

UK Addiction Treatment Limited

Sanctuary Lodge

Inspection report

Hedingham Road
Halstead
CO9 2DWTel:
www.sanctuarylodge.comDate of inspection visit: 22 November 2023
Date of publication: 16/02/2024

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service provided safe care. Premises where clients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision, and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Staff we spoke with said that the service would benefit from more support workers that knew the service and said there had recently been a lot of changes in staffing recently.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	See report for information

Summary of findings

Contents

Summary of this inspection

Background to Sanctuary Lodge

Page

5

Information about Sanctuary Lodge

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Sanctuary Lodge

Sanctuary Lodge offers a medically monitored detoxification service for up to 22 clients requiring medical detoxification and rehabilitation. All clients are funded privately. The provider admits both male and female clients. At the time of the inspection the service had 16 clients in treatment.

The service is registered for the following CQC regulated activities:

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

The service did not have a registered manager at the time of inspection. However, an application had been submitted by the newly appointed manager.

What people who use the service say

We spoke with 5 clients as part of this inspection.

Clients we spoke with said the staff were excellent help, very friendly and gave lots of support to help clients understand their addiction and treatment. Clients said they were made to feel very welcome, the accommodation was cleaned daily and felt like a hotel.

One client told us they had an induction on arrival. However, three clients noted that the service lacked organisation, for example, not knowing what room to be in for therapy sessions, needing to chase up gym requests and a lack of communication from staff.

How we carried out this inspection

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

Before the inspection, we reviewed information that we held about this service.

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

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

Summary of this inspection

- Is it well-led?

During the inspection visit, the inspection team:

- toured the premises.
- spoke with five clients who were using the service
- spoke with the service manager
- spoke with 8 other staff members: including support workers, nurses, and therapists
- looked at 8 care records; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Residential substance misuse services

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

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

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

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Managers carried out regular inspections and audits of the environment, including building and fire safety. Managers routinely met to identify good practice and identify any actions that were needed.

Staff could observe clients in all areas of the service. The service had closed circuit television (CCTV) cameras to support staff to observe areas inside and outside the building.

The service managed risk and client safety where there was mixed sex accommodation. All bedrooms were en-suite, except the accessible bedroom where the bathroom was opposite the bedroom.

Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe. The service had a ligature risk assessment and ligature risk management plan in place. The service did not admit clients with a historical risk of ligatures.

Staff and clients had easy access to call systems. All staff had access to handheld radios, clients who were undergoing detox treatment also had access to handheld radios to call for staff.

Maintenance, cleanliness, and infection control

All areas were clean, well maintained, well-furnished and fit for purpose.

Residential substance misuse services

Staff made sure cleaning records were up-to-date and the premises were clean. The service employed two full-time housekeepers who carried out daily cleaning. The service kept up-to-date cleaning records for areas on the premises that were cleaned regularly. Clients were also allocated cleaning roles as part of their therapeutic duties.

Staff followed infection control policy, including handwashing. In response to the COVID-19 pandemic, the service had introduced up to date policies for staff and clients to follow. This included advice on testing and social distancing. Hand sanitiser was available throughout the building.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

The service had access to naloxone. Naloxone temporarily reverses the effects of an opiate overdose. In the event of a medical emergency staff would call for an ambulance. All staff had received training on how to administer naloxone.

Staff checked, maintained, and cleaned equipment. The clinic room was clean and tidy. It contained medicines, including a controlled drugs cabinet and a range of equipment used to carry out physical examinations with clients. The nurse recorded the clinic room temperature and the medicines fridge temperature daily and was aware of what action should be taken if the temperature went out of range.

The alcometer (used to measure level of alcohol in breath) had been calibrated.

The provider had installed emergency equipment. This was in date, regularly tested and ready for use. This included naloxone, ligature cutters and a defibrillator.

A clinical waste disposal company contract was in place to collect and dispose of clinical waste.

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

Nursing staff

The service had enough daytime nursing cover and support staff to keep clients safe. The service employed one full time nurse who worked full time Monday to Friday. To mitigate overnight risk to client safety, the service employed two overnight support workers.

