

Rosemary Court

Quality Report

259 Dialstone Lane

Stockport

Cheshire

SK2 7NA

Tel: 0161 4840000

Website: www.acornrecovery.org.uk

Date of inspection visit: 31 October 2016

Date of publication: 10/02/2017

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean and well maintained. Staff were on site 24 hours a day and there were enough staff to safely carry out their role. There was an up to date risk assessment in all care records and staff were aware of and trained in safeguarding procedures. Staff had completed mandatory training to the required level.
- The service had developed a programme to overcome barriers around addiction within minority communities. All clients had a comprehensive and holistic assessment and a recovery care plan. There were good physical health checks completed by the GP prior to admission and evidence of ongoing support during the clients admission. Staff received supervision four to six weekly as per the supervision policy.
- All clients told us that staff were kind and caring and supported them 100%. We observed staff interacting with clients throughout our inspection and found them to be compassionate and genuine in their approach to the clients. Clients were actively involved in their care and were able to give feedback about the service in client meetings.
- The therapeutic programme was evidence based and structured and was facilitated by suitably

qualified staff. Each week there were many activities that clients could take part in including a group trips out to the local community. On the week of our inspection, this included a trip to see a play. Discharge planning began on admission, the service worked well with the client, and their referrer to ensure everything was in place for the client to move on in a supported way. There were bedrooms and a bathroom on the ground floor which could be used by someone with mobility issues.

- The team spoke highly of the senior managers and felt that they were visible within the service. Staff felt they could approach their managers with any issues and felt they would be dealt with in a fair way. Morale was high in the team and staff demonstrated they were passionate and committed to working with the client group. Managers completed regular audits to ensure the safe and efficient running of the service was maintained. Sickness rates were low at below one percent.

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

- Although staff showed a good understanding of the need to be open and honest when something went wrong, there was no policy which directly related to duty of candour and this would make it difficult to ensure all staff were taking the same approach if an incident of this level did occur.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Rosemary Court	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	19
Areas for improvement	19

Rosemary Court

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Rosemary Court

Rosemary Court is a residential rehabilitation facility based in Stockport in Manchester. It is part of the Acorn Recovery Projects. Acorn recovery projects run a small number of alcohol and drug addiction services across the North West of England. Rosemary Court is a residential rehabilitation facility. It provides rehabilitation for up to six men and women whose lives have been affected by drug and alcohol misuse. Clients were admitted to Rosemary Court after completing a period of detoxification either as an inpatient or in the community. The building was situated over a ground and a first floor with single bedrooms on both floors. The service offered a therapeutic programme for the clients to engage in as

well as individual support from staff. Clients also maintained links with the local community whilst at Rosemary Court, engaging in mutual aid groups on a weekly basis.

There was a registered manager in place at the time of our inspection and the service is registered for accommodation for people who require treatment for substance misuse.

Rosemary Court has been registered with the care quality commission since May 2011. There have been two previous inspections with the latest being in 2014 and Rosemary Court was deemed compliant in all areas assessed.

Our inspection team

The team that inspected the service comprised CQC inspector Kirsty McKennell (inspection lead) and a specialist advisor who was a nurse with a background in substance misuse.

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, looked at the quality of the physical environment, and observed how staff were caring for clients.
- Spoke to the nominated individual and the registered manager.

Summary of this inspection

- Spoke to four other members of staff including the recovery caretaker, housing support workers.
- Spoke to all five of the clients using the service.
- Observed a deep emotional attachment programme group.
- Reviewed five sets of care records.
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to all five clients using the service on the day of our inspection. All of them told us they felt safe and supported at Rosemary Court. They described staff as kind, sympathetic and caring.

Clients told us they found the therapeutic programme helpful and they enjoyed the activities in the evenings and weekends although some commented that the weekends could be boring at times and they would appreciate a little more going on.

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 areas of good practice:

- The environment was clean tidy and well maintained.
- There were enough staff to be able to safely carry out their roles and staff were on site 24 hours a day if clients needed them.
- Staff were aware of safeguarding procedures and had completed safeguarding training.
- Staff files showed evidence of pre-employment checks including references and disclosure and barring service.
- All of the care records contained an up to date risk assessment and risk management plan.
- Staff had completed mandatory training to their required level.
- Staff showed a good understanding of the need to be open and honest with clients if anything went wrong with their care and treatment.

