

SALUS - Withnell Hall - Health, Wellbeing & Addiction Treatment Centre 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

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

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

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

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

Overall summary

We rated SALUS – Withnell Hall Health, Wellbeing and Addiction Treatment Centre as good overall because:

- The findings of this inspection mean the service is being removed from special measures.
- The service had implemented an action plan following our last inspection that addressed all of our previous concerns. There was clear evidence that the service had improved.
- The service provided a safe and effective psychosocial rehabilitation service (therapies and interventions that support recovery) for individuals with substance misuse problems. The environment was safe, clean and supported recovery. The service had enough staff. Staff assessed and managed risks associated with the client base and rehabilitation well.
- 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.

- The service had access to the full range of specialists required to meet the needs of clients and deliver a rehabilitation service. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness. They 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. Governance processes had been embedded and they ensured that its procedures ran smoothly.

However:

- We found one risk assessment where the section on blood borne viruses had not been completed. We found one risk assessment that did not have a full assessment of previous alcohol and substance misuse.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good	Start here...

Summary of findings

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Good 

SALUS - Withnell Hall - Health, Wellbeing & Addiction Treatment Centre Limited

Services we looked at

Residential substance misuse services;

Summary of this inspection

Background to SALUS - Withnell Hall - Health, Wellbeing & Addiction Treatment Centre Limited

Salus Withnell Hall – Health Wellbeing and Addiction Treatment Centre is a 26-bed residential service. It offers psychosocial rehabilitation services to individuals with substance misuse and addiction problems. The service offers treatment to men and women over the age of 18. The service does not offer detoxification programmes. All clients undergo detoxification or are free from illicit substances before admission.

The service is registered to provide accommodation of persons who require treatment for substance misuse. The service has a registered manager and a nominated individual.

Salus Withnell Hall – Health Wellbeing and Addiction Treatment Centre has been registered with the CQC since July 2014. It has been inspected twice. The service was inspected in August 2016. We did not rate the service at that time. The service was inspected again in January 2019. Following that inspection, the service was rated inadequate and placed in special measures. The service was rated inadequate in the safe and well-led domains; requires improvement in the effective and responsive domains and good in the caring domain.

We issued one warning notice under regulation 15 (premises and equipment). We told the service that they must ensure people who use the service were protected from risks associated with unsafe or unsuitable premises because of inadequate maintenance or checks.

We also issued six requirement notices under regulation 9 (person-centred care) in relation to assessment of client need; regulation 10 (dignity and respect) in relation to shared dormitories; regulation 12 (safe care and treatment) in relation to assessment of risk and medicines management; regulation 17 (good governance) in relation to effective governance; regulation 18 (staffing) in relation to mandatory training and regulation 19 (fit and proper persons employed) in relation to recruitment procedures.

Following the findings of this inspection and due to improvements made we are removing this service from special measures.

Our inspection team

The team that inspected the service comprised of three CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing programme of inspecting registered services. The inspection was unannounced. This meant staff did not know we were coming, to enable us to observe routine activity.

Summary of this inspection

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?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients

- spoke with seven clients who were using the service
- spoke with the nominated individual and the registered manager of the service
- spoke with six other staff members; including a recovery manager, recovery co-ordinator, recovery workers, a healthcare worker and a counsellor
- looked at six care and treatment records of clients
- carried out a specific check of medication management
- observed the delivery of two group sessions
- reviewed four staff records
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients who were using the service. Client feedback was positive. Clients spoke positively about staff. They were considered supportive, caring and

committed to providing a good service. Clients we spoke with felt that the treatment and care they were receiving was appropriate and beneficial. Clients reported that they had been involved in their care.

