

The Manor Clinic Limited






Quality Report

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

Ratings

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

Overall summary

We rated The Manor Clinic as Good because:

- Staff completed comprehensive assessments prior to admission and completed care plans with clients on the first day in the service. Clients felt involved in their care and treatment.
- Staff felt supported and respected. Staff were passionate about the service that was delivered. Morale amongst staff was good, sickness and turnover of staff was low and the team worked well together.
- Staff worked with National Institute of Health and Care Excellence guidelines. Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)".
- The service had a range of staff to support clients' recovery. Staff were skilled to carry out their roles. All staff received a comprehensive induction.
- The service offered weekly family therapy which was free of charge and life-long. Therapists also provided a free of charge life-long after care service for clients.

Summary of findings

- The service had made adjustments for clients with disabilities. There were adjustments to two of the bedrooms and wheelchair accessible ramps throughout the ground floor. The service had developed easy read documents and large print documents for clients with visual impairment.

However:

- Staff had not ensured that sufficient information regarding clients' medical history and the current medicine prescription was available before treatment started.
- The provider had not considered the confidentiality and safety of clients from 'other patients' attending the service as an outpatient.
- Staff had not considered the safety of female clients sleeping in areas where there were male clients.
- Staff did not document clear rationale for risk ratings in clients' risk assessments.
- Staff did not report disclosures of historical abuse to the local authority safeguarding team.
- Clients' records were kept in paper format and electronic format and the current system was confusing and disorganised.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good 

The Manor Clinic Limited

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to The Manor Clinic Limited

The Manor Clinic Limited provides a range of services to patients, including a structured day programme six days a week, which clients attend as part of their recovery. The service includes detoxification and treatment based on group and individual therapy for seven, 14 or 28 day periods. The Manor Clinic Limited has 13 beds for both males and females.

The Manor Clinic is a medically managed service which mean that there is 24-hour, medically directed evaluation, care and treatment of substance misuse disorders on site.

We last inspected The Manor Clinic Limited in 2016. Following this inspection there were no requirement notices.

The service has a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The Manor Clinic Limited is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.

Our inspection team

The team that inspected the service comprised one CQC inspector, an inspection manager and a specialist advisor with experience of working in substance misuse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- looked at the quality and safety of the environment
- reviewed the clinic room and all clients' prescription charts

- spoke with one client on their own and seven clients in a focus group
- spoke to three clients on the telephone that had completed the programme
- spoke with the registered manager
- spoke with the GP and the consultant psychiatrist
- spoke with two nurses
- spoke with the ward clerk
- spoke with one therapist
- attended and observed one admission
- looked at six care and treatment records of clients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

All clients stated they felt safe at the service and spoke highly of staff and felt they were respectful and supportive. All clients felt involved in their care and treatment.

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 rated safe as **requires improvement** because:

- Staff had not ensured that sufficient information regarding clients' medical history and current medicine prescription was available before treatment started. The lack of information available to the prescribing doctor posed a significant clinical risk to clients receiving detoxification regimes.
- The provider had not considered the confidentiality and safety of clients from other clients attending the service as an outpatient. Private outpatient clients that had appointments with the psychiatrist and not related to the provision of the Manor Clinic were left in a communal area without supervision.
- Staff did not always make appropriate safeguarding referrals. Staff were unclear about whether to make a safeguarding referral regarding cases of historical abuse that clients had disclosed in therapy sessions. There was a policy in place, but it did not cover disclosing historical abuse.
- Staff had not considered the safety of female clients sleeping in areas where there were male clients. There was no consideration of risk or risk management around sleeping arrangements.
- Clients' risk ratings were not clear. Staff had not clearly documented the reasons for individual clients' risk ratings.

However:

- Staff received mandatory monthly training in addictions including withdrawal from alcohol and drugs.
- Staffing levels were good, agency usage was low and there was low sickness rates and low staff turnover.
- Following our inspection, the provider assured us they would relocate the outpatient clinic to another more suitable location because we raised concerns about client' safety and confidentiality.
- Following our inspection, the provider transferred the female client sleeping in the area where there were other males to another more suitable area.
- The provider held regular emergency drills to prepare staff for medical emergencies.

