Care Quality Commission

Addaction Chy

Quality Report

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Date of inspection visit: 14 November to 15 November 2016
Date of publication: 27/01/2017

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The facilities were clean and well maintained. The service had installed kennels so people could bring their dogs to the service. The environment had a positive atmosphere.
- Experienced staff were available to clients 24 hours per day. Staff were responsive, genuine, caring and respectful in their interactions with clients.
- Clients had comprehensive up to date risk assessments. Recovery plans were of a good standard and they showed clients were receiving person centred care. Clients had individual time with their keyworkers and the group delivered interventions that met their recovery needs. The service had good links with external agencies that provided clients with holistic care.
- There was a programme of therapeutic and leisure activities. Staff provided acupuncture in the evenings.

Summary of findings

- The service had good leadership and a clear aim. Morale and job satisfaction were high and staff felt motivated, valued and respected.

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

- The provider conducted searches of clients' rooms and possessions but they did not have a policy or guidelines for undertaking searches. This had the potential to leave clients vulnerable to improper treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		Inspected but not rated.

Summary of findings

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Care Quality Commission

Addaction Chy

Services we looked at
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Summary of this inspection

Background to Addaction Chy

Addaction Chy is a residential rehabilitation centre in Truro, Cornwall. Addaction Chy provides residential treatment to clients with addiction issues.

The service has 17 beds for men and women from the age of 17 upwards. Addaction had 'move on' flats next door to the service that clients could transfer into after their care. The 'move on' flats were supported housing and therefore not registered with CQC.

The service aims to enable individuals to develop a lifestyle free of substance dependency. It aims to provide a safe, supported, nurturing and challenging environment where people can be abstinent from substances and learn to lead a fulfilling, meaningful and purposeful life. The service provided rehabilitation only and did not provide detoxification.

Clients are largely funded by local authorities.

A careers advisor, housing advisor and a nurse regularly attend the service.

Addaction Chy is registered by CQC to provide accommodation for persons who require treatment for substance misuse and diagnostic and screening procedures.

The service has a registered manager.

Our inspection team

The team that inspected the service comprised CQC inspector Francesca Haydon (inspection lead), one assistant inspector and a nurse manager.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment
- observed how staff were caring for clients
- spoke with nine clients

Summary of this inspection

- spoke with two previous clients who were living in the move on flats
- spoke with the registered manager
- spoke with six other staff members employed by the service provider, including practitioners and engagement workers
- spoke with a volunteer who worked at the service
- attended and observed a hand-over meeting
- attended and observed a meeting for clients and a therapeutic group activity
- collected feedback using comment cards from eight clients
- looked at eight care and treatment records, including medicines records
- looked at policies, procedures and other documents relating to the running of the service
- spoke with stakeholders about the service including two commissioning organisations

There has been one inspection carried out at Addaction Chy. This inspection was carried out on 17 February 2015 (published report dated 13 January 2016). There were no regulatory breaches.

For further information please refer to the published report which can be found at www.cqc.org.uk/sites/default/files/new_reports/AAAD5306.pdf.

What people who use the service say

- Client feedback was very positive. Clients described staff as approachable, available, cheerful, respectful, supportive, accessible, knowledgeable, kind, caring and genuinely interested. One client said they were treated as individuals and encouraged to voice their feelings. Another client described enjoying freedom and feeling trusted.
- Clients were positive about the efficacy of their treatment and gave positive feedback about the groups. For example, one client said the groups were inspiring and helpful.
- Clients described the environment as safe, clean and comfortable. They said maintenance tasks were done promptly. They were positive about the new kennels, which meant dogs could come to the service with their owners.
- Clients said they did not know if their rooms were being searched. They had been told they would be searched but were not aware if searches were actually taking place. One client was concerned about this and wanted to know when searches were happening and another was not concerned about it.
- One stakeholder we spoke with visited the service regularly and told us clients gave them positive feedback, in particular describing the service as a safe place where they felt their needs and experiences were understood.

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 do not currently rate standalone substance misuse services.

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

- The provider conducted searches of clients' rooms and possessions but did not have a policy or protocol for undertaking searches. This had the potential to leave clients vulnerable to improper treatment.

