined in their original care plan.

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 found the following issues the service needs to improve:

- Staff mandatory training compliance rates were low in relation to safeguarding children training for staff who predominantly worked with children, young people, parents and carers (50% compliance), a training package from an external provider encompassing a variety of different modules (60% compliance), equality and diversity (0% compliance) and trauma training (50% compliance).
- Not all restrictions in place at the service were necessary. For example, clients could not read newspapers without permission, make calls in private or wear football tops.
- A client's care record showed that their risk assessment had not been reviewed since September 2017 but the expectation of the provider was that reviews should take place every three months as a minimum.

However, we also found the following areas of good practice:

- The service environment was clean and tidy, tests for health and safety, including fire, gas and electrical wiring were up to date and a legionella test was scheduled for March 2018. Regular checks of the environment took place; ligature risks were identified, risk rated and mitigated and any repair work identified was logged and actioned accordingly.
- There were enough staff to provide safe and care treatment to clients, there were no staff vacancies, sickness absence figures were low and within the national average, staff were trained in first aid and emergency first aid and there was a local acute hospital and mental health services if clients needed emergency care. Staff knew how to access the safeguarding procedures and recognise the possible signs of abuse.
- The service had an effective medicines management process. The service had its own amnesty box where clients could covertly dispose of any illicit drugs they had brought into the service. Opiate users were issued with naloxone kits on discharge, which blocked the effects of opioids and decreased the risk of further illicit drug misuse.
- The service had made safety improvements in the last 12 months including the installation of window restrictors within clients' rooms, restricting water temperatures to prevent scalding and replacing carpets to mitigate trip hazards.

Summary of this inspection

- Staff knew what their responsibility was under the duty of candour in respect of openness, honesty and transparency and offering an apology to the people who used the service when things went wrong.

Are services effective?

We found the following areas of good practice:

- Recovery plans were holistic, personalised and contained clients' strengths and goals. For example, one client was working towards being able to see their children and another client had written their own recovery plan.
- The service's policies on relapse prevention, naloxone and the process for opiate detoxification followed the National Institute for Health and Care Excellence guidance.
- Clients had access to physical healthcare. Clients were encouraged to attend appointments with their GPs, dentists, opticians and other health professionals for both routine health checks and ongoing care and treatment needs.
- Clients' nutrition and hydration needs were met. Clients planned their own weekly meals at weekends and bought food, drinks and other provisions, which they cooked and prepared themselves. The service encouraged clients to make healthy food choices and take exercise to improve their mental and physical health.
- Clinical audits took place at the service including weekly audits of the service's fire procedures, audits of information held in relation to clients' housing benefit applications and audits of care records.
- Information relating to clients was stored securely. Client's care records were electronic and the system used required a username and password to be entered before information could be accessed. Staff kept paper based information with personal identifiers such as names, dates of birth and addresses locked away when not in use.
- There was a range of roles, skills, experience and qualifications amongst staff at the service. Staff were regularly supervised and appraised and had access to specialist training for their specific role.
- Staff had received training in the Mental Health Act and Mental Capacity Act. Staff had a good overall knowledge and understanding of the Mental Capacity Act. There was a policy on the Act, which included the use of Deprivation of Liberty Safeguards, best interests and mental capacity assessments that staff could refer to.

Summary of this inspection

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

- There were no formal processes for monitoring staff adherence to the Mental Health Act and Mental Capacity Act. There was no central contact from which staff could obtain advice about the Mental Health Act and Mental Capacity Acts. Staff were unsure about the Mental Capacity Act definition of restraint despite the fact there were blanket restrictions in place at the service.
- Equality impact assessments had not been carried out on staff management policies and procedures to ensure they did not negatively impact upon people with protected characteristics under the Equality Act.

Are services caring?

We found the following areas of good practice:

- Clients felt the service encouraged them to maintain their independence and build upon their life skills. Clients had access to an advocacy service and staff encouraged them to speak up for themselves during meetings and activities.
- The people who used the service said that staff treated them with kindness, dignity and respect and were polite, caring and compassionate. We observed friendly and positive interaction between clients and staff throughout our inspection visit. We attended two client activity groups and clients' thoughts and opinions were taken on board for consideration by staff and any queries were answered.
- Clients sat on interview panels for potential staff members. Clients commented that they had been involved in formulating their recovery and risk assessment plans and given the opportunity to engage in additional therapies to those outlined in their original care plan.

Are services responsive?

We found the following issues the service needs to improve:

- Clients in their primary care were not encouraged to go outside alone and were accompanied by a peer who was in the secondary stage. Clients in the secondary stage had access to outside space for only two half days a week free time outside so they could desensitise.
- Clients who spoke with us said they did not know how to make a complaint to an external body such as the Care Quality Commission or the Parliamentary and Health Service

Summary of this inspection

Ombudsman. However, introduction booklets issued to clients on admission contained a copy of the complaints procedure and details of how to make a complaint both internally and to external bodies.

However, we also found the following areas of good practice:

- There had been no out of area placements in the six months prior to our inspection visit. The provider did not report any delays in the discharging of clients for non-clinical reasons in the six months prior to our inspection visit.
- Prior to discharge, the sustainable homes lead within the service ensured clients had homes to go to that were fit for habitation. There was an aftercare service for clients following discharge, which included two years' support with tenancy skills training and help to become a member of their local community through involvement in associational life.
- There was a range of rooms within the service to support care and treatment including designated rooms for group activities, counselling, a dining area, a kitchen and a laundry room where clients attended to their own cooking and laundry cleaning.
- Clients had access to hot drinks and snacks at all times. Clients planned and cooked their own meals at weekends so individual's dietary needs such as coeliac, vegetarian, vegan, halal or kashrut were met.
- Clients were able to personalise their bedrooms and bedrooms contained safes where clients could securely store any medication or possessions.
- Clients had access to a variety of activities, therapies and peer support groups within the service, including weekends. These included men's' and women's' groups, football, music, walking and art therapies.
- Clients with disabilities were placed in accommodation on the ground floor where there was a wheelchair accessible shower room. The suitability of the accommodation for individuals with physical disabilities and mobility issues was assessed prior to admission to ensure the service could meet their needs.
- On admission, clients were issued with information about the care and treatment programme, how to complain, support services and advocacy. Information was also on noticeboards in rooms used by clients and available in different languages and formats such as easy read when required.
- Clients had access to signers via the local authority and the service had its own self-funded interpreters for people for whom English was not their first language. Clients had access to their chosen place of worship within the community.