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 GOOD because:

- The client environment was safe, clean, well equipped and well furnished.
- Staff completed regular checks of equipment and the environment. Appropriate maintenance records were in place.
- The service had enough staff, who knew the clients and received basic training in substance misuse and rehabilitation to keep them safe from avoidable harm.
- Staff screened clients before admission and only admitted them for rehabilitation if it was safe to do so.
- Staff assessed and managed risks to clients, themselves and the environment well.
- 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 had easy access to clinical information and maintained good quality clinical records.
- Staff recognised incidents and reported them appropriately. Managers reviewed incidents and shared lessons learned with staff. When things went wrong, staff apologised and gave clients honest information and suitable support.

However;

- We found one risk assessment where the section on blood borne viruses had not been completed. We found one risk assessment that did not have a full assessment of previous alcohol and substance misuse.

Good



Are services effective?

We rated effective as GOOD because:

- Staff completed assessments with clients on admission to the service. They worked with clients to develop individual recovery plans and updated them as needed. Recovery plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. Clients had access to a flexible rehabilitation programme incorporating different psychosocial approaches as well as individual counselling.

Good



Summary of this inspection

- Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives. There was a dedicated physical healthcare worker in place.
- 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.
- 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 other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care and treatment might be impaired.

Are services caring?

We rated caring as GOOD because

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- 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.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as GOOD because:

- The service was easy to access. Staff planned and managed discharge well. The service had admissions criteria in place and these were adhered to.
- The design, layout, and furnishings of the ward supported clients' treatment. Staff managed privacy and dignity within shared dormitories appropriately. There was access to outside space.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Good



Summary of this inspection

Are services well-led?

We rated well-led as GOOD because:

- Managers had supported staff following our last inspection. Staff we spoke with told us managers had been approachable, honest and communicated well. Managers had developed an action plan following our last inspection which had been fully implemented
- Managers had the skills, knowledge and experience to perform their role. Managers had access to leadership and management training.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.

Good








Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group. Mental Capacity Act training was included in the mandatory training package. Staff were compliant with training requirements.

Staff assumed capacity and supported clients to make their own decisions. Staff ensured that clients consented to treatment on admission. Staff were aware of how to access additional support if this was required.

Residential substance misuse services

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

Are residential substance misuse services safe?

Good 

Safe and clean environment

Salus Withnell Hall was located within a three-storey building. At our last inspection we raised concerns regarding the layout of the premises. We identified that there was poor line of sight within the building and limited mitigation of blind spots. In addition, there was no access to patient or staff alarms to summon assistance in the event of an emergency. At this inspection we found that the service had taken steps to address these concerns. Parabolic mirrors had been installed to mitigate blind spots and alarm systems had been installed.

The building was clean, well maintained and appropriately furnished. The service employed a cleaner. In addition, as part of their treatment contract clients contributed to the cleaning of the building and communal areas. Completed rotas showed that the building was cleaned daily. Clients were responsible for the cleanliness of their own bedrooms. Clients were able to raise any repair or maintenance issues with staff or at a community meeting.

At our last inspection we found broken window restrictors within client bedrooms. At this inspection we found that this issue had been addressed. We did not identify any other maintenance concerns. Staff completed regular reviews of the environment. There were up to date health and safety and fire risk assessments. At our last inspection we identified staff had not received training in fire safety

and not all identified fire wardens had not completed specialist training. At this inspection we found that staff had completed relevant training. That meant that an identified fire warden was on duty each shift.

Appropriate maintenance checks were in place. Fire detection, prevention and fighting equipment had been checked regularly. Certificates confirmed that checks of electrical wiring, gas safety and the boiler had been completed by an approved individual.

The service had completed a ligature risk assessment. There was a ligature risk assessment in place. Staff we spoke with demonstrated an awareness of ligature points within the building. Staff had access to a ligature knife and had received training on how to use it.

Staff had received infection control training. They adhered to infection control principles including hand washing and the disposal of clinical waste.

Male and female sleeping areas were segregated. There were separate male and female showering facilities that were clearly marked. Showering facilities were shared between each gender. Clients were informed of these arrangements prior to admission.