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

- The facilities were clean and well maintained. Clients undertook cleaning duties as therapeutic work and staff conducted regular checks of the environment.
- Staffing levels were safe and there was 24 hour cover. A member of staff slept at the service overnight and were supported by on call cover. Lone working at night had been risk assessed and building security was good.
- Clients had comprehensive, up to date risk assessments.
- Clients' medicines were stored appropriately.Medication errors were recorded appropriately and there was evidence of learning from medication errors. There was access to an Addaction pharmacist to provide advice. Naloxone, a medicine used to reverse opioid overdose, was available for emergencies.
- Staff knew which incidents to report and there was evidence of learning from incidents within and outside of the service.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care records were of a good standard. They were person-centred and holistic.
- Practitioners were trained to deliver interventions within the Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007).
- Groups and workshops provided clients with life skills to help them to live independently.
- The service had good links with external agencies to support clients with physical health, mental health, employment, and housing.
- Staff had regular clinical supervision, which was appropriate to their role and line management supervision.

Summary of this inspection

- There were move on flats next door to the service which enabled clients to live independently whilst stillhaving contact with the service. When they moved on they continued to have a key worker from the service.

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

- Staff familiarity with the Mental Capacity Act varied with some staff having little knowledge.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a supportive atmosphere. We witnessed staff being responsive, genuine, caring and respectful in their interactions with clients.
- Clients gave positive feedback about the service and told us they were receiving good, safe care. Clients said individual time with their keyworkers and the group delivered interventions met their recovery needs.
- Clients were involved in decisions about their care and they could involve their family and friends if they wanted to.
- There was a variety of ways clients could give feedback about the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were given a buddy when they were admitted who was an experienced client in the service. The buddy supported the new client and helped them to settle in.
- The service had a range of comfortable facilities for clients to work and relax in. They had recently built kennels so people could bring their dogs with them to the facility.
- Clients could make complaints and were willing to do so.
- There was a programme of activities and the service was working to extend these further. There was a good discount at the local gym and two of the staff provided acupuncture in the evenings.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- The service had a recovery based philosophy and a clear aim.
- Systems and processes were in place to ensure staff were up to date with appraisals, training and supervision.
- There was learning from complaints and incidents and the service was developing. There had been improvements to the service since our previous inspection.
- Morale and job satisfaction were high amongst the staff. The leadership of the service was positive and staff felt motivated, valued and respected. There were positive relationships between staff.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Addaction had a policy on the Mental Capacity Act, to which staff could refer. Staff familiarity with the Mental Capacity Act varied and only two of the seven staff we spoke with could describe the five statutory principles. The registered manager had a good understanding.
- Staff assumed clients had capacity unless there was reason to believe otherwise. The evidence we saw suggested clients generally had capacity, although this may fluctuate dependent on substances misuse or fluctuations in mental health. Clients consented to treatment.
- There was a mental capacity flow chart displayed in the office for staff to refer to and staff were encouraged to seek advice from the registered manager or team leader.
- People were encouraged to self-advocate and to engage in the local community.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The facilities were clean and well maintained. The service had installed kennels so people could bring their dogs to the service. The environment had a positive atmosphere.
- Experienced staff were available to clients 24 hours per day. Staff were responsive, genuine, caring and respectful in their interactions with clients.
- Clients had comprehensive up to date risk assessments. Recovery plans were of a good standard and they showed clients were receiving person centred care. Clients had individual time with their keyworkers and the group delivered interventions that met their recovery needs. The service had good links with external agencies that provided clients with holistic care.
- There was a programme of therapeutic and leisure activities. Staff provided acupuncture in the evenings.
- The service had good leadership and a clear aim. Morale and job satisfaction were high and staff felt motivated, valued and respected.

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

- The provider conducted searches of clients' rooms and possessions but they did not have a policy or guidelines for undertaking searches. This had the potential to leave clients vulnerable to improper treatment.

Are substance misuse/detoxification services safe?

Safe and clean environment

- Addaction Chy was a large two-storey building, which had been converted into living accommodation and offices.
- The temperature of the medicine refrigerator and the room it was in were checked daily which ensured medicines were stored at the correct temperature.There was no medical equipment on site because physical health care was provided by GPs. A first aid box was present and in date in the main office.
- The building was visibly clean and well maintained. The standard of cleanliness had improved since our last inspection where we had noted it was dusty and unclean. Clients living in the house were responsible for the cleanliness and each day were assigned a therapeuticduty, which they signed when they had completed. Staff completed a weekly walk around to ensure bedrooms and communal areas were well maintained and the house was clean. Once a year the clients completed an 'annual house blitz'.
- Environmental risk assessments were in place and furniture, fittings and fixings were in good condition.
- The accommodation was mixed sex and bedrooms were not en-suite. There were dedicated bathrooms used as single gender bathrooms. The provider was managing this by trying to keep areas single sex by placing men and women in separate areas and moving them if necessary to different rooms. The provider was clear with referrers that the facility was mixed gender and they managed any risks through careful screening and risk assessment, client one to one sessions and a client whistle blowing policy.