The service had low staff vacancy rates. At the time of the inspection there were 22 staff members employed by Sanctuary Lodge, including a centre manager, a registered nurse, an administrator, a lead counsellor, 4 counsellors, 6 support workers, 2 waking night support workers, 2 chefs, 2 housekeepers and 2 staff members carrying out maintenance. A further 5 staff members had been recently recruited and were going through the recruitment process and there were two vacancies.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had reducing turnover rates. Three staff members had left the service in the three months leading to inspection, which equated to a turnover rate of 10% between August and November 2023.

Residential substance misuse services

Leaders ensured robust recruitment processes were followed. The provider had carried out the appropriate checks to ensure the fitness of staff to work with clients including, interviews, and criminal records disclosure for all staff. All staff had relevant personal references and professional references prior to being employed by the service.

Managers supported staff who needed time off for ill health and levels of sickness were low. The service reported 2 staff members had days off due to sickness in the three months leading to inspection.

Managers estimated the number of staff required based on client need and the therapy programmes in place at any given time.

Clients had regular one to one sessions with their named counsellor. Staff shared key information to keep clients safe when handing over their care to others. Staff held handover meetings at each shift change to discuss each client and any changes in their risk.

Medical staff

The service contracted a consultant psychiatrist who was the prescriber for the service and had worked with the provider since 2014 as the UKAT Group Medical Advisor. The consultant psychiatrist carried out online meetings to assess clients and was available by telephone to advise staff. The service had provision for medical cover out of hours or in an emergency.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall, 98% of permanent staff had completed mandatory training. The mandatory training programme was comprehensive and met the needs of clients and staff. The training programme included safeguarding children and adults, first aid awareness, safe administration of medicines, basic first aid and managing behaviours which challenge.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

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

Assessment of client risk

The admissions team completed an initial risk assessment at the pre-admission stage and clients were screened against the service exclusion policy. The exclusion policy included some specific offending history, those currently detained under the Mental Health Act, and clients with physical health needs that could not be managed within the setting.

Staff completed risk assessments for each client again on arrival. Staff reviewed risk assessments weekly or after any incident. The service had a flagging system embedded in the risk assessment to highlight specific concerns such as safeguarding.

The service manager and specialist GP reviewed risk assessments of clients prior to admission to ensure that those admitted were low risk of harm to others and themselves.

Staff discussed risk incidents in daily multidisciplinary meetings and risk management plans were updated as appropriate.

Residential substance misuse services

Clients were made aware of the risks of continued substance misuse and given harm minimisation advice. Safety planning was an integral part of care plans. There was evidence in client records of staff having regular conversations about the impact of continued substance use when risk assessments were reviewed.

Records showed that staff had reviewed risk plans with clients and included the client's view.

Management of client risk

Staff knew about any risks to each client and acted to prevent or reduce risks. We reviewed 8 care records and saw that staff assessed risks, and where risks were identified, clients had a risk management plan in place.

Staff were aware of clients identified risks and recognised when to develop and use crisis plans according to client need. This included being prepared for risks around early or unexpected exit from the service with a plan that clients and staff could refer to. Staff followed provider policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm.

Staff carefully monitored patients to detect potential adverse withdrawal symptoms that would require treatment. Clinical Opiate Withdrawal Scale (COWS) which rates common signs and symptoms of opiate withdrawal and is used to monitor symptoms and The Clinical Institute Withdrawal Assessment for Alcohol, (CIWA-Ar), a ten-item scale used in the assessment and management of alcohol withdrawal. The service had a process in place to follow, to support client withdrawal that staff were aware of, and PRN (as needed) prescribing was in place to support withdrawal symptoms, along with homely remedies.

Safeguarding

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

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse appropriate for their role, and they knew how to apply it. Overall, 100% of eligible staff had completed safeguarding adults and children training.

Staff discussed safeguarding referrals or concerns in daily staff meetings to ensure outcomes were shared with staff. The service had a safeguarding lead, who was the service manager. This meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.

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

Staff access to essential information

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

Client notes were comprehensive, and all staff could access them easily. Records were stored securely on an easy to navigate electronic management system that staff had a log-in and password to access.

Residential substance misuse services

Staff kept detailed records of clients' care and treatment. Records were clear, up to date and easily available to all staff providing care. The provider had a user-friendly home page, specific to each role within the organisation so staff could access all required administration tools, policies and forms required.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. The service had a medicine management policy in place. Prescribing was monitored and audited daily, weekly, or monthly as required by the audit schedule. The service had 22 medicines management audits in place including auditing records of detox medication and GP medication, auditing records of Controlled Drug medication, the staff signature log, and an Infection control inspection audit.

