

Yeldall Christian Centres Yeldall Manor

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was in post who was supported by a Board of Trustees. A registered manager is a person

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Yeldall Manor provides residential psychosocial treatment for up to 24 men recovering from drug and alcohol addiction. People stayed at Yeldall Manor for six

Summary of findings

months to a year. At the time of our inspection 19 men were using the service. Psychosocial treatments include certain forms of psychotherapy (often called talk therapy) and therapeutic social and work activities.

The service had a Christian ethos and people told us this created shared values and a sense of community. This was understood by all the staff and people we spoke with. Though people agreed to attend Christian led activities when they entered the programme, they were free to practice different religions as well. People took part in a structured work programme as part of their recovery. They told us this supported them to remain occupied, feel useful and develop new skills. We received overwhelming evidence from social workers, people and staff that people's needs had been met and positive outcomes achieved.

The service provided a highly structured treatment and work programme. People were assigned an addictions counsellor as their key worker who supported them to plan and review their treatment goals. People received a treatment programme that addressed their medical, social, psychological and spiritual needs in line with national quality standards. Though the programme was structured and strictly implemented people told us they set their own recovery goals with the support of their counsellors.

However, the information in people's recovery plans did not always reflect all the support provided to ensure people had a comprehensive record of all their treatment activity and how they would be supported to reach their recovery goals. The absence of a comprehensive recovery plan detailing people's treatment and progress meant people's needs and preferences might be overlooked. It might not be clear to people which needs would be addressed in the psycho-social treatment. Relevant agencies might not be involved when required or some people may have to extend their stay because their recovery plans had not been reviewed and their treatment adjusted as their needs changed.

People and their social workers praised the staff and the positive outcomes people achieved through the treatment programme. People consistently told us they had received care at Yeldall Manor from thoughtful, kind

and sensitive staff. They told us Yeldall Manor felt like home. Staff were appropriately trained and supported to undertake their roles effectively. Staff we spoke with were passionate about the work they did and celebrated people's achievements.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People at the home were able to consent to their treatment and the restrictive house rules. They could leave the programme when they chose.

The provider worked with local GP's who had sufficient knowledge and experience in detoxification treatment to be able to oversee people's detoxification safely. People were supported to manage the physical and mental symptoms of detoxification.

People told us they felt safe at Yeldall Manor and did not experience discrimination, harassment or bullying from staff or other people living in the home. People were treated with respect and trusted that the provider and other people on the programme would keep their information confidential. The provider ensured that people could raise safety concerns and complaints. People were satisfied that the registered manager would take action to resolve their concerns.

People and staff told us they received clear direction from the registered manager and understood their role and responsibilities in the service. The Board of Trustees supported the register manager to manage the service through regular meetings and ensuring resources were available as needed.

The provider remained informed of developments in addictions treatment and used this information to improve the quality of the service. The registered manager listened to people's views and had acted on their feedback to make changes to improve the quality of the service. The registered manager worked closely with the Board of Trustees to monitor any risks to the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from discrimination, harassment or bullying from staff or other people living in the home. People at the home were able to consent to their treatment and the restrictive house rules. They could leave the programme when they chose.

People were supported to manage the risks to their recovery. They were supported when out in the community and regular checks were done so that the provider could take prompt action if people were to relapse.

There was enough staff to keep people safe.

Good



Is the service effective?

The service was effective.

People were supported by appropriately skilled staff. Staff received the training and support they required to undertake their roles effectively.

The provider worked with local GP's who had sufficient knowledge and experience in detoxification treatment to be able to oversee people's detoxification effectively. People were effectively supported to manage the physical and mental symptoms of detoxification.

People were supported to stay healthy and eat well. People accessed local health services when needed.

Good



Is the service caring?

People received care at Yeldall Manor from thoughtful, kind and sensitive staff.

The programme was based on Christian principles. People felt this had been managed by the staff in a sensitive manner and they were reassured that they could practice their own faith as well.

People were treated with respect. Drug and alcohol tests were undertaken discreetly.

Good



Is the service responsive?

People told us the therapeutic activities met their individual needs. However, their recovery plans were not personalised. There was no indication how the programme was going to meet people's individual needs.

A variety of activities were provided as part of the structured programme to ensure that people's social, spiritual, psychological and work needs were being met.