Summary of this inspection

- The service's treatment programme provided clients with recovery and qualifications. On completion of the primary stage of their treatment, clients had the opportunity to volunteer to work in a local alcohol free bar to increase their skills and potential employability. The service also offered a job club onsite during which a Job Centre Plus representative provided financial advice to clients.
- There were five complaints about the service, which were each of a minor nature such as concerns over moving to aftercare, a request for coaches to be mindful of the need forclients to meditate and perceptions over competitiveness between coaches which were easily rectified. Introduction booklets issued to clients on admission contained a copy of the complaints procedure and details of how to make a complaint. The service's complaints procedure was accessible to all staff and staff reminded clients that there were complaints boxes within the service. Lessons learned from complaints were fed back to staff and used to improve practice within the service.

Are services well-led?

We found the following areas of good practice:

- Staff were regularly supervised and appraised, there were sufficient numbers of staff who were experienced and qualified to deliver safe care and treatment and staff absences at the service were low which meant that unplanned absences were rare and clients' care and treatment needs were not compromised. Staff had access to the provider's whistleblowing policy and could raise concerns without fear of reprisals. The provider had a risk register in place which staff could add items to be included on it.
- Findings from investigating complaints and feedback from clients and carers were used to improve practice within the service. Staff had access to the safeguarding procedures and knew how to recognise possible signs of abuse. The service made safeguarding referrals when appropriate.
- Staff had audited care records, weekly audits of fire procedures and client housing benefit applications within last 12 months prior to our inspection visit.
- Staff were supportive of one another, morale and job satisfaction was high and staff felt respected by their colleagues and clients. Staff survey results were positive overall and showed that 71% of staff were happy working for the service. Staff had the opportunity to give ideas for service improvement and development.

Summary of this inspection

- Staff were open, transparent and honest with clients when things went wrong. The service had a duty of candour policy, which underlined the requirements of the duty of candour legislation and what staff's obligations were under it.
- The chief executive officer completed a Winston Churchill Fellowship in 2017 looking at young people in recovery and recovery support on university campuses and at the time of our inspection visit, the service was working with Newcastle University to pilot this with an academic attached to capture the outcomes.
- The service employed its own quality assurance assistant and a compliance lead whose role was to map processes, procedures and general practice against the Care Quality Commission's fundamental standards and key lines of enquiry for inspections.

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

- There was no formal system for monitoring staff adherence to the Mental Health Act and Mental Capacity Act within the service.
- Mandatory training figures were low for equality and diversity, trauma training, suicide training, a training package from an external provider encompassing a variety of different modules training and safeguarding children training for staff who predominantly worked with children, young people, parents and carers.
- Opportunities for leadership development within the service were limited. The chief executive officer and service manager were looking at the possibility of training contracts outside of the Middlesbrough area to address this.

Detailed findings from this inspection

Mental Health Act responsibilities

The service did not provide accommodation for people detained under the Mental Health Act. However, clients with mental health conditions could be accepted into the service if pre-admission assessments indicated it was safe to do so. Any clients who were prescribed anti-psychotic medication received ongoing support from local mental health services during whilst at the Recovery Connections service. All staff were trained in the Mental Health Act, which formed part of a training package from an external provider which was mandatory for staff training. The service did not have a policy relating to the Mental Health Act.

There was no central contact from which staff could obtain advice about the Mental Health Act. The service manager attempted to address any queries and consulted the chair of trustees or the local safeguarding team if they were unable to answer a Mental Health Act related query themselves. There was no formal process for monitoring adherence to the Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff were trained in the Mental Capacity Act, which formed part of a training package from an external provider encompassing a variety of different modules which was mandatory.

Staff had a good overall understanding of the Act. Staff knew that they should always presume a person has capacity, should be supported to make their own decisions and had the right to make decisions that others may consider unwise. They also told us that if a person lacked capacity, any decisions made on their behalf were made in their best interests. However, staff were unsure about the Mental Capacity Act definition of restraint despite the fact there were blanket restrictions in place at the service. Staff only made reference to physical restraint not being used at the service and were unaware that restraint also included the use of restrictive practices. Further training in the Mental Capacity Act was planned which was set to include the use of restraint under the Act.

The service had a draft policy on the Mental Capacity Act that also covered the use of Deprivation of Liberty Safeguards, best interests decisions, assessment of capacity and the five statutory principles. Staff induction workbooks also contained this information and reference to informed consent.

The service manager was the person responsible for making applications for Deprivation of Liberty Safeguards. There were no clients subject to any Deprivation of Liberty Safeguards at the time of our inspection visit.

The electronic care records system was used to document assessments of each client's mental capacity and ability to consent although all the clients at the service at the time of our inspection had the capacity to make their own decisions.

There was no central contact from which staff could obtain advice about the Mental Capacity Act. The service manager attempted to address any queries and they consulted the chair of trustees or the local safeguarding team if they were unable to answer a Mental Capacity Act related query themselves.