Requires improvement



Are services effective?

- Staff completed a comprehensive assessment of every client prior to admission to the service.

Good



Summary of this inspection

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines. Staff supported clients in line with “Drug misuse and dependence: UK guidelines on clinical management (2017)” and guidance from the National Institute for Health and Care Excellence.
- Staff completed outcome tools to measure clients’ health and social functioning.
- The service had a range of staff to support clients’ recovery. Staff were skilled to carry out their roles. All staff received a comprehensive induction.
- Staff had a good understanding of the Mental Capacity Act. Clients only completed admission and consent paperwork when staff considered them to have full capacity to do so. If clients came in under the influence of alcohol or drugs, staff would wait until the substances were no longer affecting their capacity before they completed paperwork.

However:

- Supervision records were not always up-to-date.

Are services caring?

We rated caring as **outstanding** because:

- Feedback from clients who used the service was continually positive about the way staff treated people. All clients spoke highly of staff and felt they were respectful and supportive.
- Clients thought that staff went the extra mile and the care they received exceeded their expectations.
- Staff recognised and respect the totality of clients’ needs. They always took clients’ personal, cultural, social and religious needs into account.
- All clients stated they felt safe at the service.
- All clients felt involved in their care through community meetings and feedback questionnaires. Clients were involved in their care planning.
- The service provided a life-long free of charge service to families of clients who had received care at the Manor Clinic and access to free aftercare groups for life which occurred once per week.

Outstanding



Are services responsive?

We rated responsive as **good** because:

Good



Summary of this inspection

- The service had made adjustments for clients with disabilities. There were adjustments to two of the bedrooms and wheelchair accessible ramps throughout the ground floor. The service had developed easy read documents and large print documents for clients with visual impairment.
- Staff and clients had a full range of rooms to support treatment and care.
- All clients said the food was of good quality. The chef catered for clients that had special dietary needs including those that had religious dietary needs.
- The service had made improvements to the way it handled complaints. Staff were trained to handle complaints and had a good understanding of the duty of candour.

Are services well-led?

We rated well-led as **good** because:

- Staff felt supported and respected. Staff were passionate about the service that was delivered and worked well together as a team.
- Morale amongst staff was good. There were high levels of staff retention and minimal levels of sickness. Staff we spoke to reported feeling proud to work at the Manor Clinic.
- Staff were aware of the whistleblowing procedure. Staff said they felt comfortable to raise any concerns with the service manager.
- There was a clear framework of what should be discussed at team meetings to ensure essential information and learning was shared. There was a site improvement plan which identified areas that needed to be improved and actions that were to be taken, by who and by when.
- The provider recognised staff's contribution through the 'pride awards'.

However:

- Clients' records were kept in paper and electronic systems which were disorganised and could lead to staff not having the most up-to-date information about clients.
- The management team did not have oversight of the quality and frequency of staff supervisions. The records did not reflect that supervisions were being completed as often as they were and the management team had not addressed this.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff considered and recorded clients' capacity routinely on admission and if there was doubt about capacity during the admission period.

Staff had a good understanding of the Mental Capacity Act (2005). Staff told us that when clients were first admitted to the service they were often under the influence of alcohol. Staff had a good understanding of

how substance misuse could affect a client's capacity to make decisions. In these circumstances, staff would wait to complete admission paperwork and consent documentation until the client was sober.

There was a Mental Capacity Act Policy in place and staff were aware of the policy and how to access it.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Good	Outstanding	Good	Good	Good
Overall	Requires improvement	Good	Outstanding	Good	Good	Good

Notes

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

All areas of the building were clean and tidy and well-maintained. Furnishings were in keeping with the Georgian building and had been designed to a high standard. There was a cleaning schedule in place which was up-to-date and showed that the building was regularly cleaned.