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

- Although staff showed a good understanding of the need to be open and honest when something went wrong, there was no policy which directly related to duty of candour and this would make it difficult to ensure all staff were taking the same approach if an incident of this level did occur.

Are services effective?

We found the following areas of good practice:

- The service had developed a programme designed to help overcome the barriers around addiction within minority communities and combat the associated stigma. It explored faith in relation to addiction, and provided education and support, the programme enabled individuals and their families to access the help and support they needed.
- Each client had a comprehensive assessment completed prior to admission and a recovery care plan which they were offered a copy of.
- The therapeutic programme was evidence based, and groups were facilitated by trained staff and were well structured.
- All staff were suitably qualified to carry out their role.

Summary of this inspection

- There was good evidence of a physical health assessment prior to admission and ongoing links with the GP with quick access to appointments when clients needed one.
- Staff were supervised on a four to six weekly basis and we saw evidence in staff files that supervision was up to date and recorded appropriately.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All clients told us that staff were kind and caring and supported them 100%.
- We observed staff interacting with clients throughout our inspection and found them to be compassionate and genuine in their approach to the clients.
- Clients were actively involved in their care and were able to give feedback about the service in client meetings.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a therapeutic structured programme of rehabilitation at Rosemary Court.
- Discharge planning started at admission and was fully inclusive of the clients wishes.
- There was a wide range of activities available which included weekly group outings to the local community.
- There was a weekly group for ex clients to attend to maintain ongoing support post discharge from the service.
- There were bedrooms and a bathroom on the ground floor which could be used by someone with mobility issues.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We reviewed policies and found that they were up to date and had been reviewed on time.
- Sickness rates were low, at below one percent.
- Morale was high in the team and staff demonstrated they were passionate and committed to working with the client group.
- Staff told us they felt confident to raise any concerns to the managers and that they felt they would be listened to and their issue dealt with fairly.

Summary of this inspection

- There were regular audits of areas such as care records and health and safety that were carried out monthly by the registered manager. We saw evidence of where this fell below standard there were actions put in place to improve them.
- Staff described managers as approachable and knew who the senior managers in the organisation were.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All of the clients who were at Rosemary Court at the time of our inspection had the capacity to make their own decisions. Prior to being admitted to Rosemary Court clients signed a contract to state that they agreed to come into rehabilitation.

There was a mental capacity act policy and a deprivation of liberty safeguards policy for staff to refer to if they felt

that there were any issues relating to a client's capacity. As part of the mental capacity act policy, there was a flowchart for staff to follow which would guide them as to what steps to take if a client lost capacity for any reason.

Staff were aware of the guiding principles for the mental capacity act and what to do if a clients capacity status changed.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

The environment at Rosemary Court was clean tidy spacious and well maintained. The house was cleaned daily by the clients. As part of the integrated treatment duties the clients share the cleaning as well as employing a cleaner twice per week to undertake a deep clean. There was access to an outdoor area which was available for clients to use at all times. There was a small quiet lounge which clients could utilise for activities, 1-1s with staff (where clients meet individually with a named member of staff to discuss their care and treatment) or just generally time alone. The layout of the building did not allow staff to observe all parts of the building. However, this was mitigated by risk assessments of the clients and observations. The building was set over two floors and there was a bathroom on each floor. Male clients were allocated to one floor and females the other. All bedrooms were single occupancy. Clients could lock their bedrooms and were not allowed into each others bedrooms to protect privacy and dignity.

There were visible ligature points in the building and in bedrooms. The provider told us that they did not admit clients who were deemed to be at high risk of self harm. If a client became at risk of self-harm during their stay at Rosemary Court the staff would put measures in place to reduce the risk whilst they assessed if the client was able to continue their therapy at Rosemary Court safely. This included reviewing risk assessments, increasing one to one time with the client and involving local mental health services in the care of that client for advice and support. If necessary and there was deemed an immediate risk to the

client then the staff were clear they would contact the emergency services in order for the client to be reviewed immediately by a specialist mental health team at the local accident and emergency department.

We saw during our inspection cleaning schedules that were completed and signed. The registered manager completed a premises audit form, which included maintenance issues, checking that fire safety procedures had been displayed and health and safety checks. These were last completed in July 2016, and there were clear dates set for actions to be completed. Staff had completed fire safety training and all housing staff had completed first aid training. This meant that there was a trained first aid trained member of staff on site at all times.