There was no formal process for monitoring adherence to the Act within the service other than ongoing dialogue between managers and staff in relation to allowing clients to make decisions they considered to be unwise.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Infection control principles were adhered to within the service. There were handwashing facilities throughout the service building. The rooms and areas used by clients at the service were clean, tidy and furnishings were in a good state of repair and were well maintained. Clients cleaned the areas they used, including the kitchen and their bedrooms, with materials supplied by the service. An external service also carried out a deep clean of the kitchen twice a year. Rooms used by staff were cleaned by the service's concierge.

Closed circuit television was in operation at the service, which recorded activity within the premises and outside the front of the building.

There were four fire wardens at the service; two covering during the day and two on a night. Their certificates were valid until October 2018 and their details were posted on walls and boards within the building so people knew whom they were.

The tests for health and safety, including fire, gas and electrical wiring were up to date. The service carried out legionella testing every two years and a test was scheduled for March 2018. Regular checks of the environment took place and any repair work identified was logged and actioned accordingly.

We looked at the fridges and freezers in the kitchen area and noted that cooked and raw meats were kept separated to avoid contamination.

The service's compliance with the Department of Health's guidance on same sex accommodation could not always be adhered to as there was no separate female lounge area and the ability to segregate male and female bedrooms was dependent on the number people in the service at any given time. However, all bedrooms contained their own en-suite facilities and clients could use rooms within the service if they wanted time away from their peers so the privacy and dignity of clients were maintained at all times.

There were also two twin bedrooms, which meant that some clients of the same gender had to share accommodation. Agreement was sought with both clients before they were placed together and a client we spoke with confirmed their permission to share had been sought with themselves and the other occupant.

At the time of our inspection, none of the clients required reasonable adjustments in relation to physical disabilities or mobility issues. However, because there was no lift within the building, any potential clients with mobility issues, such as wheelchair users, would be placed in accommodation on the ground floor where there was also an accessible shower room.

An external partner agency undertook any assessments of clients prior to admission to the service, which included identifying if they were at risk of suicide or self-harm. This information was used by the service to determine if the admission was safe given there were ligature points throughout the building including in client's bedrooms. Ligature risks within the building were recorded in the service's environmental risk assessments; risk rated and included steps to mitigate any potential risks.

There was an alarm system at the service. If an emergency arose, staff could sound the alarm, which was answered by an emergency call handler who arranged for appropriate assistance.

Safe staffing

There was sufficient staff in place to provide safe care and treatment. The staffing comprised 12-step rehabilitation coaches (four whole time equivalent), programme support

workers (three whole time equivalent), waking night concierges (two whole time equivalent), the service manager and chief executive officer. Up to four volunteers and two ambassadors also supported the service at any given time. The service employed its own administrator, quality assurance assistant and compliance lead.

The service based its staffing levels on a two clients to one 12-step rehabilitation coach ratio, two to attend to clients in their primary treatment and two in their secondary treatment. However, the service was also covered via an ambassador programme. Anyone with six months continuous abstinence from drug or alcohol could become an ambassador to help clients in treatment through their recovery journey.

There were no staff vacancies at the time of our inspection visit. The staff sickness absence rate at the service was six per cent between February and November 2017, which was within the national average. The provider reported that no members of staff had left the service between February and November 2017 and no further staff had left at the time of our inspection visit. The provider also reported that only one shift was filled by a bank and agency worker due to cover staff absence.

Staff were not up to date with all their mandatory training requirements. These related to the following training modules:

- safeguarding children training for staff who predominantly worked with children, young people, parents and carers (50% compliance)
- a training package from an external provider which included modules in care planning, behaviours that challenge, infection control, managing aggression, person centred care approaches, risk assessments, record keeping, equality and diversity, learning disability awareness, Mental Capacity Act, communication, diet and nutrition and dignity and respect (60% compliance)
- suicide training (50% compliance)
- equality and diversity (0% compliance)
- trauma training which included identifying and managing the signs and symptoms of trauma and post traumatic stress disorder and awareness of trauma pathways and associated guidance from the National Institute for Health and Care Excellence (50% compliance)

When we discussed the above compliance rates with the service manager, they told us that equality and diversity was also covered via a training package from an external provider. However, compliance with this training package was also low so this did not provide reassurance that staff were suitably trained in equality and diversity issues. In relation to trauma training, all staff eligible staff had completed day one of the two-day course but were yet to complete day two at the time of our inspection.

The people who used the service we spoke with told us they had access to one to one time with staff and that there was always staff around to talk to if they needed help, support or to chat with in general. They also said that activities had never been cancelled and they were unaware of any occasions when there had been staff shortages.

There was enough staff in place to deal with emergencies within the service. Nine staff members were trained in first aid and one member of staff was trained in emergency first aid. The courses' content included attending to people who were unresponsive, the use of an automatic external defibrillator, choking, bleeding, heart, angina and asthma attacks, burns, fainting, poisoning, hypothermia or heat exhaustion, seizures, head injuries and diabetic emergencies. The service held details of each client's GP so they could be contacted in an emergency. An acute hospital and mental health services were within the locality if a client needed to attend accident and emergency or needed help with mental health issues.

Assessing and managing risk to clients and staff

The provider reported that clients' risk assessments were formerly reviewed every three months and updated accordingly but that there was no organisational policy on how frequently reviews should be conducted. An external partner agency undertook the initial risk assessments of all clients prior to admission, which included identifying if the client was at risk of suicide or self-harm. This information was used by the service to determine if the admission would be safe. The tool used was standard amongst care providers. The service updated risk assessments when staff had reasons to be concerned about a client's behaviour. We looked at six client's care records. Four of the clients had only entered the service within the last two months yet one client's risk assessment had already been reviewed due to concerns about their vulnerability. A fifth client was

admitted in October 2017 and two additional reviews of their risk assessment had been undertaken since. However, the record for the sixth client indicated that no review had taken place since they were admitted in September 2017.