The service had electronic prescribing in place.

Staff administered all medicines and recorded when medicines were taken by clients or if a dose was missed or refused. Medicines errors and incidents were reported electronically and discussed at regular handovers or team meetings.

Staff wrote to GPs to keep them informed of the treatment being provided by the service. Staff obtained clients' consent before requesting and sharing information with their registered GPs.

The service completed a weekly medical equipment checklist which included emergency drugs, first aid and emergency medication bag.

The service had processes in place for the safe disposal of unwanted and unused medicines.

Staff completed medicines records accurately and kept them up to date. We reviewed 8 client prescription charts. All prescriptions were signed and dated; consent forms completed. PRN (as required) medicines were listed and reviewed daily by clinicians.

Staff stored and managed all medicines and prescribing documents safely. All controlled drugs were stored safely and securely. Keys to the controlled drug cupboards were kept in key safes that only authorised staff could access.

Staff reviewed the effects of each client's medicines on their physical health according to the National Institute for Health and Care Excellence guidance. Staff assessed dependency status and physical and mental well-being prior to any prescribing. Assessments were comprehensive and carried out by qualified clinicians.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong.

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

Residential substance misuse services

The service managed incidents well. We reviewed 36 incidents which were reported between August 2023 and November 2023. We saw evidence of thorough discussions held with staff around lessons learnt, additional training needs and actions taken following incidents. For example... Staff updated client risk assessments following incidents.

Managers investigated incidents thoroughly, and staff received feedback from investigation of all incidents, we saw evidence that showed a team meeting along with a full staff and client debrief had taken place following a serious incident at the service in October 2023.

Staff met to discuss incident feedback and look at improvements to client care. Managers told us that learning from lessons were discussed to make sure that action was taken to improve client safety. We saw evidence of client safety improvements highlighted in the minutes of governance meetings, team meetings and daily handovers.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

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

We reviewed 8 client care records. All pre-admission assessments had been completed thoroughly by the admissions team prior to accepting a client for treatment. Staff completed a further comprehensive assessment with clients on admission, using recognised assessment tools. All care records we reviewed contained a client history, a detailed assessment of current need, a risk assessment, a crisis plan and clearly documented evidence of patient involvement.

All clients had their physical health assessed soon after admission. These were regularly reviewed during treatment. Staffing arrangements were in place to assess and monitor clients' physical health. The qualified nurse completed a range of physical health checks including blood pressure checks, breathalysing, and urine drug screening prior to initiating treatment and detoxification. This included appropriate medication regimes to support the first few days of detoxification. Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals thereafter.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff reviewed patients' care plans and risk assessment weekly.

Staff recorded clients' consent to treatment in their care records. All 8 records we reviewed contained signed treatment contracts, terms, and conditions.

Residential substance misuse services

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

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

Clients accessed individual counselling, group therapy, creative activities such as music therapy and physical activities including walking and access to the onsite gym. Clients were also able to access complimentary therapies such as acupuncture and gong bath meditation. Dedicated sessions were part of treatment including dialectical behaviour therapy and cognitive behavioural therapy - types of talking treatment and access to mutual aid.

Staff supported clients to attend a sexual health or genitourinary medicine clinic for blood borne virus testing and vaccination and advice or treatment for sexual health if required. Clients were also offered support to access the dentist and optician. Staff supported patients to live healthier lives and referred clients to smoking cessation services.

Managers effectively carried out clinical audits, benchmarking, and quality improvement initiatives. Managers described a weekly and monthly audit schedule, which we reviewed and found that any actions had been completed and fed back to staff.

Staff met clients' dietary needs and assessed those needing specialist care for nutrition and hydration. The catering staff were familiar with each client and their nutritional needs. The menu catered for all types of diet, offered choice, and was described by clients as being of high quality with a focus on good nutrition and healthy choices.

Skilled staff to deliver care.

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

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Most staff had significant experience of working with clients with a history of addiction. At the time of inspection there were 22 staff members employed by Sanctuary Lodge, including a centre manager, a registered nurse, an administrator, a lead counsellor, 4 counsellors, 6 support workers, 2 waking night support workers, 2 chefs, 2 housekeepers and 2 staff members carrying out maintenance. In addition, the provider had a dedicated admission team, a family and aftercare team, a head of performance and compliance and a customer service and compliance manager.