Requires Improvement



Summary of findings

The provider ensured that people could raise safety concerns and complaints. People were satisfied that the registered manager would take action to resolve their concerns.

Is the service well-led?

The service was well-led.

Staff told us they received clear direction from the registered manager and understood their role and responsibilities in the service.

The provider supported the registered manager to manage the service through regular meetings and ensuring resources were available as needed.

The provider listened to people's views and had made changes to improve the quality of the service following their feedback.

The provider kept up to date with practice in addiction treatment and adjusted their treatment programme accordingly to ensure a high quality service..

Good



Yeldall Manor

Detailed findings

Background to this inspection

We inspected the service on 8 July 2014. This was an unannounced inspection.

The inspection team consisted of two inspectors, an expert by experience and a specialist advisor, both with a background in drug and alcohol rehabilitation services. An expert by experience is a person who has had personal experience of using this type of service.

Prior to this inspection we looked at all the information we held on the service to decide which areas to focus on which included previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification. No concerns had been raised and the service met the regulations we inspected against at their last inspection in January 2014.

We spoke with 12 people who lived at the home, the registered manager and chairman of the Board of Trustees. We also spoke with one addictions counsellor, the chef, the head of admissions, marketing assistant, maintenance

supervisor, administration and support relations manager, work department supervisor and work programme manager. Following our visit we sought feedback from three social workers who commissioned the service.

We looked at the treatment records for three people and records relating to the management of the service. We observed the lunch time meal and how staff supported people throughout the day.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe at Yeldall Manor and did not experience discrimination, harassment or bullying from staff or other people living in the home. They felt supported by staff and other people living in the home. We were told they never felt judged or criticised. One person told us “I have never felt bullied here. The peer group is very strong. We support each other.”

People played an active role in ensuring other people were kept safe and alerted staff of any concerns. People told us they were confident the provider had systems in place which protected them from discrimination and abuse. Staff knew how to identify abuse or harassment and how to report this appropriately. People and staff gave examples of action taken when potential harassment was observed by the registered manager or brought to their attention. One person told us “There is really zero tolerance for aggression. No problem if you want to get angry but it is made clear that hurting people will not be tolerated. If you do that you are off the programme. I have never seen anyone break that rule”.

People were supported to stay safe and provided with relevant health and safety information when they moved into the home. This included infection prevention and fire safety. People who undertook tasks in the home for example, cooking or garden maintenance, were provided with the appropriate safety training and protective equipment before they undertook these tasks independently. One person told us “I was given training how to use the garden tools safely. Only when they observed me using it safely and I passed my assessment could I start using it every day.”

Everyone at Yeldall Manor had capacity to make decisions about their care and treatment, and their choices were respected. We spoke with the registered manager about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. They told us no one stayed at Yeldall Manor against their will. We were told the provider required people to consent to their treatment freely as this was seen as a pre-requisite for their change and recovery. The registered manager explained some people could still be under the influence of alcohol when they were admitted and may temporarily lack full capacity to consent to treatment. In these situations issues of consent were

discussed with the individual when they had regained full capacity to make an informed decision. People told us they had agreed to their treatment and were free to leave the programme if they wanted to.

People were protected from risks to their recovery and potential relapse while on the programme. These protective measures included, for example, spending restrictions, community supervision and drug checks which were part of the conditions of treatment that people agreed to at the start of the programme. In the initial stage of the programme people were accompanied by staff when in the community to ensure they would not relapse. People and their belongings were also searched when they entered the programme to protect them and others from substances being brought in. One person told us “If someone brought drink or drugs in, you can be sure it will be dealt with. There is a strong sense of community.” People told us they consented to searches, drug tests and the strict house rules before they started the programme and every time a search was made or test undertaken.

Staff balanced risks with developing people’s independence and confidence. When people were ready to leave the home unaccompanied, they were required to undertake drug and alcohol tests when returning back to the home. This meant that the provider could identify any relapse promptly and put plans in place to manage this risk to the person and other people. Financial systems were in place to manage people’s daily spending money to reduce the risk of people buying drugs or alcohol when out. As people progressed through the programme these restrictions were relaxed to support them to manage their own risk. One person told us “You can easily request your money but you need to make it clear what you want to use it for. You don’t carry money with you the whole time so there is no temptation to try and score”.