The service had a policy on how to deal with clients who had unexpectedly exited from treatment. Clients were encouraged to continue with their treatment, 12-step coaches liaised with clients and partner agencies to identify the reasons the client wanted to leave and reassure them, naloxone kits were issued to opiate users and the service's sustainable homes lead helped clients find suitable accommodation if required.

New clients were required to read and sign a treatment contract that laid out the rules and expectations of the service. These included:

- not bringing newspapers into the service without permission as this was considered an isolating activity and the coverage of violent related activities could trigger negative feelings or memories in clients
- wearing appropriate clothing at all times – football tops, offensive slogans and revealing or tight clothing were not allowed because the service considered team rivalry caused problems amongst clients and tight or revealing clothing could be provocative to other clients.

The service manager and chief executive officer said that if a client did not abide by any of the above rules and expectations, it was unlikely they would be discharged from the service and instead, discussions would take place between staff and clients with the aim of persuading the client to abide by their treatment contract.

The service had effective policies for children visiting the service and conducting searches of clients.

Staff received safeguarding training within the service; however, only 50% of staff whose role predominantly worked with children, young people, parents and carers had completed their mandatory safeguarding children training it at the time of our inspection. Ninety per cent of staff were trained in the awareness of child abuse and neglect and 80% were trained in safeguarding everyone – protecting children, young adults and adults at risk. The training modules included how to recognise possible signs of abuse and understood these. Staff were aware that the organisations procedures were held in the organisational file storage system and reported any safeguarding concerns to the service manager who made safeguarding referrals as necessary.

The provider reported that in the 12 months prior to our inspection visit, two safeguarding alerts had been raised. These were in relation to two clients who had left the service unexpectedly and had relapsed.

Although the service did not prescribe medication, it had arrangements in place for monitoring the use of medicines used by clients. Clients signed a contract on admission, which included an agreement that they would not pass on their medication to others or engage in the use of alcohol or illicit drugs. Illicit drug screening was performed randomly when there was evidence or suspicions that clients had used illicit drugs or alcohol. This included urine screening and breath testing. Clients kept their medication locked in a safe in their bedrooms. The 12-step coaches conducted a weekly check of these safes to track the use of the medication, ensure medicines were still in date and that the client was not using medication inappropriately. The 12-step coaches entered their findings in the client's care record.

On discharge, opiate users were issued with naloxone kits. Naloxone is a medication, which blocks the effects of opioids and can decrease the risk of further illicit drug misuse.

The service had a medicines management policy that was up to date. The service had its own amnesty box where clients could covertly dispose of any illicit drugs they had brought into the service. This box was positioned in a corridor away from closed circuit television. The service manager, chief executive officer and the police held keys to the box. Two keys were required to empty the box and the contents were confiscated by the police and disposed of in line with their own procedures.

Track record on safety

The provider had an incident policy which included definitions of incidents, serious untoward incidents and near misses.

Substance misuse services

The provider reported there were no serious incidents in the 12 months prior to our inspection. The only adverse event within the last 12 months was a gas leak that was quickly rectified with no negative impact upon clients, staff or members of the local community.

The service had made a number of safety improvements in the 12 months prior to our inspection visit. These included:

- the installation of window restrictors within clients' rooms
- restricting water temperatures to prevent scalding
- replacing carpets to mitigate trip hazards
- the installation of an amnesty box so that clients could dispose of any illicit drugs on admission in a secure way
- the provider had recruited a quality assurance assistant and compliance lead to monitor and improve quality within the service and,
- the provision of naloxone within the service and training in its use, which meant all clients had naloxone and were trained in its administration.

Reporting incidents and learning from when things go wrong

The provider reported there were no incidents in the 12 months prior to our inspection.

The provider had an incident policy which included definitions of incidents, serious untoward incidents and near misses.

Staff reported clients leaving the premises for an hour or longer without their knowledge, illicit drug use or consumption of alcohol, suspected abuse and breaches of confidentiality as incidents to the service manager who recorded them on the provider's incident reporting system.

Staff received 'lessons learned' feedback from the investigations into incidents through supervision and daily flash meetings which were used to improve practice within the service. Flash meetings were also used to debrief after serious incidents. Line managers offered support to staff affected by serious incidents and staff were able to access counselling in work's time if they needed it. Staff were also allowed to attend funerals in work's time for any clients who had passed away.

Duty of candour

The Duty of candour is a legal requirement introduced to ensure openness, honesty and transparency with people who use care services when things go wrong. It also requires care providers to offer an apology to those affected.

The service had a duty of candour policy and staff were aware of their responsibilities under it.

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

Assessment of needs and planning of care

We looked at six clients' care records during our inspection visit. These records showed that comprehensive assessments of clients were conducted by a partner agency shortly before admission to the service.

Assessments captured information about clients' drug or alcohol dependency levels, injecting history, previous treatments, blood born virus screening, advice given about harm reduction, the client's motivation to change, physical healthcare needs and any protected characteristics pertaining to the client. The assessment also included evidence that Alcohol Use Disorders Identification Test screening had taken place for clients misusing alcohol. This is a 10-item screening tool developed to assess alcohol consumption, drinking behaviours, and alcohol-related problems. We saw evidence within the care records that the service addressed any physical healthcare needs after clients were admitted. Clients were taken for electrocardiograms if there were concerns over heart problems and encouraged to attend GP appointments for reviews of their health conditions such as chronic obstructive pulmonary disease and blood pressure monitoring.