Safe staffing

The total staffing establishment was six substantive staff and three volunteers. This included a registered manager who was part of the housing team. There was also a nominated individual who was the head of rehabilitation and housing. There were no staff vacancies and the provider did not use bank or agency staff. In the event of sickness at short notice then this would be managed by the rest of the team. There were no staff leavers in the 12 months prior to inspection and sickness for the same period was under 1%. Annual leave was booked in advance so that arrangements could be made for cover. The staffing during the day consisted of the registered manager along with a senior housing support worker Monday to Friday 9am until 5pm. There were three housing support workers who covered between them the Tuesday to Saturday shifts from 10am until 6pm and one support worker who covered from 11am until 7pm. There was one recovery caretaker who lived at the house and covered 7pm until 10am shift sleeping in (this was a sleeping shift). On a Sunday, another member of staff covered the recovery caretakers day off. There was also a floating support worker role in the community who the staff could call on for assistance and

Substance misuse/detoxification

this was covered by either the registered manager from Rosemary Court or another location. During the day, the clients residing at Rosemary Court went to another building nearby for therapy provided by staff employed by acorn recovery projects who were trained to deliver a therapeutic programme to the clients.

Assessing and managing risk to clients and staff

We reviewed all five of the client records during our inspection. We found that every client had an up to date risk assessment. The risk assessments were completed on admission and were updated or added to if risks changed or new risks were identified. Risk assessments were updated following incidents and this was done in collaboration with the client. We saw that clients risks were reflected in their care plan, with a management plan. There was an initial assessment carried out with the client prior to admission. This was to assess the clients suitability for Rosemary Court and to identify any unmanageable risks. This would also include reviewing information from other agencies such as the clients GP and the person referring the client to Rosemary Court. This gave the staff a fuller understanding of the current and historical risks a client may pose. This included any risks that may occur if the client should relapse and use drugs or alcohol and with a plan of what staff should do in the event of this happening. All clients had contemporaneous progress notes which were on a shared drive on the computer system that all staff could access. This ensured that risks were communicated to all staff members.

Staff we spoke with understood what the process were should a client wish to leave the programme unexpectedly. During normal working hours the registered manager or senior person on duty would discuss this with the client and explore their reasons for wanting to leave. They would discuss ways in which these issues could be solved in order to try and persuade the client to stay. If this did not work and the client still wanted to leave, then they would contact the referrer to arrange a safe discharge to the persons home address or wherever they had identified they would go prior to admission. If this situation occurred out of normal working hours the recovery caretaker would contact the on call member of staff to inform them, as well as speaking with the client to try and discuss their reasons for wanting to leave and to try and have a discussion around staying. Staff would always contact the person who

referred the client to the service as well as any relatives the client had consented to them contacting on admission. If the client had come to them through the prison service then the police would also be contacted.

Track record on safety

In the 12 months leading up to our inspection there were no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

The provider had a policy for accident, incident and near miss reporting which was in date and had been recently reviewed. The procedure gave guidance to staff on what actions to take in the event of any type of incident occurring. This included procedures for serious incidents, safeguarding concerns, complaints and accidents. A paper incident form was used for reporting incidents. Once completed these were sent to the providers health and safety lead, where incidents were reviewed and themes identified. Common themes and any learning from incidents were discussed at the health and safety monthly meeting, which all managers attended. All staff had access to the incident reporting forms and could complete them when an incident occurred.

Duty of candour

Although there had been no incidents that met the level to trigger a duty of candour response at the time of our inspection, staff demonstrated a good level of understanding of their responsibility to be open and honest when telling us about how they dealt with incidents with clients. We saw that staff had apologised to clients when other minor things had gone wrong such as an activity being cancelled. However, there was no policy in place specifically relating to the principles of duty of candour and this meant that it was difficult to ensure all staff would take the same approach if an incident of this level did occur.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

Substance misuse/detoxification

We reviewed five sets of care records on the day of our inspection. We found that each client had a comprehensive assessment completed on admission. This included the clients substance misuse history, risks the client posed to themselves or others, physical health including blood borne virus testing, mental health, housing, social circumstances and any contact with the police or prison service. We found that care plans were individualised, and met the clients' needs. Care plans were recovery orientated, the client identified their goals and looked at their strengths in order to achieve them. Care plans were reviewed with the clients key worker on a monthly basis and on the day of our inspection, we saw these were up to date and had been reviewed as per their standards.