The provider worked in partnership with local GP’s to ensure people who subscribed for the detoxification programme received safe treatment. The provider had checked the GP’s had sufficient knowledge and experience in detoxification treatment to be able to oversee people’s detoxification safely. The GP’s visited the relevant people twice a week to prescribe the appropriate medication and to monitor their detoxification progress and any risks to them. People told us they were satisfied with the detoxification treatment sourced by the provider and felt

Is the service safe?

that their detoxification had been well managed. One person said “I would never have been able to speak with you like this when I came in because of my anxiety but I am so pleased that I can do it now.”

There were sufficient numbers of staff available at all times to keep people safe. People told us there were enough staff to meet their needs. One person said, “There’s always someone to speak to and counsellors are around in the day and night.” A member of staff slept in the home at night to

ensure people had support if required. They were also responsible for overseeing any fire or emergency evacuations at night. Staff told us that additional staff support was available 24 hours a day which could be used in an emergency. There was a calm atmosphere at the home throughout our visit. We observed staff assisting people and taking the time to engage with people throughout the day.

Is the service effective?

Our findings

People received a treatment programme that addressed their medical, social, psychological and spiritual needs in line with national substance treatment guidelines. People praised the programme and felt the treatment they received was effective. People's comments included, "I can honestly say that Yeldall has saved my life."; "This is the best rehab in the country." and "They have healed me spiritually, mentally and physically." Social workers who had referred people to the programme told us that people had benefited from the programme and they would refer people again.

People received weekly individual psychotherapy from qualified addiction counsellors who were also their key workers during their time in the programme. National substance treatment guidelines view the relationship between a key worker and the person receiving addiction treatment as crucial for their recovery. This relationship helps to improve motivation, participation in treatment, the likelihood of recovery and prevention of relapse. People consistently told us that they found their key workers to be skilled and experienced. One person said "The counsellors are brilliant. There is always someone here. My counsellor understands me so well. It's like he was hand-picked for me." People were supported to develop strong key worker relationships and told us their therapy sessions always took place and their counsellors were available, reliable and respected their confidentiality.

People were supported by staff who remained up to date with developments in addiction treatment and several of the counsellors were completing further specialist training. They also attended monthly supervision with an external addiction counsellor to ensure they received sufficient clinical supervision and support as required by their professional registration. A therapeutic team meeting was held monthly with the counsellors, pastoral and work programme leads to discuss people's progress and provide peer support. Staff told us they received sufficient training and support to undertake their roles effectively.

The provider understood the outcome of people's drug treatment could be enhanced by improving their general health and well-being. People were supported to stay healthy and accessed local health services routinely and when required. Staff knew people with substance misuse histories might be susceptible to an increased range of

health problems that needed to be identified and treated. For example, records showed people, who might have injected drugs in the past, had been offered blood-borne virus immunisations for hepatitis B or test for hepatitis B, C or HIV. These were included in people's initial health assessment when they entered the programme.

People had been supported to register with the local GP and also visited the dentist and optometrist when they started their treatment. One person told us "I haven't been to the doctor and dentist in years but since being here I have had some teeth fixed and a thorough health check with blood tests." People could request an appointment with the GP if they did not feel well or required prescribed medication. They told us that staff ensured that they got the appointments and medicine they needed promptly. One person said "I hurt my foot and they made sure that I saw the GP regularly. I am seeing him again this afternoon". The provider maintained a good working relationship with the local GP practice. The registered manager said "The GP really understands the work we do here and will accommodate us if we require appointments because they know it is important for people to feel well while in treatment". People also had access to mental health specialists if required.

The local pharmacists supervised people taking their prescribed detoxification medication. People told us staff accompanied them to these appointments to ensure that they took their medication as prescribed. Staff understood the importance of people attending these appointments for their detoxification treatment to be effective. Medication appointments were clearly noted in the diary and assigned to staff. People told us they had never missed a dosage of their detoxification medication.

People were supported to manage the physical and mental symptoms of detoxification. They told us staff understood their experience and were always available to offer support and reassurance. Staff would contact the prescribing GP's who were available 24 hours per day if people on the detoxification programme required additional medication to relieve their symptoms.