Five of the six care records contained recovery plans, which had been completed within 72 hours of admission and had been updated. The sixth record related to a patient who had been admitted to the service on 22 January 2018. Staff told us the focus for this client was on orientating the client to the service due to difficulties in their adjusting to their new surroundings and recovery plan would be formulated later. Recovery plans were holistic, personalised and

contained clients' strengths and goals. For example, one client was working towards being able to see their children and another client had written their recovery plan themselves.

Alcohol detoxification was not carried out within the service. The level of dependence for clients misusing alcohol was identified at the point of comprehensive assessment and a detoxification plan was formulated prior to admission to the service. Alcohol detoxification took place either at the client's home if there was a family member, friend or carer present to supervise them, or if the client presented with health concerns or a history of higher-level withdrawal symptoms, arrangements were made to admit the client to an inpatient detoxification service. Opiate detox was covered by the service. Clients on 30mg or lower of methadone or 24mg or lower of buprenorphine were admitted to the service. A health check was completed on the day of admission by a partner agency and reductions over a two-week period were negotiated with the client based on their current dosage. Advice could be sought from the partner agency from Monday to Friday if there were any concerns or if symptomatic relief was required. Once opiate clients had completed the first 12 weeks of their treatment, they are reassessed by the partner agency who offered them relapse prevention medication.

The service did not prescribe substitute medication to clients. However, the service was confident that the partner agency responsible for prescribing substitute medication was suitable to do so as they were registered with the Care Quality Commission and, therefore, subject to its monitoring and regulation and their practice, methodology and diligence had been scrutinised prior to becoming part of the Middlesbrough Recovery Team. The service manager and chief executive officer at the service were both experienced professionals in the area of substance misuse and were able to question any treatment regimens and escalate any concerns they had about prescribing practices.

Information relating to clients was stored securely. Clients' care records were electronic and the system used required a username and password to be entered before information could be accessed. Staff were required to keep any paper-based information with personal identifiers such as names, dates of birth and addresses locked away when not in use.

Best practice in treatment and care

The service's policies on relapse prevention, naloxone and the process for opiate detoxification followed the Nation Institute for Health and Care Excellence guidance.

We looked at six clients' care records and saw evidence that there was good access to physical healthcare. Clients were encouraged to attend appointments with their GPs, dentists, opticians and other health professionals for both routine health checks and ongoing care and treatment needs.

Clients' nutrition and hydration needs were met. Clients planned their own weekly meals at weekends and bought food, drinks and other provisions, which they cooked and prepared themselves. This meant that any individual client's dietary requirements were always met as they chose what meals to buy and cook themselves. The service encouraged clients to make healthy food choices and take exercise to improve their mental and physical health.

One of the partner agencies used two specific tools within clients' two-week reduction period. These were the Clinical Institute Withdrawal Assessment for Alcohol and the Clinical Opiate Withdrawal Scale. All clients within the service were monitored using the Treatment Outcome Profile, which measured physical and psychologicalhealth and overall quality of life. On completion of the primary stage of their treatment, one of the partner agencies would conduct a Treatment Outcome Profile assessment of the client. If there were concerns about a client's mental statewhilst in the service, they would be assessed by one of the partner agencies, which would include completing depression and generalised anxiety testing.

Staff carried out clinical audits within the service. These included audits of care records, weekly audits of the service's fire procedures and audits of information held in relation to clients' housing benefit applications.

Skilled staff to deliver care

The service's multidisciplinary team comprised the service manager, programme support workers, 12-step recovery workers, ambassadors, occupational therapists and a mental health nurse and support worker from a partner agency. All members of the multidisciplinary team provided input in relation to the care and treatment of clients within the service.

Substance misuse services

Staff were experienced and qualified. Qualifications held by individuals related to recovery coaching, social care, negotiating skills, management and leadership, counselling and psychotherapy. As staff members working at the service included people with were previous experience of alcohol and drug misuse, they were able to empathise and identify with the needs and anxieties of clients and tailor activities to address them.

Staff were trained in recovery to wellness coaching which enabled them to provide individual and group coaching within the service. The coaching enabled the group and individuals to develop decision making skills and set goals whilst holding each other accountable.

The service's induction programme was effective. New staff attended an organisational induction, which was based on the care standards certificate and included shadowing experienced staff. We looked at an induction workbook, which was offered to all new staff when they commenced their employment. This workbook contained information about personal development, duty of care, person centred care, safeguarding, basic life support, health and safety, equality and diversity, infection control and prevention, nutrition and hydration, privacy and dignity, the Mental Health Act and Mental Capacity Act and information governance.

Staff were regularly supervised. We looked at the supervision records for six staff members, which showed they received supervision between five to eight times since February 2017. At the time of our inspection visit, 80% of staff had been appraised in the last 12 months.

Staff had access to specialist training for their role. Examples of specialist training undertaken included coaching skills, trauma training, level three national vocational qualifications in health and social care, health and safety, linguistic training, suicide prevention, first aid and the control of substances hazardous to health.

Poor performance was dealt with effectively. The provider had a performance management system, which included procedures for addressing poor performance in an effective and timely manner.

Multidisciplinary and inter-agency team work

There were regular and effective team meetings held at the service. The multidisciplinary team met each week to discuss issues relating to the care and treatment of clients.

Any decisions made at multidisciplinary meetings were disseminated by the team to staff within the service either verbally or during flash meetings. Flash meetings were held each morning during which staff were updated about any developments relating to clients or the service.

Staff handovers within the team were also effective. Information about clients was shared either verbally or via secure e-mail. Programme support workers worked either Monday to Wednesday or Wednesday to Friday, which meant they worked together on Wednesdays so information about clients was shared. A waking night concierge staff member attended flash meetings every morning which meant that day and night staff were kept informed of any developments. The service manager and chief executive officer were also on-call to provide any information or assistance to night staff.