Substance misuse/detoxification

Safe staffing

- The service employed a registered manager, a team leader/practitioner, three practitioners, an administrator, three engagement workers, one bank practitioner and seven bank engagement workers. The service also employed volunteer recovery champions to promote recovery.
- Ex-clients could become a recovery champion volunteer following six months post disengagement from Addaction Services. Recovery champions received training with Addaction. The sickness rate was 4% in the year up to 1 September 2016.
- The substantive staff turnover was 11%. This represented one member of staff.
- Agency staff were not employed in the service. All bank engagement workers were fully inducted and familiar with the service as they were employed regularly.
- Staff and clients told us there was always enough staff and that clients could have one-to-one time with their key worker and ad hoc support from engagement workers if they needed it.
- Engagement workers covered nights during the week. Two were on duty between 4.15pm and 10.15pm and one slept in overnight and stayed until 9.00am. At weekends, an engagement worker was on duty from 7.00am to 5.00pm and then 5.00pm to 10.15pm.
- Mandatory training was 100% completed and up to date by all staff. There were six trained fire wardens. Volunteers to the service were trained through the Addaction community service. At our previous inspection we noted that mandatory training had not been completed by all staff and this was now resolved.
- Records showed all staff had a valid disclosures and barring service check, which was a check of their criminal record.

Assessing and managing risk to clients and staff

- During our previous inspection, we advised the provider to ensure staff were aware of and had an understanding of the organisations policy and procedure on the use of restraint. At this inspection, we were advised the service did not use restraint.
- We reviewed eight client care records and all were of a good standard. All records contained an up to date risk assessment which had been completed on admission. Clients' risk assessments were updated every 12 weeks.
- Staff used a screening assessment to assess risk. Addaction community service shared a care record system with Addaction Chy, which meant staff could access care records of local clients who were referred by the community service. They also reviewed the application form and information from other professionals regarding risk. The screening assessment covered risk of harm to self and others and vulnerability from others. Clients were drug tested and were expected to test free from substances for three days before admission although there was some flexibility in this.
- The provider conducted searches of client's rooms and possessions. The nature of the search depended on the risk. If it was felt necessary, searches were undertaken without the clients' knowledge. This was only done if informing clients about the search could negate the findings. Clients were informed before they were admitted that there would be searches and they were aware through the service user handbook. The service acknowledged they did not have a policy or guidelines on client or rooms searches and this was added to their risk register. They were seeking guidelines from clinical governance national leads.
- There was an Addaction safeguarding adults policy and separate safeguarding children policy. Staff demonstrated clear understanding of safeguarding procedures and gave examples. There was a flow chart on the wall in the office detailing the safeguarding procedure. This did not include information about how to make a referral. We brought this to the attention of the manager and they added the website address for the local authority adult safeguarding unit to the flow chart.However, the registered manager told us staff had been informed during face-to-face safeguarding training how to make safeguarding referrals.
- The service had potential ligature points had been considered and were adequately mitigated through the client screening process and individual risk assessments. People who were at serious risk of self-harm were not admitted as the setting was not

suitable for clients who were high risk. There were two ligature free bedrooms for use by clients with increased risk. The provider was planning to fit mirrors to corridors to reduce blind spots in the coming month.

- There was a lone working risk assessment for engagement workers. This was to protect the engagement worker who slept over night at the service. CCTV and an intercom supported building security. There was always a member of staff on call overnight, which was the registered manager, team leader or a practitioner.
- The service had its own medicines management policy, which described the procedure for storing medicines. Clients were given responsibility for ensuring they had stocks of medication and that they took them as directed. This was to enable them to be self-sufficient on discharge. Staff were responsible for observing and supporting clients in self-administrating their own medication.Medicines were stored appropriately. Medicine errors were recorded appropriately and there was evidence of learning from them. There was access to an Addaction pharmacist to offer advice as needed. The service was working with the local pharmacy and GP to ensure clients going on leave at weekends had enough medication to take with them.
- Clients and some staff were given Naloxone training and clients were given Naloxone to take with them on discharge.Naloxone is a medicine which can be used to reverse the effects of opioids in the event of an overdose. The service ensured there was always a member of staff on duty who was trained to use Naloxone.