Staff assessed the environment for potential ligature points thoroughly. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff had access to a copy of the ligature audit which was stored in the office electronically and on paper. Individual risks were managed through clients' risk assessments and care plans. Ligatures were discussed in the staff meeting and monitored during the health and safety meeting every month.

Safety checks were completed every day by the nurse in charge. This included allocating a member of staff to complete safety observations of clients each day.

The provider had not considered the confidentiality and safety of clients from other clients attending the service as an outpatient. The consultant psychiatrist that was employed by the Manor Clinic on a part-time basis, held a private clinic for privately funded clients living in the community. Clients entered the building through the main reception and were escorted to a communal seating area in the conservatory where they waited for the consultant psychiatrist to collect them. We were concerned about the

safety of the residential clients receiving treatment at the service because the outpatient clinic waiting area was left unsupervised. Staff told us these clinics were held four to five times per day. We raised this with the provider following our inspection and the provider advised us they would relocate the clinic to another more appropriate provider site by 19 December 2018.

Staff had not considered the safety of female clients sleeping in areas where there were male clients. Staff had not assessed the risk of a female sleeping on a floor which had seven all male clients sleeping there and poor observation from staff. Bedroom doors were lockable from the inside but clients did not routinely use the locks as staff checked on clients in the night and they did not want to be disturbed. Staff did observe clients intermittently but the level of observation was not always enough to mitigate the risks. However, when we discussed this with staff, they told us they would move the female client to another area which allowed better observation and reduced the risk of male clients entering a female's bedroom.

Staff could call for assistance in an emergency situation. All staff delivering groups sessions or one-to-one sessions with clients carried a radio to call for assistance if they needed to. Clients had access to a nurse call alarm system in their bedrooms. The therapy room also had an alarm in it.

Staff followed infection control principles. Basins had hand washing signs above them and hand sanitiser was available throughout the building.

The clinic room was fully equipped with accessible resuscitation equipment including a defibrillator and emergency medicines. Staff checked the emergency bag weekly. Staff safely disposed of medicines in the disposal bin or denaturing kit and kept accurate records of all

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medicines disposed of. A denaturing kit is used to safely dispose of controlled drugs. Cleaning logs were present to show that emergency equipment had been regularly cleaned. There was no examination couch as clients were seen in their bedrooms. Staff had displayed medicine and medical advice alerts on the wall in the clinic room for staff information.

Safe staffing

The Manor Clinic was well staffed with a competent and experienced team. All shifts on the roster had been sufficiently filled by skilled, regular staff. There was a registered manager, a deputy manager, three full-time registered nurses, four part-time registered nurses, four full-time healthcare assistants, two part-time healthcare assistants and three part-time therapists who provided one-to-one and group counselling to clients. The number of registered nurses and healthcare assistants had been calculated based on the provider's 'safer staffing ladder'. There was one vacancy for a director of clinical services, this position had been vacant for six weeks but the service was actively recruiting.

The service rarely used agency staff and when they did, those agency staff were known to the service. In the last 12 months, the service had only used agency staff on 34 occasions. The service never cancelled activities or group sessions due to being short staffed. Staffing levels allowed clients to have one-to-one sessions with nursing and therapy staff.

Staff were up-to-date with their mandatory training. Mandatory training included Mental Capacity Act, safeguarding adults and children and infection control. All staff received monthly training in addiction which included withdrawal from alcohol and drugs. There had been an increased focus on staff having more knowledge and expertise specific to addiction services.

Assessing and managing risk to patients and staff

Staff completed a risk assessment for all clients on the first day of their admission. Clients were observed on a one-to-one basis until the risk assessment had been completed. The risk assessment tool identified any current or historical risks concerning the client. These risks were categorised into high, medium and low risks. However, the records did not clearly show how the risk rating decision had been made and how someone who had been rated as a high risk, differed from the risks that someone may have

posed that was rated as being low risk. We spoke with staff about this, who informed us that risk ratings were adjusted based on getting to know the client and having team discussions. Staff completed care plans which addressed risk issues identified within the clients' risk assessment.