Information and decisions made in relation to care and treatment were communicated with relevant parties both internally and externally. Client related information was recorded in client's individual electronic record so staff had access to up to date information. Clients' GPs were contactable if information was required about their health status as contact details for each client's GP was held within their care record.

There were effective links and working arrangements with external services and partners. The relationship between the service and the two partner agencies meant that clients' healthcare needs were met and that information sharing worked well. There was a service level agreement between the three partners. Staff also reported that links with community services, primary healthcare, the police and other criminal justice services worked well to help and support the needs of the people who used the service.

Adherence to the MHA

The service did not provide accommodation for people detained under the Mental Health Act, however clients with mental health conditions could be accepted into the service if pre-admission assessments undertaken by a partner agency confirmed it was safe to do so. There had previously been clients who had undergone treatment at the service whilst being prescribed anti-psychotic medication and systems were in place to manage this via help and ongoing support with local mental health services.

The provider reported that 100% of staff had been trained in the Mental Health Act. The training was not a standalone module and instead formed part of a training package from an external provider. The service did not have a policy relating to the Mental Health Act.

There was no central contact from which staff could obtain advice about the Mental Health Act. This meant the service manager had to look up the legislation governing the Act if there were any queries and if they could not find the answer, they had to seek advice from the chair of trustees or the local safeguarding team. There was, however, no evidence that the lack of a central contact had caused any issues at the time of our inspection.

Good practice in applying the MCA

The provider reported that 100% of staff were trained in the Mental Capacity Act. The training was not a standalone module and instead formed part of a training package from an external provider.

Staff's understanding of the Act was good overall although one member of staff was unable to state any of the five statutory principles. Staff knew that they should always presume a person has capacity, should be supported to make their own decisions and had the right to make decisions that others may consider unwise. They also told us that if a person lacked capacity, any decisions made on their behalf were made in their best interests. However, staff were unsure about the Mental Capacity Act definition of restraint despite the fact that there were blanket restrictions in clients' treatment contracts and limited access to outdoor space. Further training in the Mental Capacity Act was planned which was set to include the use of restraint under the Act.

The service had a draft policy on the Mental Capacity Act dated December 2017, which staff could access on the shared area. This also covered the use of Deprivation of Liberty Safeguards, best interests decisions, assessment of capacity and the five statutory principles. The policy was correct, up to date and provided guidance that was easy to understand. Staff induction workbooks also contained this information and information about informed consent.

At the time of our inspection visit, no clients residing at the service were subject to any Deprivation of Liberty Safeguards. The service manager was the person responsible for making applications for Deprivation of Liberty Safeguards.

The electronic care records system used by the service was used to document assessments of each client's mental capacity and ability to consent although all the clients at the service at the time of our inspection had the capacity to make their own decisions. Capacity assessments were undertaken by a partner agency prior to admission to the service.

There was no central contact from which staff could obtain advice about the Mental Capacity Act. This meant the service manager had to look up the legislation governing the Act if there were any queries and if they could not find the answer, they had to seek advice from the chair of trustees or the local safeguarding team. There was, however, no evidence that the lack of a central contact had caused any issues at the time of our inspection.

There was no formal process for monitoring staff's adherence to Act within the service other than ongoing dialogue between managers and staff in relation to allowing clients to make decisions they considered to be unwise.

Equality and human rights

The provider had not carried out equality impact assessments on staff policies. Equality impact assessments are conducted by employers to ensure their policies and procedures do not negatively impact on people with protected characteristics under the Equality Act. Staff management policies included policies on paternity, partner, parental and adoption leave, flexible working, absence due to substance misuse, recruitment, reasonable adjustments and anti-discrimination.

The service had worked with the police and local community as part of the government's anti-terrorism strategy, Prevent.

None of the staff had completed their mandatory equality and diversity training at the time of our inspection. Staff had received some training in this area, however, as part of a training package from an external provider.

The service's electronic care records system was used to capture client information for equality and diversity monitoring purposes and planning of appropriate care and treatment such as ethnicity, gender and sexual orientation.

Management of transition arrangements, referral and discharge

Substance misuse services

Referrals to the service could be made by a health professional such as a GP or by the client themselves. Referrals were received via a central portal and were assessed by one of the partner agencies and tracked through a detox pathway. This involved an assessment and a pre-habilitation programme comprising three recovery meetings, reduction and inpatient detoxification and, before admission, a look around the Recovery Connections service.

On completion of the 24-week treatment programme at the service, clients were discharged and offered an aftercare service, which included drug, and alcohol related advice, help with housing and employment and other initiatives to encourage abstinence from alcohol or illicit drugs.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with seven clients and one carer and a further six clients provided feedback using our comments cards. The people who used the service said that staff treated them with kindness, dignity and respect and were polite, caring and compassionate. Comments included 'staff are amazing', 'I am treated as an equal', 'I am treated as an individual' and 'staff are interested in our wellbeing, understand our needs and are honest with us'. Clients also said there was a fun atmosphere at the service with plenty of humour and they were happy. A carer who spoke with us said staff supported them throughout their family member's care and treatment. The carer felt listened to and staff called them to check if they were ok. There was only one negative comment from a client in relation to a suggestion that the door at the entrance of the building be fitted with either a fob or telecom system to stop the bell continually ring or people knocking on windows when clients were engaged in group activities. The service knew about the issue and were looking at ways to address it.

During our inspection, we observed friendly and positive interaction between clients and staff. We attended three client activity groups and clients' thoughts and opinions were taken on board for consideration by staff and any queries were answered.

The involvement of clients in the care they receive

Clients were allocated a programme support worker to help them orient to the service. New clients were given an information pack which included details about the service, how to complain, timetables of events during the stages of their treatment, details of mutual aid meetings and a copy of their treatment contract. New clients were introduced to staff and existing clients and shown around the service.