Managers gave each new member of staff a full induction to the service before they started work. The service had a comprehensive induction programme for staff, which included an induction checklist completed over several weeks from the start of their employment. The induction programme was a combination of online training and on the job training.

Residential substance misuse services

Managers provided all staff with monthly supervision and appraisal of their work performance. At the time of the inspection, the supervision compliance rate for staff was 95%.

Managers ensured that staff had access to regular handovers, team meetings and multidisciplinary team meetings.

Managers made sure staff received any specialist training for their role, which included auricular acupuncture, autism training, diabetes training and managing behaviour that challenges training.

Multi-disciplinary and interagency teamwork.

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

Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with relevant services outside the organisation, including blood borne virus testing and vaccination services and sexual health treatment services.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Handover meetings were attended by all available disciplines three times per day and minutes uploaded on to the provider's management system.

Teams within the service had effective working relationships with other teams in the organisation. Sanctuary Lodge was able to link with other teams within UKAT to share information, access training and support and share good practice.

Staff worked in partnership with the provider to ensure clients' recovery from addiction was sustained on discharge. The service empowered and supported clients to access advice and mutual aid in the community and the provider offered a lifetime aftercare services for clients who had completed treatment.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

All staff had received mandatory training in the Mental Capacity Act. Staff explained that clients would not be admitted to if they lacked capacity to consent to the programme. We reviewed 8 care records, and all included a capacity assessment and a capacity to consent to treatment form which had been signed by the client and staff member.

There was a clear policy on Mental Capacity Act which staff knew how to access. Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles. Staff were able to explain how mental capacity was relevant to their client group.

Staff explained that clients would not be admitted to the service if they lacked capacity to consent to the programme.

Is the service caring?

Residential substance misuse services

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion, and support

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

We spoke with 5 clients as part of the inspection. Feedback from clients was overwhelmingly positive about the way they were treated by staff. However, all clients we spoke with had similar views around some lack of communication by staff, lack of organisation and staff shortages when planned activities had been rearranged at short notice.

We reviewed 264 exit surveys for 2023 and feedback was positive. Overall, 97% said they were involved or very involved in their treatment, 86% said their needs were always met through their care plan, 85% said they were treated with respect, 96% said they would recommend Sanctuary Lodge to someone else and 90% of clients asked said they thought their therapist was very good.

Staff were polite, respectful, and responsive when caring for clients. Clients told us that all staff were friendly and understanding. Relationships between clients and staff were strong, caring, respectful and supportive. Clients described having excellent relationships with their counsellor.

Staff gave clients help, emotional support and advice when they needed it. Staff supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. Staff provided details of local drug services, housing services and 12-step fellowship meetings to all clients.

Staff understood and respected the individual needs of each client. Staff and clients knew each other on a first name basis. Staff had an awareness of clients' individual needs and preferences. Staff showed an understanding of clients' emotional, psychological, and spiritual needs. For example, staff we spoke with were able to discuss in depth, client's individual needs, history, motivation for treatment and how they were progressing with treatment.

Staff followed policies to keep client information confidential. We reviewed 8 care records and all included confidentiality contracts and information sharing agreements.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards clients. Staff were aware of the whistleblowing policy and the equality, diversity, and inclusion policy.

Involvement in care

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

Residential substance misuse services

Involvement of clients

Staff ensured all clients were aware of the treatment contract, boundary guidelines, compliments, complaints, and advocacy information.

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Care records demonstrated client involvement in developing their care plans.

Community meetings were held weekly to give clients an opportunity to talk about any issues that affected the community and to air their views and ideas.

On completion of treatment, clients had the opportunity to take part in the Alumni aftercare programme. The aftercare team worked with ex-clients to ensure they received appropriate person-centred recovery.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Staff worked proactively with families and carers and supported them appropriately to help promote recovery from addiction. Staff encouraged family members to feedback about the service via a family feedback questionnaire. Family groups were facilitated weekly.

Is the service responsive?

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

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

The service had clear admission and exclusion criteria in place. At the time of the inspection there were 16 clients. Prospective clients were assessed pre-admission to assess whether the service would safely meet their needs. All clients were again assessed upon admission virtually by the doctor and face to face by the nurse lead. The doctor had flexibility and could see urgent referrals as needed. The service had no waiting list at the time of the inspection.