Risk assessments were updated during the clients' stay on a weekly basis. However, one record we reviewed out of a total of six records showed that staff had not included the fact that a client had young children living with them within the risk assessment. This information had been captured in the initial assessment and staff had been communicating with the local authority safeguarding team, but this was not reflected in the client's risk assessment.

Staff regularly considered the most appropriate level of observation of clients. All clients were admitted to a ground floor bedroom on admission, this allowed staff to keep a closer level of observation during the initial part of the clients' stay at the service. Clients were observed on a general level (three hourly), hourly, every 30 minutes or every 15 minutes depending upon their risk level and their physical and mental health. Clients who were going through a detoxification from either alcohol or drugs had their physical observations taken to check their vital signs every four hours for the first 24 hours and longer if necessary.

Clients' property was searched during admission to the service. Staff did not search the client themselves.

There were no blanket restrictions within the service. Blanket restrictions are rules or policies that restrict people's liberty or other rights without carrying out individual assessments. Restrictive practice was considered on an individual basis.

The service had not implemented a smoke-free policy. Clients smoked in the garden area in a purpose built smoking shelter. The provider had plans to introduce a smoke-free policy in 2019.

Safeguarding

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. One staff member gave an example of working with the local authority when there was a child at risk due to their parent coming into the service for treatment. The staff member described how they would liaise with the local authority and social

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workers when these situations arose. However, staff were unclear about reporting historical incidents of abuse to the local authority safeguarding team. Staff described situations where clients had made disclosures about historical abuse and these had not been referred to the safeguarding team. Providers have a legal obligation to report disclosures of abuse to the local authority safeguarding team, including historical abuse, because the abuser may still pose a risk to other people. Underreporting in this area had already been identified by the service and had been discussed at staff meetings as an area that needed to be improved upon. The management team had discussed this with the safeguarding lead and the service was looking at amending the safeguarding training to include this.

Children did not visit the service. All meetings with children took place outside of the service and were always appropriately supervised by family members, friends or professionals.

Staff access to essential information

Clients' records were kept in paper format and electronic format and the current system had the potential for confusion. The provider had implemented an electronic records system 11 months prior to the inspection. There were only two staff computers in action which were both in the staff office. This meant that when staff completed records with clients, they had to use paper records as the clients were not allowed to enter the staff office due to confidentiality. Staff then were supposed to upload the paper records to the computer but this did not always happen, and so information about clients was held in different places. This had potential for confusion as records were kept in different places and staff may not be looking at the most up-to-date client records.

Medicines management

Medicines were not always prescribed safely. The service used a locum GP to prescribe the initial detoxification regime. Staff told us they always tried to receive the GP summaries from the client's current GP prior to admission. However, of the nine clients that were staying at the Manor Clinic, four clients had given consent for staff to request GP summaries but the summaries had not been received by staff or filed in clients' records. A recent prescribing error showed that the prescribing GP had not had sight of the GP summary prior to prescribing and copied the medicine

dosage from medicine labels on the boxes brought in by the client. The medicines dosage was not up-to-date and the client was given the wrong medicine. The GP told us that if there was no GP summary then normal practice was to copy the medicine labels from the current medicine brought in by the client.

All medicines kept in the clinic room were in date. Staff had accurately checked and completed the controlled drugs register. Emergency medicine to be administered in the event of an overdose was present and in date. Staff audited medicines on a daily basis, internally and received external audits from the external pharmacist.

Track record on safety

All investigations into serious incidents within the service were thorough and fully investigated. Investigations showed all actions taken and any learning was shared with staff. There had been seven serious incidents recorded in the service. Two serious incidents involved missing medicines and five serious incidents involved environmental incidents such as flooding and a small fire in the smoking shelter. Following the two incidents of missing medicines, staff had put in place an auditing system of medicines liable for misuse. Medicines liable for misuse were checked daily and two members of staff administered medicines to clients.