Staff had access to a clinic room including an examination couch. There was a grab bag available. A grab bag is an easily accessible bag that contains equipment and medication to treat someone in the event of a medical emergency.

Safe staffing

The service was staffed 24 hours a day seven days a week. At our last inspection we found that the service did not have enough staff on duty through the night and at weekends. At this inspection we did not find those

Residential substance misuse services

concerns. The service had recruited additional staff since our last inspection. There was a process to risk assess staffing requirements at night and weekends based on client numbers, client needs and environmental concerns. The service manager had authority to adjust staffing levels in response. The service had access to regular bank staff. Bank staff had received an induction to the service and were familiar with the service and the client base. Staff rotas demonstrated appropriate staffing levels.

Salus Withnell Hall employed ten staff. These included the registered manager, recovery manager, four recovery co-ordinators, two support workers, a healthcare co-ordinator and a counsellor. In addition, there were administrative and support staff including two chefs. Staffing levels were sufficient to provide clients with one-to-one time. Planned activities and sessions had not been cancelled due to staff shortages. Clients could seek support from staff at any time.

At our last inspection we identified that not all staff had received mandatory training. At this inspection we found that the provider had addressed these concerns. All staff had completed a programme of mandatory training including data protection, epilepsy awareness, conflict resolution and first aid.

Assessing and managing risk to patients and staff

At our last inspection we identified concerns in relation to pre-admission assessments. At this inspection we found that the service had taken steps to address these concerns. We reviewed six care and treatment records. Pre-admission information gathered by staff was more comprehensive. All six records contained a pre-admission assessment with sufficient information to ensure the clients suitability to the service. Pre-admission assessments had been reviewed and signed off by one of the senior managers within the service.

At our last inspection we reported concerns over the identification and ongoing review and management of client risks. At this inspection we found that the service had taken steps to address these concerns. All six care records we reviewed contained a risk assessment. Risk assessments were generally comprehensive in nature and covered key areas. However, we found one instance where information relating to blood borne viruses had not been completed and one instance where information on past

alcohol and substance misuse contained details of the substances used but not the amount used. Risk assessments had been reviewed regularly and reflected changes in circumstance.

At our last inspection we identified concerns that clients did not have effective and up to date risk management plans. At this inspection we found that the service had taken steps to address these concerns. All the six records we reviewed had a risk management plan in place. Risk management plans reflected the findings of client risk assessments and included actions to minimise, mitigate or remove those risks. Staff we spoke with demonstrated a good knowledge of individual client risks and their associated risk management plans.

Each care record contained a plan for an early and/or unexpected exit from treatment. Staff provided clients with information on crisis services, reduced tolerance and accidental overdose risks. This included access to naloxone packs and training on their use. Naloxone is a non-addictive drug that can reverse the effects of opioid overdose.

Staff monitored clients for any deterioration in their physical or mental health. Clients completed daily reflections and feelings sheets. These helped staff to monitor changes in mood and mindset. Drug and alcohol testing protocols were in place.

There were lone working protocols and policies to support staff working at night.

Safeguarding

Staff had completed safeguarding training in both e-learning and face to face formats. Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff we spoke with displayed a sound knowledge of safeguarding principles and procedures. They were aware of different types of abuse and how to raise a concern. There was a safeguarding policy in place to support staff in managing and reporting safeguarding concerns. The service had made no safeguarding alerts in the previous year. However, we saw evidence in care records that staff considered safeguarding concerns. There were positive relationships with local safeguarding bodies. Information regarding safeguarding was on display for clients and staff to refer too.

Staff access to essential information

Residential substance misuse services

All information needed to deliver client care was available to relevant staff, including bank staff when they needed it and was in an accessible form. Staff maintained paper care and treatment records. These were secured in locked cabinets. Governance records and documents such as policies and procedures were available to staff on the providers SharePoint system.