Clients had mixed views about whether they felt involved in decisions about their care and treatment. Three clients felt that because the treatment plan was a set programme, individualised care and treatment options were limited. Others commented that they had been heavily involved in formulating their recovery and risk assessment plans and given the opportunity to engage in additional therapies to those originally outlined. Clients were also able to sit on recruitment panels when new staff were being interviewed to work either at the service or in other services within Recovery Connections.

Clients felt the service encouraged them to maintain their independence and build upon their life skills. This included responsibility for the cleanliness of the areas they used, planning their own food shopping and cooking their own meals.

Clients had access to an advocacy service, which could be easily contacted as it was based on the same street as the service. Clients also told us that staff encouraged them to speak up for themselves during meetings and activities.

The clients who spoke with us said their families and carers had been involved in their care and treatment. They also said that the service kept in contact with families and carers to update them and also check if they needed help and support.

The service had a range of opportunities for clients and their families to feedback on the accommodation element and the service provided. These include comments and complaints boxes, social media pages, via the provider's website, in person, at client forums and weekly client meetings. Changes made as a result of feedback received included improvements to food shopping and meal plans, updates to the environment such the décor and furniture, timetable and provision of items in clients' rooms.

Substance misuse services

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

Access and discharge

The average bed occupancy in the six months prior to our inspection visit was 81% and there had been no out of area placements. There were no delayed discharges in the six months prior to our inspection due to non-clinical reasons.

The average time from referral to initial assessment was 12 weeks and the time from initial assessment to the onset of treatment was two weeks.

Prior to discharge, the sustainable homes lead ensured clients had a home to go to and if not, they found suitable accommodation. Discharge was arranged with consultation with the client and their family members or carers.

The facilities promote recovery, comfort, dignity and confidentiality

There was a range of rooms within the service to support care and treatment. These included rooms for group activities, a dining area, kitchen and a laundry room Clients also used counselling rooms if they needed privacy. However, there were no separate female lounge areas at the service but clients could use rooms within the service if they wanted time away from their peers so the privacy and dignity of clients were maintained at all times.

Visitors were able to see clients either in the counselling rooms or in the client's room. Any visits had to be scheduled with the client's 12-step coach. Clients in the primary stage of their treatment also needed to schedule any personal telephone calls with their 12-step coach and a staff member attended for the duration of the call.

Clients in their primary stage of care were not encouraged to go outside alone and were accompanied by a peer who was in the secondary stage. Clients in the secondary stage were able to have only two half days a week free time outside so they could desensitise.

Clients had access to hot drinks and snacks at all times and there were fridges and freezers in the kitchen area which contained a wide selection of food and drink.

Clients were able to personalise their bedrooms and rooms contained a safe where clients could securely store any medication or possessions.

Clients had access to a variety of activities, therapies and peer support groups within the service, including weekends. These included men's' and women's' groups, football, music, walking and art therapies.

Meeting the needs of all clients

The service was accessible to clients with disabilities. The building did not have a lift installed so clients with disabilities were placed in accommodation on the ground floor where there was a wheelchair accessible shower room. The suitability of the accommodation for individuals with physical disabilities and mobility issues was assessed by a partner agency who decided if the service could accommodate their needs.

On admission, clients were issued with an introduction booklet, which included information about the care and treatment programme, how to complain, mutual aid meetings, the Care Quality Commission, helplines, advocacy and the patient advice and liaison service. Information was also on noticeboards in rooms used by clients. The service was able to provide information in different languages and formats such as easy read when required.

Clients planned their own weekly meals at weekends and bought food, drinks and other provisions, which they cooked and prepared themselves. This meant that any individual client's dietary needs such as coeliac, vegetarian, vegan, halal or kashrut were met.

The service could access signers through the local authority for people with hearing impairments. The service had its own self-funded interpreters for people for whom English was not their first language.

Clients had access to their chosen place of worship within the community.

The service's treatment programme provided clients with lifelong learning credits on completion of primary and secondary care, offering recovery and qualifications. The Ambassador programme was open to all graduates and was an open college network level two accredited qualification. Clients were also able to work in a local

alcohol free bar to increase their skills and potential employability. The service also offered a job club onsite during which a Job Centre Plus representative who provided financial advice to clients.

Following discharge, the service supported clients for two years with tenancy skills training and help to become a member of their local community. Clients who had taken up this offer of support had fed back that the support was invaluable and reduced the stress of living in recovery as a responsible individual.

Listening to and learning from concerns and complaints

The provider reported that in the 12 months prior to our inspection visit, the service received five complaints. The complaints were of a minor nature such as concerns over moving to aftercare, a request for coaches to be mindful of the need for clients to meditate and perceptions over competitiveness between coaches and were easily rectified. Each complainant had received a response and lessons learned had been identified.

The people we spoke with said they would feel confident about making a complaint. They were aware that there were complaints and comments boxes they could use to give feedback but did not know the procedure for complaining to an external body. However, the introduction booklets issued to clients on admission contained a copy of the complaints procedure and details of how to make a complaint to an external body such as the Care Quality Commission or Parliamentary and Health Service Ombudsman. We fed this back to the service manager and chief executive officer and suggested that posters should be placed on noticeboards to further promote to clients how to make complaints both internally and to an external body. They agreed to do so.

The service's complaints procedure was stored in the shared area so staff referred to it for guidance if a person using the service made a complaint. Staff reminded clients that there were complaints boxes that they could use if they were dissatisfied with any aspect of their care and treatment.

Staff received feedback on the outcome of investigations into complaints during team meetings and supervision. Lessons learned from investigating complaints were used to improve practice within the service.

Are substance misuse services well-led?