Reporting incidents and learning from when things go wrong

Staff reported incidents using the electronic incident reporting system. Managers supported staff, where necessary, with a de-brief on the day of the incident. Records showed that staff had consulted clients about incidents that had involved them. Staff completed a 'lessons learned' section which was part of the incident reporting tool. Lessons learned were shared through a bulletin and discussed at the monthly clinical governance meeting. An example was given of a care plan being updated with falls risks for a client. All staff interviewed felt incidents were handled appropriately and learning was shared and acted upon.

Staff had a good understanding of the duty of candour and were open, honest and reflective.

The provider supported staff in managing medical emergencies by carrying out a monthly medical emergency drill. For example, the provider simulated emergencies

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such as a heroin overdose or a ligature incident in an area away from clients using a training mannequin. Outcomes from medical emergency drills were fed back into clinical governance meetings for additional learning.

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

Good 

Assessment of needs and planning of care

Staff completed a comprehensive assessment of every client prior to admission to the service. Where necessary, the assessment included drug and or alcohol use, previous access to treatment and physical and mental health. However, the service did not offer Blood Borne Virus (BBV) screening or signposting to another service which did.

Staff monitored clients receiving detoxification from either drugs or alcohol safely. Blood tests monitoring clients' liver function were completed on site on the day of admission and sent to the local hospital. Staff at the hospital contacted the Manor Clinic if there were any concerns such as poor liver function. The blood results were faxed to the Manor Clinic within a day and the hard copy received in the post a few days later. Staff completed the Severity of Alcohol Dependency Questionnaire (SADQ) at the start and end of treatment to establish the clients' current dependency level. Clients receiving detoxification were monitored frequently following admission depending upon their level of risk. Clients had their physical observations checked every four hours for a minimum of 24 hours following the start of their detoxification regime.

Staff developed care plans with clients. Care plans were up-to-date and regularly reviewed. Care planning began at the point of admission and staff regularly discussed the plan of care with clients to ensure they were meaningful.

Best practice in treatment and care

Staff provided a range of treatment interventions that were in line with the National Institute for Health and Care Excellence (NICE) guidelines. For example, clients that were at risk of developing alcohol related illnesses were offered vitamin B. Clients were also offered evidence based

psychological interventions. Clients attended groups based on a recognised model of treatment, and were supported to attend addiction recovery groups to compliment the therapy they received at the Manor Clinic.

The Manor Clinic was a medically managed service which meant that there was 24-hour, medically directed evaluation, care and treatment of substance misuse disorders on site. Staff could access a GP to treat physical health concerns and if clients needed to attend appointments for other physical health needs such as dentistry, staff would support them to attend their appointments.

Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and guidance from the National Institute for Health and Care Excellence. The service provided treatment for clients, which included medicine and psychological therapies and optional yoga sessions.

The service provided a range of hot and cold meals for clients. All clients told us they enjoyed the food available. Special diets were catered for on request.

Staff completed outcome tools to measure health and social functioning. Staff completed the Health of the Nation Outcome Scale (HONOS) on admission and on discharge.

Skilled staff to deliver care

The service included a full range of staff to meet the needs of clients including; registered nurses, healthcare assistants, therapists and a consultant psychiatrist. Staff were experienced and knowledgeable about substance misuse and demonstrated a passion for supporting clients in recovery. The therapists were accredited with the Federation of Drug and Alcohol Practitioners (FDAP).

All staff received a comprehensive induction. Healthcare assistants new to care, completed the care certificate. Agency staff completed a similar induction checklist to permanent staff which included all the essential things they needed to know to carry out their role. Registered nurses completed competencies for medicines administration.

Staff supported each other by providing peer clinical supervision. Staff told us they received peer clinical supervision every month, however, the supervisions were kept locked away by staff and not held in a central place so we could not check their content. The electronic system

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used by the service showed large gaps in how often supervision occurred, in some examples, peer supervision had not occurred for up to five months. The management team told us that supervision was held more frequently than this but the data had not been accurately captured on the electronic system. Following the inspection, the management team sent us up-to-date data which showed that staff were receiving frequent supervisions. However, this meant that there was a lack of management oversight in this area.