People received healthy balanced meals and were supported to eat enough. The registered manager told us "People often stop eating when they drink or take drugs and we need to ensure that they get sufficient nutrition to stay healthy and get strong." People told us the food was good and the lunch on the day of our visit was wholesome

Is the service effective?

and fresh. One person said “The food is excellent. It is always really good quality and you can have as much as you want. I know they cater for vegetarians and people who may need a different diet.”

People told us the provider listened to their views about the quality of the food. For example, they had requested a soup course be reintroduced to the lunch menu and this had been done. At the time of our visit no one required a specialist diet. The cook was aware of people’s preferences and adjusted the menu accordingly. They gave us examples

of adjustments that had been made in the past to cater for people’s religious and dietary requirements. The assessment staff communicated people’s dietary needs promptly to the kitchen staff to ensure that these could be incorporated into the menu by the time people started the programme. On the day of our visit we saw that the preferences of a person who started the programme that day had been added to the information in the kitchen and were known to the cook.

Is the service caring?

Our findings

People consistently told us they received care at Yeldall Manor from thoughtful, kind and sensitive staff. People and staff said they were able to spend time together and enjoyed shared activities. Comments from people included “This is my family now”, “everything that is done in this place is done from the heart” and “I feel really cared for here.” People told us Yeldall Manor felt like home and we observed a relaxed lunch time with staff eating and chatting with people.

People were given the opportunity to build positive relationships with other people and staff from the start of the programme. When a new person arrived at the home, the counsellors allocated them a buddy to support them in their orientation of the home. A buddy was a person that had already completed part of the programme. People told us this helped them to settle at Yeldall Manor and feel at home. Their buddy provided reassurance and alerted staff, especially during the night, if the person required additional support. One person said “They try to match you to someone you have something in common with. It is important in those few days to have a friend and someone to go to. The new people are usually down so they can see where they can get to if they knuckle down.”

People attended weekly pastoral and peer group sessions which gave them an opportunity to share their experiences and thoughts. People told us they found these groups very supportive which made them feel they mattered and were actively listened to. One person said “Everyone is just honest in the group.” Another person said “We don’t avoid any issues. It is just being sensitive to each other’s needs.” People told us staff showed concern for their well-being and responded promptly to any requests made, for example, family visit or money requests.

People told us though the programme was structured and strictly implemented they set their own recovery goals with the support of their counsellors. One person told us “we always discuss what the next step will be, we are already planning for me moving on and relocating”. People told us when they experienced disappointment, for example, if they were not successful in their work role applications, they told us that staff were there to talk to, comfort and encourage them.

Staff spoke passionately about the work they did and celebrated people’s achievements. For example, they told us when people mastered new working skills or took on more responsibility in the home they felt a sense of pride and admired people’s commitment to their recovery.

People were given information about the treatment programme before entering the house. Staff understood for some people it was hard to sign up to such a long treatment programme. They were given the time they needed to make the decision whether the programme would be their treatment of choice. One person told us “I came for a visit first. They were very kind and answered my questions and told me to take my time before committing to the programme.”

Though there were strict house rules people told us that the rules were implemented consistently and fairly. They could formally contest their disciplinary notes and told us their pastoral lead would review their appeal and provided a fair transparent response. One person told us “The rules here are very strict. You get chits when you do anything wrong like miss a group, swear or late. It’s for a good reason. It’s about encouraging us to take responsibility and prepare for normal life”.

People were asked to provide drug and alcohol checks in private and were treated with respect by staff who undertook these checks. Body searches were only undertaken on the first day and done discreetly by one member of staff. One person told us “The staff member really treated me with respect and did it quickly, talking me through each step”. When people’s belongings were searched it was done in their presence and the reason for this communicated to people.

Confidentiality was crucial to people’s recovery. They told us they trusted staff and other people to keep their information confidential and respect their privacy. Maintaining people’s confidentiality was a home rule and people told us they were confident that action would be taken if confidentiality was breached. People received guidance on how their information would be handled and shared by the provider as part of their induction to the programme.

The programme was based on Christian principles and required people to regularly attend church as well as weekly faith related groups. People told us they had been informed of this requirement before they agreed their stay.

Is the service caring?