Track record on safety

- The provider reported one serious incident occurring within the 12 months previous to our inspection. This was a patient death, which occurred at the local hospital. The patient had existing physical ill health and learning from the incident included consideration of the suitability of referrals for clients with existing serious health problems.
- CQC internal data showed there had been no safeguarding concerns or safeguarding alerts received in relation to the service in the previous 12 months.
- There was evidence of learning and service improvements in response to investigation of incidents. For example, following a client leaving the service early, the service now requested a discharge summary from referrers during the first 48 hours of admission to ensure clients were medically ready for the rehabilitation service. Another example was that following a security incident, staff were reminded to lock gates to the service.
- The service manager attended a drug related deaths review panel on Monday 25 April 2016 to enable inter-agency learning.

Reporting incidents and learning from when things go wrong

- Staff had good knowledge of the incidents they should report and could give examples. They discussed incidents with management and completed an online form. The staff member who witnessed them generally reported incidents. The manager encouraged staff to report incidents.
- Learning from incidents was fed back through team meetings, monthly briefings and supervision. Staff were able to give examples of incidents that had led to change.
- Incidents were reviewed monthly by a regional critical incident review group, which reported to a national group. The registered manager told us practice arising from an incident was reviewed and learning disseminated to the service at the centre of any incident, nationally, through local operational managers' meetings and through quarterly bulletins.

Duty of candour

- The provider was familiar with the duty of candour and could explain the need for honesty and accountability. They offered apologies to clients when mistakes were made and provided an example of having done this.

Substance misuse/detoxification

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed eight care records of clients and all were of a good standard. All records had a referral and screening assessment form.
- Physical health care was undertaken by the local GP service, which all clients were required to register with.
- Care plans were person centred. All care records included a plan for unexpected exit from treatment. The service used a standard assessment form, which covered history of substance misuse, previous treatment, health, risk of self-harm, medications, forensic history, relationship status and family.All clients had a full assessment of their alcohol and drug use, injecting history and previous access to treatment. Care records showed evidence that clients were provided with harm reduction advice. All clients had been assessed for their motivation to change.In our previous inspection of the provider, we found that recovery plans were incomplete and we were pleased to see this had been resolved.
- Client records were stored on an electronic records system. Clients referred from the Addaction community services had existing records on the system, which were available to the staff at Addaction Chy. Engagement workers did not have access to electronic records. Paper copies of risk assessments and plans were available for them to read. There was also a paper file of handover notes, which could be accessed by all staff.

Best practice in treatment and care

- We reviewed eight client care records and all showed evidence of good practice in treatment and care. All clients had a recovery plan that was up to date, personalised, holistic and recovery oriented. All clients had an assessment of their motivation to change.
- The treatment programme included two compulsory groups for clients to attend per day including treatment and process groups. One of the clinical group programmes had been evaluated by a psychodynamic psychotherapist and covered confidence building, stress management and assertiveness. Approaches used by key workers were motivational interviewing, cognitive and behavioural models. The practitioners had received additional training to deliver the recovery and aftercare for formative trauma (RAFT). This was offered to clients who were suitable.
- There were seven clients in the group at the time of our inspection. The group was provided twice per week and written by an external psychotherapist who also trained the practitioners to deliver it. The group was drawn from psychodynamic and gestalt theory. The groups and workshops provided life skills such as cooking, budgeting, relapse prevention and developing a recovery network. Clients also had weekly one-to-one sessions with a practitioner who acted as their key worker. All the practitioners had a diploma in counselling.
- The service had close links with a local GP practice and all clients registered there. Staff ensured clients were reviewed by a GP within the first 72 hours of their admission. There were links with a local dentist and the NHS community mental health team.
- A comprehensive general audit of the service had been undertaken in August 2016. We reviewed the resulting action plan. The audit covered health and safety, record keeping and clinical practice areas such as recovery planning, safeguarding and carer involvement. The team meetings were taking place every two to three months.However, following the internal audits of the service the frequency was due to change to every six weeks. The manager also completed audits and checks, for example, they audited care records to ensure they were complete.This was last completed in October 2016.