All care records included a physical examination, this was usually carried out by the clients GP prior to admission. Once a client was admitted to Rosemary Court they were registered the same day with the GP near to Rosemary Court. This was so that the GP could prescribe any future medications and monitor the clients physical health. Care records showed that clients were attending the GP where physical health concerns were identified. The clients and staff at Rosemary Court told us that there was a good relationship with the local GP and clients could be seen quickly if necessary. Any pre-existing medical conditions that a client had was recorded on their admission assessment. Clients were encouraged to remain under their own specialist doctors for ongoing monitoring of any pre-existing conditions for continuity, staff at Rosemary Court facilitated these appointments. However, if needed the service could access specialists at the local NHS hospital via a GP referral or accident and emergency if a situation quickly changed.

All clients care records were stored in the staff office in a locked cabinet. The daily notes were recorded on a computer system and this was only accessible by staff. These were updated daily.

Best practice in treatment and care

The therapeutic programme provided at Rosemary Court ran Monday to Friday and clients attended groups on these days. The service offered two programmes that the clients could choose from and these were the 12-step programme and The Reduction and Motivation Programme. This two programme approach allowed clients to choose which one they felt gave them the best chance of recovery in the long term. Clients were also able to change programmes if they

tried one and felt it was not the right one for them. Groups were mandatory and took place throughout the day. In the mornings and evenings, clients were allocated cleaning and cooking tasks in the house and time to complete their personal diaries. The groups were all cognitive behavioural therapy based and this was in line with guidance from National Institute for Health and Care Excellence for the treatment of drug use disorders in adults (QS23) and alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (CG115).

Rosemary Court submitted data to the national drug treatment monitoring system. This was done in the form of treatment outcomes profiles. The service measured change and progress in key areas of the lives of the clients. It consisted of 20 questions that looked at areas such as substance use, injecting risk behaviour, crime and health and quality of life. It then produced data that could be used with individual clients and staff to look at their progress and analyse outcomes for clients. This enabled the service to be able to identify any areas that needed development and thus improve practice.

Skilled staff to deliver care

Staff had the necessary skills to carry out their duties. Support workers and group facilitators had their own experiences of recovery. This allowed staff to develop relationships with clients by breaking down barriers and stigma. Counsellors held qualifications in person centred counselling and the registered manager had recently completed level five training in health and social care as well as a new leadership programme that was due to be rolled out across the rest of the service for all managers soon. The housing team were able to access a range of training relevant to their role. This included courses such as income management. Once a month there was a "learning lunch" where any staff could go and listen to someone who has specialist knowledge in a certain field presenting about a different topic. Recent topics included equality and diversity, payroll, health and safety and Lesbian Gay Bisexual Transgender which was a big training campaign that was mandatory for all staff. The staff also received training from the local council on blood borne virus testing. The staff received weekly emails about new training available, the psychologist who was new to the service had facilitated training for the staff on mental health issues such as personality disorder and self harm.

Substance misuse/detoxification

There was a budget for more specialised training and some staff had accessed this outside of the organisation and the organisation had supported and paid for some or the entire course. This had included staff completing courses on eating disorders and transactional analysis.

During our inspection, we spoke to staff about whether they received an annual appraisal. The previous organisation did not undertake appraisals. The new provider The Calico Group had introduced annual work performance appraisals and managers were being trained to conduct these. The provider had also introduced a leadership and management programme for all managers, which included training on appraisals and effective performance management systems. All managers were booked to attend this training and the new appraisal system was due to be rolled out from March 2017. Staff would be expected to carry out a self-assessment prior to the appraisal. Upon completion of the annual appraisal, the appraising manager would be required to assess the employee's performance against his/her objectives for the appraisal period.

The Provider had a capability procedure, which could be used if staff were not performing as effectively as they should be. At the time of our inspection, there were no staff subject to performance management whether formally or informally. However, the registered manager was aware of the policy and the steps it followed should they need to use it. This included initial informal support leading on to more formal performance improvement plans with support from human resources.