Medicines management

At our last inspection we identified concerns in relation to medicines management procedures and discharge medicine. At this inspection we did not find these concerns. Medicines reconciliation was completed on admission. Medication administration records were in place and completed appropriately. Discharge medication was appropriately labelled. As required medication was prescribed and administered within appropriate guidelines. Homely remedies were administered appropriately. There were policies and procedures in place to support staff.

Medicines were kept securely in locked cabinets within a locked room. Controlled drugs were stored in accordance with national legislation. A controlled drug is a medication subject to additional controls because of the risk of misuse.

The service manager and health care co-ordinator completed medicine management audits and stock checks. Staff regularly reviewed the effects of medication on clients' physical health and in line with guidance

Track record on safety

The service had not reported any serious incidents since our last inspection.

Reporting incidents and learning from when things go wrong

At our last inspection the service was implementing a new incident reporting service. We found that not all staff were aware of this or of what incidents to report. At this inspection we did not find those concerns. Staff we spoke with were able to describe the incident reporting system and understood reportable incidents.

Staff used a paper form to report adverse incidents. Reports were reviewed by the registered manager and nominated individual. We reviewed eight incident reports during the inspection. Reports included incident details, action taken and outcome. Each report had been reviewed

by and signed off by the service management. Where applicable learning was identified. Learning from adverse incidents was shared with staff through team meetings, supervision and email.

Staff followed duty of candour in response to incidents. Duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

At our last inspection we identified concerns related to the assessment of client need and the development of robust and effective care plans. At this inspection we found that the service had taken steps to address this issue. We reviewed six care and treatment records. Each record contained a comprehensive assessment of clients' needs. Assessment documentation covered key domains including physical health, mental health, substance misuse and social circumstances. Assessments had been reviewed and updated where required.

Staff worked with clients to develop collaborative care plans. All six records that we reviewed contained an up to date care plan which captured client views, preferences and objectives. Care plans were comprehensive, holistic and recovery focused. Care plans met the needs identified during assessment. Care plans had been reviewed regularly by staff and clients. Clients we spoke with were aware of the contents of their care plan and told us they had been involved in its development and review.

Clients received physical health assessments in a timely manner after admission. The service employed a healthcare worker with responsibility for physical health. They worked with the local GP to ensure physical health assessments were completed and that identified physical health concerns were monitored and managed. All the care records we reviewed contained a physical health assessment. In addition, where applicable each record

Residential substance misuse services

contained notes from a weekly review by the GP and healthcare worker. Staff also developed hospital 'passports' with clients which contained a summary of the clients health conditions, medication and risks. These were taken by clients when attending hospital appointments.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were in line with those recommended by relevant national guidance and best practice. Clients accessed psychosocial interventions through a programme of group sessions as well as individual assignments and reflection. Areas covered included understanding addiction; hope, motivation and goals; triangle of drama and victim playing; manipulation versus persuasion and building self-esteem. Staff delivered groups using a range of psychosocial approaches including cognitive behavioural therapy and mindfulness. We observed the delivery of two group sessions. Sessions were well planned and structured. Clients engaged with activities and exercises. Depending on their length of stay clients could either complete a four or a six-week programme. In addition, clients had access to a counsellor. The counsellor completed counselling assessments, delivered sessions and made referrals for clients as part of their discharge.

Staff supported clients with their physical health needs. Clients could be referred to specialist services within the area. Clients were encouraged to live healthier lives. This included staff support and advice and the provision of information leaflets covering a range of physical health and lifestyle issues. Support around smoking cessation was available.

Staff used technology to support clients in their care and treatment. This included equipment to monitor physical health. Staff engaged in local clinical audits. These included audits of care records and issues such as infection control and medicines management. Local audits helped inform a quarterly quality review conducted by the nominated individual.

Monitoring and comparing treatment outcomes

The service completed client treatment outcome profiles. They submitted data to the National Drug Treatment Monitoring Service which collates national data on outcomes from different substance misuse providers.