They felt this had been managed by the staff in a sensitive manner and they were reassured that they could practice a different religion as well. One person told us “You are just expected to attend and use that time for quiet contemplation they are not trying to convert you.” People told us that they had benefited from this spiritual time. One person said “I’m not religious myself but it has helped – it’s

about finding a path through life.” At the time of our inspection there was no one in the home with additional religious needs. The registered manager gave us an example of how staff supported a person of Muslim faith to continue their worship and provided them with meals that met their religious requirements.

Is the service responsive?

Our findings

People told us they were at the centre of their assessment and treatment. They were involved in planning their treatment and agreeing the length of their stay at Yeldall Manor. Social workers we spoke with told us the provider kept them informed of people's progress and ongoing treatment needs. The programme length was flexible and people worked at their individual pace to achieve their recovery. One person told us "I've decided to stay another three months. I don't feel ready to leave yet."

People told us the structured treatment programme addressed their needs as a "whole person". At the start of the programme an assessment was done which provided a comprehensive picture of people's needs, addiction background, life history and risk to support the provider to plan people's treatment. People chose their social and leisure activities in the home and in the community. A variety of activities were accessed as part of the structured programme to ensure that people's social, spiritual, psychological and work needs were being met. These included for example, shopping trips, visits to the local leisure centre, church and psychotherapy sessions. Support was also provided in relation to housing, benefits and employment. People started attending local addiction support groups, like AA, whilst at Yeldall Manor to support them to maintain their recovery once they left. Weekly group sessions supported people to develop their interpersonal skills and faith sessions allowed for personal reflection. People told us that they were given the opportunity to mentor new residents and this had given them a sense of pride and purpose.

Many people remained at Yeldall Manor for six to nine months. Though people told us the therapeutic activities met their needs we found recovery plans were not personalised and did not indicate how the programme was going to meet people's individual needs. People told us they reviewed their progress weekly with their keyworkers. Though records were kept of these sessions, recovery plans did not always note all the therapeutic activity that had been agreed at each stage of a person's recovery journey or if there had been a change in the person's risk management strategies as their treatment progressed. People did not always know what was going to be done, when it was going to be done and by whom to ensure they reached their recovery goals and managed their risks. One

person told us "I see my counsellor every week and that helps with the emotional aspects of my recovery. We have not spoken that much about some of the things that make me anxious like finding a job and getting a place to live. I guess we will look at these things in the second stage of the treatment programme."

The absence of a comprehensive recovery plan detailing people's treatment and progress meant people's needs and preferences might be overlooked. It might not be clear to people which needs would be addressed in the psycho-social treatment. Relevant agencies might not be involved when required or some people may have to extend their stay because their recovery plans had not been reviewed and their treatment adjusted as their needs changed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed our concern regarding the quality of people's recovery plans with the registered manager. They told us they were taking action to personalise recovery plans. Records showed this concern had been discussed with senior staff at a meeting in February 2014 and councillors had been tasked with sourcing a new recovery plan format. The registered manager told us until this work was completed they ensured staff were kept informed of people's changing needs at daily meetings. The staff we spoke with knew people and understood their needs well. This was confirmed by people and visiting professionals.

People took part in a structured work programme as part of their recovery. They worked in the kitchen and maintained the extensive grounds. They told us this supported them to remain occupied, feel useful and develop new skills. People had to apply for volunteer jobs in the home. They were supported by their counsellors to decide which of these would support their recovery and how to develop their skills to enable them to undertake these roles successfully. People were involved in selecting their roles in the work programme which were tailored to meet their individual recovery and development needs.

Staff understood positive family relationships contributed to people's recovery. People's individual relationship needs were addressed as part of their treatment plan and people told us of the support they had received to rebuild significant relationships. One person said "They helped me to regain contact with my family who had washed their hands of me. Because of Yeldall I now have a family;

Is the service responsive?

something to live for.” There were strict rules regarding contact with family and friends that people agreed to at the start of the programme. However the provider was flexible and would at times relax restrictions if it was deemed to support people’s individual recovery. For example, one person told us that they had already used all their allowed phone time for the week when a family member phoned. Staff had allowed them the extra time to take the call as they knew that repairing this relationship was one of their treatment goals.