Skilled staff to deliver care

- The service employed residential practitioners and engagement workers. There was additional input from external agencies, including housing and careers advisors, a nurse who provided vaccinations for blood borne viruses, a psychotherapist and links with the local pharmacy.
- Practitioners and the registered manager all had diplomas in counselling. They were experienced in providing Interventions to help clients make positive

changes to behaviours and lifestyles in relation to substance misuse. The service remit included providing interventions to clients' family members, delivering groups, creating and reviewing recovery plans.Residential practitioners had additional training in motivational interviewing, solution focussed brief therapy and cognitive models.

- Staff received appropriate induction. We reviewed a completed staff induction checklist. The induction checklist was thorough. A probationary review process was also in place.These covered all aspects of the day-to-day running of the service such as the procedure for unplanned discharge. All staff completed mandatory training before commencing their work.
- Practitioners had line management supervision and group clinical supervision with an external supervisor every five weeks. Engagement workers had a meeting every two months, which included group supervision. Bank engagement workers were invited to attend meetings.
- All staff had had an appraisal within the last 12 months.
- Practitioners were all trained in cognitive models, solution focused therapy and level three tackling substance misuse. Two of engagement workers were trained in acupuncture.The manager and team leader had begun the Addaction leadership development programme 2016.This was a yearlong training, which covered managing services, leadership skills and self-management and managing people and performance. All staff were trained in first aid.

Multidisciplinary and inter-agency team work

- The service held two handover meetings each day at the beginning of shift changes. The handovers were comprehensive and focused on risks and any extra support clients may need. Handovers showed reflective and meaningful observations of clients and the service environment. There was a minuted account of handovers for staff to look back on.
- There were good working links with the local GP practice, criminal justice teams, police, a national mental health charity, a local organisation that promoted good mental health through personal development, education and employment, the NHS community mental health team, and housing. British heart foundation enabled clients to do work experience.The service had a generous discount at the local gym. Clients told us they had been given a lot of information about local recovery and mutual aid groups.
- There were close links with the Addaction community teams. One client told us that when they moved to the service it was a seamless transition because their care record was passed across with them from the Addaction Community service to Addaction Chy.
- All clients had a blood born viruses assessment and a nurse from Addaction visited every two weeks to administer vaccinations.

Good practice in applying the MCA

- Addaction had a policy on the Mental Capacity Act, which staff could refer to. Training in the Mental Capacity Act was included in the mandatory safeguarding adults training.Staff familiarity with the Mental Capacity Act varied and only two of the seven staff we spoke with could describe the five statutory principles. The manager had a good understanding.
- Our review of clients' care records showed mental capacity was assumed in all cases unless there was reason to consider otherwise. There was evidence in all care records of consent to treatment.
- The registered manager told us staff supported clients to make decisions where appropriate and when they lack capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history. They recognised that people have the right to make decisions that others may consider unwise.
- There was a mental capacity flow chart displayed in the office for staff to refer to and staff were encouraged to seek advice from the registered manager or team leader. The manager understood that clients who are intoxicated might have impaired capacity and said if this was the case the practitioner would try to support them including support making decisions if necessary. However, we could not find evidence that staff understood the difficulties clients may develop which might affect their mental capacity, such as, inebriation or mental health difficulties.

- People were encouraged to self-advocate and to engage in the local community. There were leaflets for Healthwatch and a local recovery café.

Equality and human rights

- The provider had a diversity and equality policy. All staff and volunteers were required to read and understand the policy and complete mandatory training.
- The service was inclusive and did not exclude anyone who could benefit from the service unless they posed harm to others or the environment and this was assessed on a case-by-case basis. There were some restrictions but the service user guide informed clients of these. Restrictions included not being able to go out during the first two weeks of admission except to attend certain appointments and with an escort. Clients could not have a mobile phone for the first six weeks and after that, they were expected to use them in their bedrooms. These restrictions were to support recovery and safety for all the clients. After the first two weeks of their admission, clients were permitted to go out during set times. Clients understood these restrictions to be supportive and for their own benefit.