Skilled staff to deliver care

The team had access to a range of specialists required to meet the needs of clients. These included a recovery manager, recovery co-ordinators, support workers, a healthcare co-ordinator and a counsellor. Staff were experienced, appropriately qualified and had the right skills and knowledge to meet the needs of the client group.

At our last inspection we found that not all staff had been receiving supervision and appraisal and that not all new staff had received an induction. At this inspection we found that these issues had been addressed. We reviewed five staff files and found that staff members had completed an induction checklist. All five files we reviewed included an annual appraisal and where applicable a six-month probationary review. The service manager kept a timetable of when these were due.

Staff were receiving supervision in line with the providers policy. Supervision was split into clinical and managerial supervision and took place in one to one and group formats. We reviewed five staff records and found notes of recent supervision sessions in each. The service manager kept a supervision timetable that detailed future supervision dates for each staff member. There was a supervision policy and supervision tree to support the practice.

Staff had access to specialist training. This included training around anaphylaxis, use of defibrillators and the provision of psychosocial interventions and group sessions. Staff were also enrolled on level three national occupational qualifications in health and social care. The service manager was completing a diploma in management of residential care. Staff had also completed training around the provision and use of Naloxone. Naloxone is an emergency medication that can reverse the effects of overdose. Staff training needs were identified through supervision and appraisal sessions and in action plans following incident investigations and assurance processes such as audits.

The service managers received support from an external HR company to manage staffing matters including poor performance and disciplinary procedures. There were policies and procedures to support these processes.

Multi-disciplinary and inter-agency team work

Residential substance misuse services

Staff from different disciplines worked well together to benefit clients. There was a handover meeting between each shift. The handover was used to share information and updates on clients, risks and activities. The service also held regular team meetings where staff could discuss operational issues.

The service had effective working links with external services. There was a shared care agreement in place with a local GP surgery. The GP attended the service weekly and contributed to the ongoing review of clients. The service had good links with the local recovery community and services. These included local peer support groups and support services.

Staff maintained contact with care co-ordinators from the client's local substance misuse service where this was applicable. Care co-ordinators were invited to attend relevant meetings.

Good practice in applying the MCA

The service had a policy on the Mental Capacity Act. Staff were aware of this and understood how the act would be used with their client group. Mental Capacity Act training was included in the mandatory training package. Staff were compliant with training requirements.

Staff assumed capacity and supported clients to make their own decisions. Clients who lacked capacity would not be suitable for the service. Capacity was considered as part of the referral process through the Achieve network. However, clients' capacity was not always clearly recorded in consent to treatment records.

Are residential substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Interactions we observed between staff and clients were positive. Clients we spoke with told us that staff were approachable, kind and caring. Staff were considered to be respectful and polite in their manner. Clients we spoke with

reported that staff treated them well and behaved appropriately towards them. Clients felt that staff treated them as individuals and worked to understand and meet their personal, cultural, social and religious needs.

Staff supported clients to understand and manage their care, treatment and condition. Staff were available to provide guidance and emotional support when it was required.

Staff directed clients to other services when appropriate and, if required, supported them to access those services.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients. Clients signed a confidentiality agreement prior to commencing treatment. This included an agreement on information sharing with third parties. Policies on confidentiality and information sharing were explained to clients as part of this process.

Staff we spoke with told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of reprisal or consequences.

Involvement in care

Staff used the admissions process to inform and orient clients to the service. Where possible clients were offered a tour of the service before admission. All clients were provided with a welcome pack as part of the admission process. This included information on the service, the treatment programme, behavioural expectations and guidance on how to complain or provide feedback.

Clients were involved in decisions about their care and treatment. Recovery plans were produced collaboratively between staff and clients. Recovery plans we reviewed evidenced client involvement and captured the clients' views and objectives. Staff and clients worked to identify and develop the client's recovery capital to help them meet those objectives. We spoke with seven clients. All seven clients told us they felt involved in decisions about care and treatment.