Multidisciplinary and inter-agency team work

Rosemary Court had good links with the local services that were involved in the recovery of their clients. This included the local pharmacy, GP surgery, probation service and local mutual aid groups such as alcoholics anonymous and narcotics anonymous. Clients were required to attend alcoholics anonymous or narcotics anonymous at least twice per week. During a client's stay, the staff at Rosemary Court kept in touch with the referrer and invited them to attend multi-disciplinary relevant meetings for their client.

There were handovers between the staff from the daytime to night-time staff and then again in the morning. During handovers, the staff would handover any issues regarding

clients and this would be documented in the notes. Examples of this included a client who had visited the GP and medication changed and someone who had a physical health issue looked into at a hospital appointment.

Adherence to the MHA

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the staff had been trained in mental health awareness, which meant that they were aware of signs and symptoms of mental health problems.

Good practice in applying the MCA

All clients who were admitted to Rosemary Court were presumed to have capacity to engage in the rehabilitation programme they provided. All clients were required to sign a contract on admission. This also included consent to treatment and sharing of information and confidentiality agreements. All the clients we spoke with during our inspection were able to fully understand the reason they were at Rosemary Court and were aware that they could leave at any time.

All the staff we spoke with had a good understanding of the Mental Capacity Act this included an understanding that capacity is presumed unless proven otherwise and that capacity is assessed on a decision specific basis. The provider had a Mental Capacity Act policy and a Deprivation of Liberty Safeguards policy. The policies included a capacity record form in order for staff to revisit capacity on a regular basis if required. There was also a flowchart which staff could follow if there were any issues around a client's capacity and this would direct them to the correct person to assess capacity as well as referral to an independent mental capacity advocate.

Staff explained that if they felt someone was lacking capacity to consent to an admission they would not be admitted to Rosemary Court. Staff were aware of what they would do if someone temporarily lacked capacity for example if they had used drugs or alcohol. Staff were able to explain the steps they would take in this situation to ensure the person was safe.

Equality and human rights

The provider was able to show us how they supported both clients and staff under the equality act 2010. Eighty percent of staff at Acorn Recovery Projects had lived experience of

Substance misuse/detoxification

substance misuse. They were encouraged to take on roles within the organisation and were entitled to the same training and support as all other staff. The staff team at Rosemary court were of different cultural backgrounds, from different sectors of the community and were of different ages. This was in order to show clients accessing the service that the staff delivering the rehabilitation programme were equally as diverse as the clients themselves and represented the communities and backgrounds they came from. Staff had also completed mandatory training on equality and diversity

The organisation had recently introduced a new programme called Ummah reduction and motivational programme. Ummah is the Arabic word for community and is used to describe the collective community of Islamic people. The programme was designed to help overcome the barriers around addiction within minority communities and combat the associated stigma. It explored faith in relation to addiction, and provided education and support, the programme enabled individuals and their families to access the help and support they needed. The programme consisted of 24 group work sessions, overseen by skilled staff with a wealth of experience in working with addiction.

Management of transition arrangements, referral and discharge

There were processes for transition from Rosemary Court back into the community. The provider ran a programme called STAR (skills training and reintegration). This stood for skills training for people in recovery. The programme had five modules that included education and training, work experience and recovery lifestyle. This was part of the later stages of recovery and was specifically designed for people in recovery to overcome barriers preventing them returning to work. At the end of the course, the clients graduated with a 'Recovery Coach' qualification from the Institute of Leadership and Management.

On discharge, the referring agency would always be included in discharge planning meetings and would be provided with a discharge summary from the service regarding the client's progress at Rosemary Court.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

We spoke with all five clients at Rosemary Court on the day of our inspection. They all gave positive feedback about the staff, that they were approachable, caring and interested in them. As 80% of the staff at Acorn Recovery Projects were people in recovery from addiction, the clients felt this was important as they are able to talk to them about their own struggles and experiences with the knowledge that they fully understand what they are going through. Clients told us they felt supported both practically and emotionally. On the day of our inspection, we observed a deep emotional attachment programme group. Staff engaged well with clients in this group and encouraging them to take part. We saw staff being kind and caring towards client's emotional wellbeing and showing compassion when dealing with delicate emotional conversations. This included times when staff had to challenge clients beliefs but this was done in an empathetic and constructive way. We saw staff taking the time to engage quieter members of the group to ensure they took part. The provider had a confidentiality policy. This was discussed on admission to the service and clients signed agreements for what information they agreed to be shared with other agencies such as GP and family.