Management of transition arrangements, referral and discharge

- Addaction Chy worked closely with nearby detoxification services to enable a smooth transition of care. Clients were invited to visit the service in order to decide if it would suit them.
- The service had a move on facility next door. Clients could live in the move on flats prior to finding new accommodation and this was to enable a graded discharge. Clients in the flats continued to have the support of a key worker from Addaction Chy. Clients told us they were involved in planning for their discharge.
- The service had a relapse policy. Clients were expected to be abstinent but if they were asked to leave due to substance misuse, they were reassessed and a plan for readmission would be agreed with them.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients and found them to be responsive, genuine, caring, respectful and supportive.
- Clients gave very positive feedback about the care they received from staff. They told us they felt cared for and safe. They said staff were available and understanding. Clients were aware of the rules and found them to be consistent and fair. They said they were clear about the stages of the rehabilitation program. They found the groups met their recovery needs. In our previous inspection, clients had complained that some staff lacked the training and knowledge to run groups but this had been resolved.
- Addaction Chy protected confidentiality. There was evidence in all the care records we reviewed of confidentiality and information sharing agreements being in place which clients had signed.

The involvement of clients in the care they receive

- Clients described being involved in decisions about their care. In six of the eight records we reviewed, there was evidence clients had been offered a copy of their recovery plan. One client told us they had a copy of their recovery plan and that they felt their own goals been reflected in it. In our previous inspection of this provider, we found that five clients did not have copies of their recovery plan so this was an improvement.
- Clients were asked if they wanted their family and friends involved in their care. With agreement from the client, families were sometimes invited to family conferences that were aimed to help families to support each other.
- Clients were also responsible for completing cleaning tasks on a rota system. A senior resident liaised with staff on client issues. Clients held their own domestic house issue group each week.
- We reviewed the results of a client survey from September 2015. Clients were asked 11 questions about the support, therapy, social activities, food, safety, environment, referral process, information provided; discharge planning and whether they felt staff listened to their views. The survey was answered by 19 clients with 18 rating the service overall as excellent and one rating it as good.

- Former clients who were working as volunteers in the service had been included on interview panels.Clients could give feedback during morning meetings, using a journal or post-box and they could also give feedback anonymously online.

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

Access and discharge

- The manager told us the waiting time for clients was around five days once funding was in place. There were beds available at the time of our inspection.
- New clients were assigned a buddy. This was someone who had been at the service for long enough to support another client. Buddies had a checklist of information to share with the new client to enable them to settle in, find their way around the facilities, attend groups and meals, and mix with other clients. Since the client was unable to go out during the first two weeks of their stay, the buddy would pick up anything they needed in town.
- The service had clear admission criteria. Individuals were expected to be abstinent from drugs and alcohol for five days before admission. There were no specific exclusion criteria for the service. There were reasons why the service might not offer a service to a client if they could pose a threat to the environment or other residents but the manager considered these on a case-by-case basis.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms including a large lounge, dining room (which was also used for groups) and a large kitchen. Clients were positive about the facilities.
- The service had recently created kennels for clients who wish to bring their dog with them to the service. Dogs were risk assessed and there was a dog kennels policy and dog owners' agreement. Clients we spoke with were happy about dogs being able to come with their owners to the service. Clients had been involved in the decision to enable dogs to come to the facility and had recently discussed and agreed that the dogs should be allowed out of the kennels and into the outside areas. Downstairs bedrooms were normally set aside for people with disabilities or who had dogs due to the close proximity to kennels outside.
- The service had a policy and procedure for visitors to the service, which included consideration of the safety of children. Clients met visitors in the summerhouse in the garden for privacy.
- During our previous inspection, we were concerned that the pay phone was in a public area and did not offer privacy. The provider has since installed a new pay phone in a private room for clients to use.
- Clients prepared meals for each other on a rota and ate together. They told us they liked the food. All clients took a course in food hygiene. There were arrangements for clients to have access to drinks and snacks 24 hours per day.
- Clients were able to personalise their rooms and each had a key to their room.
- There was a programme of activities and clients were encouraged to use community facilities such as the gym. In the evenings acupuncture, mindfulness and meditation were available. Client feedback was being reviewed by the service and included suggestions for more activities, particularly during the first two weeks of a client's stay when they were unable to go out. Clients gave mixed feedback about the availability of activities. One client said they were bored and isolated at weekends, another client said there was a lot to do. The service arranged monthly trips, for example, bowling trips or visits to local tourist attractions.