At our last inspection we identified that staff did not routinely empower and support clients to access advocacy. We did not find these concerns during this inspection.

Residential substance misuse services

Information on advocacy services was provided in the welcome pack and advertised within the unit. Clients we spoke with were aware of advocacy services but had not had reason to use them.

Staff communicated with clients in a way that they understood. Information was provided to clients in verbal and document form to enable them to make informed decisions. Clients were able to access the internet to further their knowledge and information gathering.

Clients were supported to give feedback on the service. There were client evaluation forms in place structured around the five CQC domains. In addition, there were weekly community meetings where clients could provide feedback and raise any concerns with staff. These meetings were minuted and there was a log of actions taken in response to client feedback. The service had commissioned a local countywide service user forum to conduct an independent consultation with clients. The forum had been conducting focus groups and evaluations with clients and was producing its first report for the provider. The forum was due to provide four reports over the course of the year providing an independent evaluation of client experience. The provider intended to use this work to inform service development and add assurance around service quality.

Staff facilitated family involvement where appropriate and in line with client wishes. Clients completed a consequence letter that was sent to family members as part of their treatment. The service had engaged with a local recovery service to provide family workshops and was scheduled to start hosting a family support group from October 2019. Clients and their families could also access family mediation sessions with the counsellor where this was deemed appropriate and agreed too. The service was working to introduce voice recorded Christmas cards that clients could send to family members and loved ones.

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

Good 

Access and discharge

The service had clearly documented eligibility criteria and referral pathways. Referrals were accepted from both private and statutory sources. All referrals were assessed prior to admission to ensure their suitability for the service. At our last inspection we found that not all referrals had sufficient information to complete an appropriate assessment. At this inspection we did not identify this issue. The service had worked with private referral brokers to improve the quality of information they provided at the point of referral. There was a process in place to gather GP summaries and appropriate physical health tests. Where clients had been referred from statutory community services staff worked with those services to plan the clients' admission and gather information to inform the assessment process. The service had a referrals and admissions manager who oversaw the process for each client.

Discharge and discharge planning were considered from the point of referral and managed collaboratively between the client, recovery worker and where relevant the clients' local drug and alcohol services. As part of this process staff worked with clients to identify local support services, peer groups and resources that could support their recovery. Care records included discharge plans.

Staff supported clients during referrals and transfers between services. For example, clients were supported to attend hospital appointments. This included the provision of transport as well as an escort where appropriate.

The facilities promote recovery, comfort, dignity and confidentiality

Clients shared dormitory style sleeping areas. At our last inspection we identified that the service had not taken steps to provide privacy for clients. At this inspection we found that the service had purchased privacy screens that clients could request if they wished too. Clients were made aware of the shared sleeping arrangements prior to admission and could choose an alternative service if they were not happy with the arrangement. Clients we spoke with did not raise any concerns over the shared sleeping facilities. Clients were able to personalise their sleeping area, for example with posters and photographs. Clients did not have secure storage facilities within their bedrooms but could store valuable items with staff in the main office.

The service had rooms and facilities to support treatment and promote recovery. Clients had access to a dining room

Residential substance misuse services

and lounge which also doubled as group rooms. There was access to extensive outside space including an onsite polytunnel used to grow flowers, fruit and vegetables. Clients also had access to a gym, subject to appropriate risk assessments and the completion of a gym induction. Clients had access to laundry facilities.

Clients had access to hot drinks and snacks during the day. Meals were prepared on-site by a chef. The service was able to meet cultural and dietary requirements such as vegan meals and halal meat. Dietary requirements were identified as part of the admissions process. Client feedback on the food available was positive. Clients had input into weekly menus.

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families, carers and people that mattered to

them. Staff supported visits from family members and loved ones. These were permitted after 10 days. This period was to allow the client to settle in the service and focus on their recovery. This expectation was shared with and agreed by clients during the referral process.