Vision and values

The provider's vision and values were that the service be led by the people and the community it serves; to inspire, motivate, empower and support all those affected by substance use to sustain visible, long-term recovery and lasting positive change. The organisation name, logo, vision, values and purpose were all agreed by the community following feedback collected via surveys, focus groups and social media. Staff at the service agreed with the vision and values and confirmed that their team and individual work objectives were based around them.

The chief executive officer and service manager were based at the service. Staff confirmed that the board of trustees had visited the service in the last 12 months.

Good governance

The provider used key performance indicators to monitor performance within the service. At the time of our inspection, the service was currently meeting its operational expectations. The service contributed towards the key performance indicators of its two partner agencies and each partner provided statistical information to the National Drug Treatment Monitoring System.

Staff at the service received regular supervision and appraisals. There were sufficient numbers of staff who were experienced and qualified to deliver safe care and treatment. Findings from investigating complaints and feedback from clients and carers was used to improve practice within the service. Staff had access to the safeguarding procedures and knew how to recognise possible signs of abuse. The service made safeguarding referrals when appropriate. Audits of care records, weekly audits of fire procedures and audits of information relating to client housing benefit applications had taken place within last 12 months prior to our inspection visit.

However, there was no formal system for monitoring staff adherence to the Mental Health Act and Mental Capacity Act within the service and mandatory training figures were low for equality and diversity, trauma training, suicide training, a training package from an external provider encompassing a variety of modules and safeguarding children training for staff who predominantly worked with children, young people, parents and carers.

The service manager and chief executive officer had sufficient authority and access to administrative support to do their jobs. This included a service administrator, quality assurance assistant and a compliance lead. The compliance lead mapped processes, procedures and general practice against the Care Quality Commission's fundamental standards and key lines of enquiry for inspections.

The provider had a risk register in place. Staff could add items to be included on the risk register.

Leadership, morale and staff engagement

Staff absences at the service were low which meant that unplanned absences were rare and clients' care and treatment needs were not compromised. The sickness absence rate for the 12 months prior to our inspection was six per cent, which was in line with the national average.

There were no discrimination, harassment or bullying cases being investigated at the time of our inspection visit. Staff were supportive of one another, morale was high, staff felt their roles were rewarding and they felt respected by their colleagues and clients.

Staff survey results showed that 71% of staff were happy working for the service. The main issues identified were in relation to staff feeling they needed more direction and that work life balance could be a struggle.

All staff had access to the provider's whistleblowing policy as it was held in the shared area. Staff felt they could raise any concerns without the fear of reprisals and senior staff welcomed feedback.

Staff were open, transparent and honest with clients when things went wrong. The service had a duty of candour policy, which underlined the requirements of the duty of candour legislation and what staff's obligations were under it.

Opportunities for leadership development within the service were limited due to the service being an independent charity. The chief executive officer and service manager were looking at the possibility of training contracts outside of the Middlesbrough area to address this.

Staff had the opportunity to give feedback on how the service could be improved and could provide input into service development.

Commitment to quality improvement and innovation

The service contributed and participated in local drug related death reviews if they related to existing or previous clients.

The chief executive officer had completed a Winston Churchill Fellowship in 2017 looking at young people in recovery and recovery support on university campuses across America. At the time of our inspection visit, the service was in the process of working with Newcastle University to pilot this with an academic attached to capture the outcomes.

The quality assurance and clinical governance group and board meetings explored continual service development and actions for improvement.

The service had its own client choir group. The choir had gained such a good reputation that they were due to perform at the Tate Modern later in the year.

The service had not participated in any national quality improvement programmes in the 12 months prior to our inspection visit.

Outstanding practice and areas for improvement

Outstanding practice

The service's treatment programme provided clients with lifelong learning credits on completion of primary and secondary care, offering recovery and qualifications. The Ambassador programme was open to all graduates and was an open college network level two accredited qualification. Clients could volunteer to work in a local alcohol free bar to increase their skills and potential employability. The service also offered a job club onsite during which a Job Centre Plus representative who provided financial advice to clients.

The service had its own sustainable homes lead. They ensured clients had suitable accommodation following discharge with central heating, running water and other essential facilities for habitation.

Areas for improvement

Action the provider MUST take to improve

- The registered manager must ensure that systems are in place and operating effectively to ensure mandatory training is completed.
- The registered manager must review the restrictions in place for clients to ensure they are proportionate and do not unnecessarily limit clients' individual choices or freedom of expression or breach the Mental Capacity Act.

Action the provider SHOULD take to improve

- The registered manager should ensure that effective systems are in place to ensure that all clients' risk assessments are regularly reviewed and updated.
- The registered manager should ensure that effective systems are in place to monitor staff adherence to the Mental Health Act and Mental Capacity Act and that staff receive appropriate and timely advice about the Acts.
- The registered manager should ensure that staff are knowledgable about the Mental Capacity Act definition of restraint.
- The registered manager should ensure that all the service's policies and procedures are equality impact assessed to avoid discrimination against people with protected characteristics under the Equality Act.
- The registered manager should ensure that clients know how to make complaints to external bodies.
- The registered manager should ensure that staff have access to leadership development.

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 18 HSCA (RA) Regulations 2014 Staffing Staff mandatory training compliance rates were low for safeguarding children training in relation to staff who predominantly worked with children, young people, parents and carers (50% compliance), a training package from an external provider encompassing a variety of different modules (60% compliance), equality and diversity (0% compliance) and trauma training (50% compliance). **Regulation 18 (2) (a) (b)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service's use of restrictions was disproportionate and included not allowing clients to wear football tops or tight and revealing clothing, not allowing clients to make calls in private, limiting access to outdoor space and not allowing newspapers to be brought into the service without permission. **Regulation 9 (1) (a) (b) (c) (2) (a) (b) (c)**

This section is primarily information for the provider

Enforcement actions

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.