The involvement of clients in the care they receive

Clients were actively involved in their care from the onset. Prior to admission clients were able to visit Rosemary Court and spend a day taking part in groups in order for them to decide if it was the right place for them. Clients were involved in developing care plans with the staff and completing the recovery star document on a weekly basis to plot their progress and highlight areas for improvement. On admission, clients were provided with a welcome pack, which gave them all the key information they needed about the service. This included the complaints procedure. There was also a schedule of the weekly activities available.

Clients were allowed visitors and these were built into their weekly planners, which they completed. Visits would take place at weekends but phone calls could be facilitated in the evenings during the week.

Each week the registered manager and the recovery caretaker held a weekly house meeting. This was an opportunity for clients to give feedback and to highlight any issues to the staff. The staff would then respond to these issues or requests and provide the house with these responses in the form of written minutes.

Substance misuse/detoxification

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

Access and discharge

On the day of our inspection there were five clients residing at Rosemary Court. The capacity for the service was eight clients. There was a clear admission criteria in place for Rosemary Court. This included clients being abstinent from substances, to have completed a detoxification and to be over 18 years of age and be willing to engage in the programme.

Rosemary Court was an abstinent service meaning that clients would attend a detoxification prior to being admitted to Rosemary Court and the staff would work together with the clients referrer in order to try and get the client from the detoxification unit to Rosemary Court within the same day.

The lead counsellor would carry out an assessment prior to admission. The registered manager would review the assessment and any issues that may affect admission such as risk or physical health issues would be further discussed with the team and the clients referrer. The client would be given an information booklet about Rosemary Court and they would be asked to visit prior to their admission for half a day and attend a group. This enabled them to be certain they felt Rosemary Court was the correct place for them to be admitted to. During the initial assessment, the client was asked a lot of questions pertinent to their future care. This included physical health, previous periods in rehabilitation, substance misuse, family history amongst other things.

Admissions were always planned in advance and there would be no emergency admissions to the service.

Rosemary Court held a group on a Wednesday where ex clients could come back to a weekly group to discuss their recovery story with newer clients. This was well attended and meant that newer clients were able to see that recovery was possible and hear the stories of how this was achieved. This also meant that there was ongoing support for ex clients in a safe environment.

Discharge planning began at the point of admission. The staff at Rosemary Court would work with the client and

their referrer to begin to put support in place for when the client was ready to leave. This included engaging in mutual aid groups in the local community and beginning to look at opportunities for volunteering and training schemes. As clients were working through the treatment programme there was opportunities for them to go home overnight in order for them to start building support networks in their local community. The staff at Rosemary Court supported this.

The facilities promote recovery, comfort, dignity and confidentiality

Rosemary Court was situated in a large house in Stockport. There was a homely feel to the building and there was a range of rooms to support the recovery of the clients. There were facilities for cooking, laundry and gardening. The lounge had a television, books DVDS and board

games. All bedroom doors were lockable to promote privacy and dignity of the clients and enable clients to store their belongings safely. We observed staff knocking on doors before entering when they needed to speak with or check on a client. There was a quiet lounge where clients could spend time reading and there was access to a well maintained outdoor space. Clients were able to personalise their bedrooms. We saw examples of this where clients had put up photographs of family members and brought belongings to remind them of home.

All of the clients at Rosemary Court did the cooking according to a rota. Clients who did not have much cooking experience were paired up with someone who had some cooking skills in order for them to learn a new skill. Staff told us that the aim was for each client to leave Rosemary Court with the ability to cook seven basic meals each.

There were activities seven days a week for clients. Groups provided the client group with support to promote their recovery and maintain abstinence. The clients would complete their weekly planners for the week ahead and this would include group trips out at the weekends and in the evenings. During the week of our inspection, the clients and staff all attended a play put on in the local community that dealt with the effects of substance misuse. Clients we spoke with told us they found that the therapies and activities were relevant to their needs and beneficial to their recovery.

Meeting the needs of all clients

Substance misuse/detoxification

Rosemary court had rooms on the ground floor with access to a bathroom that was suitable for clients with reduced mobility.