Staff supported clients to maintain contact with their local communities and relevant services. Staff encouraged clients to access positive and meaningful activities in the community with social, recreational and educational activities. These included shopping trips and access to community services and facilities.

Meeting the needs of all people who use the service

The service was able to make adjustments for clients with limited mobility. Mobility concerns were identified during the referral process. Where appropriate adjustments could not be made or appropriate facilities were already in use the client was directed to an alternative service. There was an assisted bedroom with access to a shower and appropriate bathing facilities. All group rooms and facilities were located on the ground floor. There was lift access to bedrooms on the first and second floor.

Communication needs were identified during the referral process and discussed with the client and where applicable the referring agency. Clients were able to access translation services, which included face to face, telephone and

document translation. Where English was not the clients first language staff assessed their ability to communicate in English. This was due to the need to participate in group work and activities as part of the treatment programme.

Clients had a choice of food to meet their dietary, cultural or religious needs. Dietary requirements were identified during assessment and the service procured relevant produce such as halal meat or gluten free meals. Staff supported clients to access local places of worship.

The service had a range of leaflets and information boards on display within the unit. These included information on treatment, recovery, local services, advocacy and mental and physical health advice.

Listening to and learning from concerns and complaints

The service had a complaints policy and process. Information on how to complain was on display within the service and provided in the client welcome pack. Clients we spoke with told us they would be comfortable raising a complaint and felt that it would be managed appropriately. Clients we spoke with had not raised formal complaints but had discussed low level concerns informally with staff. They told us that they had been happy with the response that was provided.

Staff we spoke with were aware of the complaints process and were able to describe how it worked. Learning from complaints was discussed in team meetings and supervision sessions.

Are residential substance misuse services well-led?

Good 

Leadership

The registered manager and nominated individual had the skills, knowledge and experience to perform their role. The registered manager provided day to day management of the service and the nominated individual provided support in that role and oversight of service quality. They demonstrated a good understanding of the client group and the specific needs and challenges of an inpatient rehabilitation service. The registered manager was

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completing a level five qualification in residential care to support them in the role. The registered manager was being supported in their professional development by the nominated individual.

Staff spoke positively about the service managers. They praised the managers response to our last inspection and described them as supportive and open. Managers were visible within the service and approachable for clients and staff.

Vision and strategy

At our last inspection we identified that the service did not have a vision for what it wanted to achieve. We did not identify that concern during this inspection. There was a vision supported by an identified set of values. These were displayed within the unit and available to clients in the information provided to them. Staff we spoke with were able to discuss the vision and values and how they influenced their work and service delivery. The vision and values were reflected in the delivery of care.

Staff had the opportunity to contribute to discussions about the service and service development. They were involved in making decisions around changes to the service and in developing actions and workstreams to deliver improvements. Staff we spoke with told us that managers were open to ideas and suggestions from both themselves and clients.

Culture

Staff we spoke with told us they felt respected and valued. They felt supported by management and were clear about their role and responsibilities. Staff spoke positively about the providers response to our last inspection and inspection report. They told us they had been supported through a difficult period and that managers had worked to maintain staff morale and provide a positive approach. Staff had been involved in developing the providers action plan. Staff we spoke with were aware of the action plan and steps that had been taken. They were able to describe their own involvement in this process.

Staff were proud about the work they did and the level of care they provided. They described an open and honest culture and a collaborative team working ethos. Staff we spoke with understood the provider's whistleblowing policy and felt able to raise concerns without fear of retribution or victimisation.

Staff morale was positive. Staff worked well together and demonstrated a cohesive team approach to the delivery of care. There had been no bullying or harassment cases within the service during the 12 months prior to our inspection. Staff appraisals and supervision sessions included discussions about professional development. Staff were able to access additional training and experience as part of their development.

Governance

At our last inspection we found that the service's governance system was not effective enough to ensure a systematic approach to the delivery, monitoring and improvement of care. At this inspection we found that the service had taken steps to address these concerns.