Records showed 94% of staff had received an appraisal in the last year.

No staff were being performance managed in the service and sickness rates were minimal.

Multi-disciplinary and inter-agency team work

Staff handed over essential information about clients several times per day. Staff starting a new shift received a handover from the outgoing staff and therapy staff handed over to nursing staff and vice versa. There were also unplanned times throughout the day that the team handed over information to one another. The team used a handover form which was thorough and contained relevant information about the treatment and recovery of every client and any risks.

Good practice in applying the MCA

Staff considered and recorded clients' capacity routinely on admission and if there was doubt about capacity during the admission period.

Staff had a good understanding of the Mental Capacity Act (2005). Staff told us that when clients were first admitted to the service they were often under the influence of alcohol. Staff had a good understanding of how substance misuse could affect a client's capacity to make decisions. In these circumstances, staff would wait to complete admission paperwork and consent documentation until the client was sober.

There was a Mental Capacity Act Policy in place and staff were aware of the policy and how to access it.

Are substance misuse services caring?

Outstanding 

Kindness, privacy, dignity, respect, compassion and support

All clients stated they felt safe at the service. Clients confirmed they were observed regularly and there was always someone around to provide support and talk to when required. Clients described staff members as respectful and supportive.

Clients' individual preferences and needs were always reflected in how care was

Delivered.

Clients stated their physical health needs were met and spoke highly of the GP.

Clients kept their mobile phones, clients commented on this very positively and described other services where they had not been allowed to do this.

Staff supported clients following discharge. The service offered free weekly aftercare to clients that had successfully completed the programme and also a 24/7 telephone number for clients to seek advice and support if they needed it. Clients commented positively on the aftercare provision offered by the service. Clients felt this was supportive and something they would access.

Involvement in care

Clients were orientated to the service on admission. All clients received a welcome brochure describing the services offered. Clients were given a tour of the building and introduced to a buddy who was a client already staying at the service.

Clients stated they were involved in their care planning, this was completed face to face with a staff member. Clients were offered a copy of their care plan.

Clients had community meetings every Sunday morning. Issues raised in the community meetings were addressed by staff quickly. Clients gave examples of when they had issues, such as a shower being broken, and this being fixed immediately. Clients said the housekeeping team were very

Substance misuse services

good and responsive to any issues. All clients received a discharge questionnaire when discharged from the service; the outcomes from these were fed back into the monthly governance meetings.

Staff and clients confirmed they discussed treatment with clients and re-visited this regularly.

The service offered a family support group session on a Saturday. An accredited family therapist facilitated these sessions and supported the family to understand addiction and the impact it may have on others. This was a free of charge service that was offered for as long as necessary both during the client's stay and following their discharge.

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

Good 

Access and discharge

The Manor Clinic accepted clients that were self-funded and did not take clients that were funded by the local authority. Clients admitted to the service may have been admitted from anywhere in the country and sometimes from abroad. At the time of our inspection there were nine clients receiving treatment at the Manor Clinic and there were four empty beds. There was no waiting list for clients to enter the service.

Admissions were only accepted Monday to Friday, this was to ensure that clients would be well supported and could be reviewed medically if required.

Staff planned clients' discharges with them in advance. Clients told us their families were involved where appropriate in the discharge planning process. Clients were discharged around 11 am but often stayed until the end of the day to attend their last group. When clients successfully completed treatment they are given a recovery coin. A recovery coin is a token to mark the length of time someone has been free from drug or alcohol misuse.

If clients decided to take their own discharge, staff completed a discharge against medical advice form. Staff considered organising transport for the client to ensure they get home safely. Staff completed a risk assessment for people that were leaving the service unplanned.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own bedrooms that they could personalise if they wished to. The service had 13 single-occupancy en-suite bedrooms. All the bedrooms had locks on the doors and there was a lockable drawer in every bedroom for clients to keep important possessions.