Admissions staff decided which UKAT treatment centre would be most suitable to meet the client's needs. Clients accepted to the service were deemed to be low risk. Each referral was reviewed on an individual basis and an informed decision made, based on the services ability to meet the client's specific needs and staff's ability to safely manage any potential risk. For example, clients with physical health needs that could not be managed within the setting, or

Staff ensured that risk management plans reflected the diverse and complex needs of clients including clear care pathways to other supporting services such as dentists, physical and mental health care.

Staff referred clients who had successfully completed treatment to become part of the Alumni. UKAT organised recovery events for the Alumni to keep the recovery momentum ongoing after treatment. Events included fun days, bowling, summer barbeques, seminars, fellowship meetings and guest speakers.

Residential substance misuse services

Clients were given a written agreement before they entered the service, which staff explained to them before they signed. The contract was based on an agreement to abide by the terms and conditions of admission. Staff reminded clients of the content of their contract and the reasons why the service may ask clients to leave, and this was documented in client care records.

Facilities that promote comfort, dignity, and privacy

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

The design, layout and furnishings of treatment rooms supported clients' treatment, privacy, and dignity. The rooms, bedrooms and therapy rooms were all well-furnished, comfortable, and well lit. There was a range of activities and equipment available including musical instruments, DVDs, books, jigsaws, and board games for recreational activities. Clients had access to a music room and a gym.

Clients we spoke with said that the environment was always clean. All clients had their own bedrooms and access to outside space.

Clients we spoke with praised the quality of food available. The chef discussed allergies, dietary requirements, and dislikes. Chefs created a menu that supported replacing vitamins lost through continued substance use and had recently been awarded a 5* food hygiene rating.

Clients handed in money, phones, and any valuables at the start of treatment. Staff completed a signed log outlining all items handed in.

Meeting the needs of all people who use the service.

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

The service did not admit clients who did not have a good level of English language skills. This was because treatment depended on talking therapies and group work which was facilitated in English. The manager told us that they were able to appropriately signpost clients who were not suitable for this service to other services.

The accommodation was suitable for clients with physical disabilities. The service had one accessible room and bathroom opposite for clients who needed accessible facilities. There were ramps and a lift in place to access all floors.

Clients were able to give feedback about the service at weekly meetings.

Staff supported clients to build relationships with families and develop positive support networks. Staff assisted clients in breaking negative connections to old associates.

Participation in external fellowship meetings, such as Alcoholics Anonymous and Narcotics Anonymous, was a compulsory part of the treatment contract. Staff encouraged and supported clients to engage fully with this.

Clients were encouraged to take responsibility for therapeutic duties such as cleaning and laundry to help them develop their daily living skills.

Residential substance misuse services

Clients had access to spiritual, religious, and cultural support. The service offered access to 12-step fellowship meetings and could escort clients to religious services on request.

Listening to and learning from concerns and complaints

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

The service had procedures in place to manage complaints. Clients knew how to complain and information regarding how to complain was available.

The service had a complaints policy and procedure, which all staff had read.

Staff members we spoke with said they were confident about raising concerns about other staff members' behaviour or attitudes, without fear of retribution.

The service received a range of compliments, letters, and emails. Compliments came from former clients and their families.

Managers investigated complaints and identified themes. We reviewed the provider's complaints database. In the three months leading to the inspection, the provider received 6 complaints. All complaints had been investigated by the provider's customer service manager.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, recent learning included ensuring that when a medication recommendation is refused by the client and that this could cause harm, it is logged as an incident and ensuring that bag searches are conducted robustly.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

Leaders were experienced, visible to staff and clients and had a good understanding of the service.

The service was supported by a chief operating officer, an operations manager and managers who had many years' experience in addiction services.

Residential substance misuse services

Leaders ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients. The service was fully supported by the provider's management committee to ensure the safe running of the service.

The service was well established and growing in capacity. Leaders could explain the objectives of the service and how they supported clients to remain in treatment and recover from their substance misuse. Focusing on holistic care, customising treatment to address individual needs and supporting long-term recovery.

Managers were on site most of the time and had a good understanding of the service they managed. Leaders had a good understanding of priorities in their service and possible challenges they could face.

Staff told us they felt very well supported and the management team were all strong leaders with a clear focus on recovery and person-centred service delivery.