The adverse incident reporting system had been embedded. Staff we spoke with were aware of the process and what to report. Adverse incidents we reviewed had been reported and managed appropriately. The service manager and relevant staff completed audits of care records, medicines management and the environment. These were supported by a quarterly quality review conducted by the nominated individual. Identified actions from audits had been completed. The service had developed and completed a comprehensive action plan in response to our last inspection.

At our last inspection we identified concerns that recruitment procedures were not effective. At this inspection we found that the provider had taken steps to address this issue. We reviewed four staff files and found that each file contained a job description, references and a completed disclosure and barring service check. Staff were complaint with appraisals, supervision and mandatory training.

Staff had access to regular team meetings and there was a clear framework of what was to be discussed. Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of clients.

Management of risk, issues and performance

At our last inspection we identified that the service did not have effective systems for identifying and managing risks. At this inspection we did not identify this concern. The nominated individual and registered manager were able to describe the assurance process that were in place. These

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included an ongoing programme of local audits and environmental checks. The registered manager completed monthly reviews of service user files. There was a programme of daily and weekly environmental checks supported by a quarterly building audit.

Staff had access to a risk register. The risk register was discussed and reviewed in team meetings. There were six identified risks including resiliency, occupancy and financial risk and the impact of Britain exiting the European Union. Mitigating actions had been identified and there was no evidence that financial pressures had compromised care delivery. Managers showed a good understanding of the pressures and risks facing the service now and in the future.

The service had a business continuity policy in place. This outlined how the service could continue to operate in the event of a loss of use of the building, key services or in cases of adverse weather or high staff sickness.

Information management

Staff had access to the information and equipment required to carry out their roles and deliver treatment. Information needed to deliver care was in an accessible format and stored securely.

Staff used paper care records. These were stored securely and were available to staff when they needed them. Governance records, policies and supporting documents were stored on a SharePoint system. Access to this was secure and password protected. Staff felt confident using the systems in place and had completed relevant training to support their use.

There were signed confidentiality agreements and information sharing protocols which set out information sharing processes in clients' files. Staff we spoke with were aware of the provider's policies in relation to confidentiality and the sharing of information with other bodies. Staff had completed confidentiality and data protection training.

The nominated individual and registered manager had access to information to support the management of the service. This included information on performance, staffing and client feedback.

Notifications and data were submitted to external bodies as required, including the CQC.

Engagement

Staff, clients and carers had access to up to date information about the work of the service through the internet, team meetings, notice boards and social media platforms. Staff and clients we spoke with told us they were aware of developments within the service and where to get further information if they wished too.

The service had recently supported a county recovery event in conjunction with a countywide service user organisation. The service had previously hosted the event which was attended by over 150 clients, carers and family members. Feedback on the event had been positive.

The service was proactive in securing feedback from clients and carers. Clients and carers completed service evaluation forms. A local countywide service user forum had been commissioned to engage with clients and complete an ongoing evaluation of service provision and client experience. This was captured in quarterly reports.

Managers engaged with external organisations such as local commissioners, healthcare services and the CQC. There were effective partnerships with local safeguarding bodies, support services and the local recovery network.

Learning, continuous improvement and innovation

The service was committed to improving care and treatment from learning when things went well or went wrong. The service reviewed adverse incidents and completed audits. Actions were identified and completed. Staff we spoke with reported that managers were receptive to new ideas and encouraged improvement.

The service made efforts to gain feedback from staff, clients, families and partner agencies to improve the quality of treatment provided. Clients and family members completed evaluation surveys. The service had commissioned a local service user group to complete an independent evaluation of the service and produce recommendations for improvement.

The service had developed a detailed action plan in response to our last inspection and had implemented this fully.

Outstanding practice and areas for improvement

Outstanding practice

The service had commissioned an independent local countywide service user organisation to complete an evaluation of the service and client experience.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all risk assessments are fully completed.