There was information displayed in the house on local support agencies and groups. This enabled the clients to maintain links with the local community and develop their wider support networks. There was a range of information leaflets about different drugs and alcohol misuse, mutual aid groups, harm reduction advice and advocacy services on display in the communal areas.

Client's spiritual needs were addressed during the initial assessment in order for the staff to identify if there was any extra support needed. Staff and clients told us that if they wanted to attend local religious groups this would be built into the client's weekly planner with support from staff. If clients needed a specific diet for cultural or dietary reasons then this would be taken into account by the clients when doing their weekly food shopping, as they were free to make their own choices.

Listening to and learning from concerns and complaints

Rosemary court had received one complaint and five compliments in the 12 months leading up to our inspection. This was dealt with in house and was upheld, it was not referred to the parliamentary health ombudsmen. The provider had a complaints procedure that was detailed in the welcome pack clients received.

Are substance misuse/detoxification services well-led?

Vision and values

The vision for acorn recovery projects is

"Life worth living. Our innovative recovery services enable individuals and their families to break free from drug, alcohol and other addictions. We'll help you find not just substance recovery, but emotional, social, lifelong recovery. Your recovery is in your hands...but we we'll help you every step of the way".

The ethos at Rosemary Court was a service that was based on trust and respect. We were able to see during our inspection that this was well embedded into each part of the service and that there was a mutual respect between clients and staff.

The senior management team were visible at Rosemary Court and staff told us that they knew who they were and that they regularly visited Rosemary Court. Staff told us that the managers were approachable and available when they needed to talk to them.

Good governance

We reviewed the policies at Rosemary Court and found them to contain the relevant information and to have been reviewed and updated and planned.

There were audits in place to ensure the safe running of the service. These included health and safety, care records audits and environment audits. These were carried out by the registered manager and any shortfalls discussed at monthly managers and staff meetings.

Mandatory training was recorded on a training matrix. This meant that managers were able to see when a member of staffs training was due for renewal, they could then book that member of staff on the next available course.

There were systems in place that captured environmental and operational risks and where there was a risk identified a plan in place how to reduce this risk. For example, there had been a risk identified where the bedroom windows did not have restrictors on. The service had implemented a device on all windows and upstairs doors so that they could not open enough for someone to be able to get out of.

During our inspection, we reviewed five staff files. We were able to see that appropriate checks had been carried out prior to employment. This included copies of qualifications and references. Where people had past convictions on their DBS form there was evidence that the manager had overseen this and a note made on the file.

Leadership, morale and staff engagement

All the staff we spoke to were highly motivated and passionate about the job they did. They told us they felt like they made a difference to the lives of the clients they worked with. The morale in the team was high and staff

Substance misuse/detoxification

supported each other in the workplace. There was a less than one percent sickness rate in the 12 months leading up to our inspection. Staff told us that they felt supported by their immediate managers and they were approachable.

There were no ongoing bullying and harassment cases at the time of our inspection and there was a whistleblowing policy that staff were aware of how to access if they needed it. Staff told us that they felt they could raise any issues with their immediate manager without fear of retribution. The staff felt that any issues they raised would be dealt with fairly.

Staff demonstrated a good level of understanding of their responsibility to be open and honest when telling us about how they dealt with incidents with clients. We also saw

evidence of where staff had apologised to clients when other minor things had gone wrong such as an activity being cancelled. However, there was no policy in place specifically relating to the principles of duty of candour and this would make it difficult to ensure all staff were taking the same approach if an incident of this level did occur.

Commitment to quality improvement and innovation

Rosemary Court was not taking part in any national schemes or any peer review processes at the time of our inspection. They would make improvements based on the feedback of the clients at the service through feedback forms of client meetings. We saw evidence of these improvements in the minutes of these meetings.

Outstanding practice and areas for improvement

Outstanding practice

The organisation had recently introduced a new programme called Ummah reduction and motivational programme . Ummah is the Arabic word for community and is used to describe the collective community of Islamic people. The programme was designed to help overcome the barriers around addiction within minority communities and combat the associated stigma. It

explored faith in relation to addiction, and provided education and support, the programme enabled individuals and their families to access the help and support they needed. The programme consisted of 24 group work sessions, overseen by skilled staff with a wealth of experience in working with addiction.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider developing a duty of candour policy to ensure consistency when dealing with this type of incident.