People had read the provider’s complaints policy and told us they knew how to raise their concerns. A resident only meeting was held weekly to provide people with the opportunity to raise any concerns. One person told us “It is

just us, no staff so we can freely discuss our concerns. One of us will then take the issues to a counsellor. We will talk them through and they will help us be clear about what resolve we want. This resident will then be supported by the counsellor to present our concerns to the staff meeting.” People told us that the registered manager made sure these concerns were discussed and resolved. They gave examples of how they were asked for their views as part of investigations and were satisfied that their information was treated in confidence. The service had received two complaints in the past year. These had been resolved to people’s satisfaction and the provider had made some changes to their medication protocol following one of the complaints.

Is the service well-led?

Our findings

There was a registered manager in post. People and staff told us the registered manager was open, fair, professional and kind. The registered manager chaired the daily staff and resident meetings. People and staff told us that this kept them visible and approachable. One person said “We see him every day. He listens to our concerns and he always takes action when things are raised at the daily meeting.”

The registered manager understood how to deliver an addictions treatment programme in line with national substance treatment guidelines. Staff told us since the registered manager had been in the post the service had been “modernised.” Comments included “we are now more person centred because of his influence.” and “he protects the ethos and values of the service.” People and staff told us they received clear direction from the registered manager and understood their role and responsibilities in the service.

The Chairman of the Trustees met with the registered manager monthly. When required action plans were developed and jointly monitored by the Trustees and senior staff. For example, the effectiveness of the new pilot stage 3 treatment programme was being monitored to determine if it enhanced people’s long term recovery and should be implemented. Records showed that resources were available to the registered manager to make identified improvements such as sourcing training for people helping in the kitchen as part of their work programme.

The service had a strong Christian ethos and a sense of community. This was understood by all the staff and people we spoke with. They all felt that it created a shared bond and aided recovery. The registered manager actively monitored the culture in the home to ensure that it remained professional, inclusive, caring and empowering of everyone. Risks to these values and the community spirit were identified, monitored and addressed at manager and trustee level.

People’s views about the quality of the service were actively sought and considered when developing the service. People told us they received a questionnaire from their counsellors every month to evaluate the programme and make recommendations on how the service could improve.

The provider had made changes following people’s feedback. For example the registered manager told us people had fed back that they struggled during the weekend when they were on the detoxification treatment. They had reviewed the detoxification programme and changed the start of the treatment to a Tuesday instead of a Friday, which meant people would be further into their treatment by the weekend. They told us “Feedback has been positive since this change had been made and people are reporting they are coping better over the weekends.” The registered manager also told us that people had fed back that they would like to see more group sessions during the week. Although Yeldall Manor provided a strong work programme it was decided that additional groups would impact on this programme. People told us this had been communicated to them and the registered manager said they continued to keep the level of group work under review.

The provider remained informed of developments in addictions treatment and used this information to improve the quality of the service. Counsellors were encouraged to continue training and attend national events. Staff had visited similar national and international services to develop their understanding of best practice in addiction treatment. Changes have been made following this learning which included the introduction of a new pilot stage 3 programme to increase opportunities for people to live and work independently. The provider also reviewed its relapse approach. The registered manager explained that it was common practice to ask people to leave when they relapsed whilst in a residential treatment programme. They had however seen examples of services adopting a more flexible approach and allowing people at times to remain in the programme if it had been judged that the relapse did not prevent their recovery. The provider was trialling this approach and gave an example of how they had kept someone in the programme following a relapse which enabled them to recover.

People and the registered manager told us safety incidents in the home were low. Opportunities were available to people to raise any safety concerns at the daily residents meeting, with their counsellors or pastoral leads, or by completing a maintenance and accident form. Records showed that people and staff were reporting accidents and incidents appropriately and they had been investigated by the health and safety lead. Adjustments had been made where required to prevent incidents from re- occurring.

Is the service well-led?

Health and safety issues were monitored at manager and trustee level to ensure risks were managed appropriately. The chairman of the Board of Trustees told us “We are informed in a timely manner of any incidents and staff are good at ensuring risks are managed and issues resolved.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The provider has not ensured that people's care and treatment were planned in a way that would meet people's individual needs and ensure their health and welfare. Where care was planned the instructions to all the staff involved in people's care were not always sufficient to ensure they knew how to provide the appropriate treatment safely and consistently as people's needs changed. Regulation 9 (1)(b)(i)(ii)</p>