Sanctuary Lodge had a clear definition of person-centred and meaningful recovery and how clients could achieve this. Staff we spoke with understood how this was delivered through their service.

Vision and strategy

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

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider's mission statement was to provide high quality, safe and effective outcome focused treatment for addiction nationwide, and to continually strive to improve and promote a culture of excellence, and the vision was that every person and family suffering from addiction is able to recover and achieve their potential.

The leadership team had a shared purpose of making sure they provided person-centred recovery and strived to deliver and motivate staff to succeed.

Staff contributed to discussions about the ongoing development and strategy for the service, including having extra staff in to support the new therapy team, these discussions happened during monthly team meetings.

The service had a clear definition of recovery and how clients could achieve this. The staff team understood how this was delivered through their service.

Culture

Staff felt respected, supported, and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt respected, supported, and valued. They said the service promoted equality and diversity in its daily work and we saw opportunities for development and career progression within the service. Staff could raise any concerns without fear. Staff were actively encouraged to speak up and raise concerns, all policies and procedures positively supported this process.

Residential substance misuse services

Staff we spoke with felt proud of the service and positive about it as a place to work. They spoke highly of the culture, which had recently improved under new managers at local level. Staff told us that they felt respected, supported, and valued. Staff said they worked in a close team. However, staff we spoke with said that the service would benefit from more support workers that knew the service and said there had recently been a lot of changes in staffing, which had caused the team to be unsettled for a short period of time.

Staff felt able to raise concerns without fear of retribution. Staff could speak openly to the senior leadership team. Staff knew how to use the whistle-blowing process and said that they had confidence in the service to take their concerns seriously.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The provider had an effective governance structure in place, which was underpinned by a governance policy and implemented through structured meetings. Managers had a system in place to ensure clinical oversight. For example, there was evidence of a robust clinical review process, actions taken, and lessons learned with regards to medicine incident reporting.

Results from clinical audits and surveys were discussed and shared with staff and the service made improvements when required. Clients were treated with dignity and respect, there were no waiting lists at the time of inspection, and through the Alumni programme, data collected found that most clients remained abstinent after treatment.

Governance policies, procedures and protocols were regularly reviewed and were up to date.

There were systems in place to check performance and compliance with the assessment, planning and evaluation of clients' care and treatment.

There were effective ways of monitoring the service and routes for raising concerns. Managers completed a range of audits to ensure that the service was safe and effective such as clinical audits, client involvement and client file audits.

Managers attended regular meetings to support governance and the day to day running of the service.

Staff had received the appropriate training and were receiving regular supervision and appraisal. Staff compliance with mandatory training was recorded on a matrix. Overall, 98% of permanent staff had completed mandatory training.

Management of risk, issues, and performance

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

Environmental risks were addressed through a regularly managed database and maintenance issues were reviewed. The service contracted 2 maintenance staff members on a bank contract to carry out repairs and updates to the environment as required.

The service had a corporate and local risk register in place which included emerging or possible risks as well as ongoing risks. Staff could escalate concerns when required.

Residential substance misuse services

The provider had a business continuity plan in place in case of adverse events that would affect the running of the service.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The service had an easy-to-use electronic case management system which had been specifically developed for addiction treatment facilities and could be customised to suit the individual service.

Staff collected analysed data about outcomes and performance and engaged actively in quality improvement activities. The manager had access to a dashboard for the service that gave information on service performance in areas such as staff training, performance of the service, staffing, client's care, and incident reporting. All staff had access to a user-friendly home page, specific to each role within the organisation so staff could access all required administration tools, policies and forms required.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Staff, clients, and carers had access to up-to-date information about the work of the service through the internet, notice boards and social media platforms. Clients and staff held weekly community meetings, where clients could feedback about the service.

Managers engaged actively with other local and broader health and social care providers, for example, local GP and dental services, and a charity that provided services relating to HIV and sexual health, who visited clients regularly to promote awareness of blood borne viruses, and sexual health through workshops.

Members of the senior management team were visible within the service, staff and clients knew who they were and said they visited regularly.

Learning, continuous improvement and innovation

Staff were encouraged to be creative and innovative and were utilised within the staffing team to make use of their existing skills.

Managers and staff used information and best practice to continuously improve the service.

Staff kept up to date with the latest developments and areas of concerns in addiction.

Some staff members had undertaken additional learning, training, and development to support their roles.