Meeting the needs of all clients

- There was ramp access to the building and disabled access to the downstairs bedrooms.We tested the lift and it was working.The alarm in the lift did not work and we reported this to the registered manager. The disabled facilities had improved since our previous inspection.
- Information leaflets were available. The service had several notice boards with information posted on them. Staff translated information using translation software and they could get a translator if required.The service

website had translation facilities and a browse aloud facility. The service provided information in different fonts and colours to support clients with dyslexia or impaired vision.

- Clients were encouraged to access spiritual support by visiting places of worship. They had also provided books and audio facilities to support clients with spiritual interests.

Listening to and learning from concerns and complaints

- The service received two complaints during the 12 months before our inspection. One of these complaints was partially upheld and none were referred to the ombudsman. The service received two compliments during the 12 months prior to our inspection.
- Clients told us they knew the complaint procedure from the outset of their stay. Clients told us there was a complaints box.
- Staff gave examples of complaints where they had listened respectfully.The national Addaction team investigated complaints if there was a need for an impartial review from someone external to the service. The manager discussed complaints with staff concerned.Staff were given a bulletin, which updated them on complaints.

Are substance misuse/detoxification services well-led?

Vision and values

- The service had a recovery-based philosophy. Staff knew the aim of the service, which was to provide clients with a safe, supported, nurturing and challenging environment where they could learn to live without substances. The registered manager gave a clear definition of what recovery meant which meant abstaining from the use of substances and leading a fulfilling, meaningful and purposeful life.
- An associate director for Addaction supervised the service manager and they met monthly.

Good governance

- The service had evolved since our previous inspection. Systems and processes ensured that staff were up to date with mandatory training and that they were appraised annually and supervised in accordance with their roles. Clients and staff knew how to report incidents, complaints and concerns and they were empowered to do so. Governance structures enabled incidents, complaints and feedback to be reviewed and for learning and development to take place. The service had had a comprehensive audit and the registered manager was working through the resulting action plan.Appraisals were built around the strategic objectives of the provider. The registered manager's key performance indicators for the service were in their annual appraisal and the objectives were clear.
- The service monitored the percentage of clients who had completed treatment successfully.In July 2016 the successful completion rate was 63% and in August 2016 it was 56%.
- The service had a risk register. There were four items on the risk register and a plan to reduce each risk.

Leadership, morale and staff engagement

- We were not made aware of any cases of bullying and harassment.
- There were two whistleblowing policies, one for staff and one for clients. Eleven staff had signed to say they had read and understood the policy on whistleblowing. Staff told us they would be willing to whistle blow if the need arose. During out last inspection staff were not aware of the whistleblowing policies and procedures so this was an improvement.
- Morale and job satisfaction were high. Staff said any stresses they did experience were a natural part of the job and that they were well supported. People said they found the registered manager approachable and that they felt motivated, valued and respected.
- The registered manager and team leader had completed level three training with the Institute of Leadership Management. The registered manager had also completed level five training.
- The staff team described open, supportive relationships with one another and they said they could challenge one another openly.

Substance misuse/detoxification

Commitment to quality improvement and innovation

- The service was taking part in a research study conducted by the University of Bedfordshire. The research was to explore the accessibility and suitability of residential alcohol detox and rehabilitation services for people aged 50 and over. Eligible clients from the service were invited to take part in the study and supported to take part in interviews with the research team.

Outstanding practice and areas for improvement

Outstanding practice

- The service had kennels for clients who wished to bring their dog with them to the service. This was unusual for a rehabilitation service and was encouraging for clients who were reluctant to leave their dogs. Dogs were risk assessed and policy and dog owners' agreement. Clients we spoke with were happy about dogs being able to come with their owners to the service and were involved in the decision-making. Downstairs bedrooms were adjacent to the kennels and if possible, were given to clients who had dogs. Addaction Chy had now raised money to build the kennels and there were outdoor seating areas near the kennels. One of the commissioners we spoke with said they previously had a problem with placing clients with dogs into residential rehabilitation services.

Areas for improvement

Action the provider MUST take to improve

- The provider must have a policy and protocol for undertaking searches of clients' rooms and possessions in order to safeguard clients from improper treatment.

Action the provider SHOULD take to improve

- The provider should review the training to ensure all staff have a good understanding of the Mental Capacity Act and their responsibilities.
- The provider should plan to move more towards gender separated accommodation and have a policy in place to ensure gender is segregated as much as possible.

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
	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider conducted searches of clients' rooms and possessions but they did not have a policy or guidelines for undertaking searches. This was a breach of Regulation 13 (1)(2)