Staff and clients had a full range of rooms to support treatment and care. Clients attended therapy groups in a purpose-built hut in the garden. There were two comfortable and well decorated interview rooms on the ground floor. A sizeable dining area for clients to eat at meal times and a relaxed and calming lounge room for clients to spend their spare time.

Clients had access to outside space. The outside space was a nice area for clients to spend time if they wished to.

The food was of good quality. The chef displayed a set menu on the wall of the dining room but if clients did not like the menu on offer, then the chef would prepare an alternative for them. Clients could access hot and cold drinks throughout the day, there was a small kitchenette on the ground floor and a coffee machine in the conservatory. Clients could request snacks such as fruit, cereal and biscuits from staff when they wanted to.

Patients' engagement with the wider community

Staff supported clients to maintain contact with their family. The service offered a bi-weekly family group held on alternate Saturdays on site. This service was free of charge and life-long regardless of the length of the client's stay.

Clients could access the community to see their friends and family. Staff risk assessed whether it was a suitable time for clients to access the community depending upon what point they were at in their recovery. There were no fixed timeframes and this was assessed on an individual basis.

Staff supported clients to access addiction support groups. Clients benefited from introduction to community support groups which helped them with their ongoing recovery and reintroduction into the community.

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Meeting the needs of all people who use the service

The service had made adjustments for clients with disabilities. There were two ground floor bedrooms that had disabled access and there were ramps on the ground floor for clients that used a wheelchair.

Staff ensured information about treatments and local services were available to clients. Information about local services was available in every bedroom. Documentation had recently been printed in large print for clients that were visually impaired.

Clients of religious and ethnic groups had a choice of food to meet their dietary needs. The chef provided a range of meals on request including halal, kosher, vegetarian etc.

Staff supported clients to appropriate access to spiritual support. Staff organised for clients to attend church services and had recently purchased a Quran and a prayer mat for clients of Islamic faith.

Listening to and learning from concerns and complaints

The service had made improvements to the way it handled complaints. There had been three complaints in the last 12 months; two complaints had not been upheld and a further, more recent complaint, had been upheld. The complaint which had been upheld was dealt with on the same day and the client was happy with the outcome. There was no information about what action had been taken in relation to the first two complaints but the registered manager told us the process had changed and the service was in a better position to record and handle complaints. There was a complaints officer within the team and four members of staff were trained in handling complaints. Any investigations and responses to complaints would be reviewed by the provider's corporate complaints team before the response was sent. Any complaints were discussed on a monthly basis in the service's clinical governance meeting. The complaints procedure was displayed on the wall in reception and written in easy read to encourage all clients to read it. Clients said they had not needed to make a complaint but would do so if they needed to and knew the process.

Are substance misuse services well-led?

Leadership

The registered manager held a level 5 qualification in leadership and management. Until recently, clinical leadership had been provided by the director of clinical services based at the Manor Clinic. However, this post was vacant and the provider was actively recruiting. As an interim position, the hospital director for another site was supporting the registered manager as they did not have a clinical background.

The registered manager had worked for the provider for a number of years and had a good understanding of the service that was being delivered. The registered manager had a passion for supporting people through their recovery and for leading a team that held the same passion and values.

Staff said the service manager was approachable and readily available. Clients said the manager was very visible and approachable. If clients had any complaints or issues that needed resolution, things would be dealt with quickly and appropriately.

Staff were able to access the provider's training and development corporate academy, although there were no current examples of staff having done this.

Vision and strategy

Staff were clear about their roles and the vision of the service. Staff were committed to the provider's ethos and the client group.

Culture

All staff interviewed were proud to work for the provider and commented positively on the team and their work. Staff demonstrated a passion to work with the client group and felt the service was high performing.

Staff were aware of the whistleblowing procedure and felt able to use it. Staff also said they felt comfortable to raise any concerns with the service manager.

Staff felt supported and respected. There were high levels of staff retention and minimal levels of sickness. Staff we spoke to reported feeling proud to work at the Manor Clinic.

Substance misuse services

Staff could access the provider's counselling service.

Staff said the team worked well together and they all respected each other's views.

The management team recognised staff success through the provider's 'pride awards'. Two members of staff had previously been recommended for an award.

Governance

There was a clear framework of what should be discussed at team meetings to ensure essential information and learning was shared. In addition to team meetings, the provider held clinical governance meetings monthly, 'quality walk arounds' four times per month, health and safety inspections and compliance inspections. There was a site improvement plan which identified areas that needed to be improved and actions that were to be taken, by who and by when.

Staff received regular clinical peer supervision to one another. Management supervision had been on hold since the director of clinical services left the organisation in October. At the time of our inspection there was no plan to deliver management supervision. We raised this with the registered manager at the time of our inspection and we were given assurances that management supervision would be delivered by the registered manager and deputy manager until the vacant post for a director of clinical services had been filled.

Staff at the service had developed relationships with another similar service provider to share good practice and learning. The service had arrangements in place to refer clients on to the secondary provider for further treatment when necessary.

Management of risk, issues and performance

The management team had access to the risk register. Staff knew what was held on the risk register and the register matched the risks identified within the service.

The service had plans for emergencies. Contingency plans were in place for a number of possible emergency situations which may interrupt the usual service provision. For example, in the event of a fire or an outbreak of diarrhoea and vomiting.

Information management

Information was stored in paper and electronic records. Staff told us this was because there were not enough computers and the clients were not allowed to use the staff office due to confidentiality. Paper records were not uploaded to the electronic system in a timely manner. Therefore, records about clients were not quickly accessible to staff and new staff or agency staff were at risk of accessing an out-of-date care plan or risk assessment.

Staff had difficulties in updating supervision records using the online system. Staff had not been sufficiently trained to use the electronic system for recording supervision. This meant that although supervision was being completed, the management team had not monitored the system and had not noticed that supervision compliance on the electronic system was poor.

Staff kept clients' records safe. Paper records were kept locked in a filing cabinet in the staff office and both computers had a password protected log on. Clients signed consent forms indicating who staff could disclose information to.

Staff did not always send safeguarding referrals in line with legislation. Records showed that staff had made referrals to the local authority for any current concerns around safeguarding adults or children. However, staff were not routinely making referrals for disclosures of historical abuse. Staff had already identified this as an issue and were raising awareness of this within staff meetings and including it in the safeguarding training.

Engagement

Clients had a community meeting where they discussed the service and any improvements they required. These were fed back to staff and action was taken where appropriate. All clients received a questionnaire on discharge which was collected by the provider's quality assurance officer and fed back into governance meetings.

Learning, continuous improvement and innovation

Staff said they were able to contribute to the running of the service and make suggestions in team meetings.

The management team reviewed and shared learning from incidents with the team via meetings and supervision.

Outstanding practice and areas for improvement

Outstanding practice

- The service went the extra mile and provided a life-long free of charge service to families of clients who had received care at the Manor Clinic and access to free aftercare groups for life which occurred once per week.
- The service was committed to ensuring staff were skilled to carry out their jobs. Staff were provided with monthly training in addictions including withdrawal from alcohol and drugs.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that sufficient information about clients' medical histories including current prescribed medicines are obtained before treatment begins.

Action the provider **SHOULD** take to improve

- The provider should ensure that consideration is given to the safety of female clients' sleeping arrangements.
- The provider should ensure that the rationale for clients' risk rating is clearly stated in the clients' risks assessments.

- The provider should ensure they make appropriate safeguarding referrals regarding historical abuse, that staff are trained in this area and are confident about what action to take following a disclosure.
- The provider should ensure that clients records are stored and accessible in a way that provides staff with up-to-date information about clients.
- The provider should ensure that there is management oversight of the quality and frequency of staff supervisions.
- The provider should ensure that clients are offered blood borne virus screening or signposted to a service that offers this.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that clients' medical history was available to staff and prescribers before prescribing medicines to clients.</p>

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.