We are With You

We are With You - Chy

Inspection report

Rosewyn House
Alverton Terrace
Truro
TR1 1JE
Tel: 01872262414
www.wearewithyou.org.uk

Date of inspection visit: 10 November 2021
Date of publication: 13/01/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

The service provided safe care. The environment was safe and clean. The service had enough staff. The service used sessional staff, or community staff from the same organisation, who were known to the service so they did not have to use agency staff. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. Staff adopted a very person-centred approach to safeguarding and asked residents how they wanted to proceed. Staff empowered residents to make the safeguarding referral themselves where appropriate.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the residents and in line with national guidance about best practice. The provider had developed a treatment program called Recovery and Aftercare from Formative Trauma (RAFT) that was independently validated by the University of Bath. RAFT provided clients with a bespoke treatment plan that aimed to treat trauma underlying addiction. Staff engaged in clinical audit to evaluate the quality of care they provided.

Teams included, or had access, to the full range of specialists required to meet the needs of residents. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with those outside the service who would have a role in providing aftercare. Staff had good working relationships with the community team from the same organisation who provided aftercare to residents leaving the service.

Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Staff treated residents with compassion and kindness, respected their privacy and dignity and understood the individual needs of residents. They actively involved residents and families and carers in care decisions. To encourage dog owners to attend rehabilitation, the service had heated kennels for residents' dogs so they could bring their dog with them. Residents said that staff were approachable and that they were treated with respect, care and understanding. Residents said most of the staff went above and beyond to equip them with the tools they needed for their recovery.

The service managed beds well so that a bed was always available locally to a person who would benefit from admission and residents were discharged promptly once their condition warranted this. Staff made sure residents understood their discharge care plan which included harm minimisation and a departure risk assessment. Discharge plans were discussed in team meetings. Post discharge, community workers took residents onto their caseload and followed up with their recovery support.

The service was well led, and the governance processes ensured that service procedures ran smoothly. Staff reported their job satisfaction as high. Staff said they felt their roles were empowering to others and that they had a positive working relationship with their peers. Staff said they felt proud to work for the organisation. Managers recognised that their staff team experienced fatigue and stress during the pandemic. They invested in a full subscription for each staff

Summary of findings

member to a wellbeing app. Staff could also access the organisation's employee assistance programme. The service had an effective governance structure and performed well in their audits. The provider's risk register formed part of a shared regional risk register which fed into a national risk register. Managers completed a separate review of their local risk register in relation to the pandemic

However:

Staff did not always follow the provider's policies and procedures when they needed to search residents or their bedrooms to keep them safe from harm. The service had a draft standard operating procedure for searching residents' bedrooms but not all staff were aware of it and how to keep themselves safe.

Staff did not give carers information on how to access a carers' assessment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good	Our rating of this service stayed the same. We rated it as good because: The service provided safe care. The environment was safe and clean. The service had enough staff. The service used sessional staff, or community staff from the same organisation, who were known to the service so they did not have to use agency staff. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. Staff adopted a very person-centred approach to safeguarding and asked residents how they wanted to proceed. Staff empowered residents to make the safeguarding referral themselves where appropriate. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the residents and in line with national guidance about best practice. The provider had developed a treatment program called Recovery and Aftercare from Formative Trauma (RAFT) that was independently validated by the University of Bath. RAFT provided clients with a bespoke treatment plan that aimed to treat trauma underlying addiction. Staff engaged in clinical audit to evaluate the quality of care they provided. Teams included, or had access, to the full range of specialists required to meet the needs of residents. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with those outside the service who would have a role in providing aftercare. Staff had good working relationships with the community team from the same organisation who provided aftercare to residents leaving the service. Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff treated residents with compassion and kindness, respected their privacy and dignity and understood the individual needs of residents. They actively

Summary of findings

involved residents and families and carers in care decisions. To encourage dog owners to attend rehabilitation, the service had heated kennels for residents' dogs so they could bring their dog with them. Residents said that staff were approachable and that they were treated with respect, care and understanding. Residents said most of the staff went above and beyond to equip them with the tools they needed for their recovery.

The service managed beds well so that a bed was always available locally to a person who would benefit from admission and residents were discharged promptly once their condition warranted this. Staff made sure residents understood their discharge care plan which included harm minimisation and a departure risk assessment. Discharge plans were discussed in team meetings. Post discharge, community workers took residents onto their caseload and followed up with their recovery support.

The service was well led, and the governance processes ensured that service procedures ran smoothly. Staff reported their job satisfaction as high. Staff said they felt their roles were empowering to others and that they had a positive working relationship with their peers. Staff said they felt proud to work for the organisation. Managers recognised that their staff team experienced fatigue and stress during the pandemic. They invested in a full subscription for each staff member to a wellbeing app. Staff could also access the organisation's employee assistance programme. The service had an effective governance structure and performed well in their audits. The provider's risk register formed part of a shared regional risk register which fed into a national risk register. Managers completed a separate review of their local risk register in relation to the pandemic

However:

Staff did not always follow the provider's policies and procedures when they needed to search residents or their bedrooms to keep them safe from harm. The service had a draft standard operating procedure for searching residents' bedrooms but not all staff were aware of it and how to keep themselves safe.

Staff did not give carers information on how to access a carers' assessment.

Summary of findings

Contents

Summary of this inspection

Background to We are With You - Chy

We Are With You Chy is a residential rehabilitation centre in Truro, Cornwall. The service provides residential treatment to people with addiction issues. The service had 18 beds for men and women aged 17 upwards with no upper age limit.

We Are With You Chy had 'move on' flats next door to the service that residents could transfer into after their care. The 'move on' flats were supported housing and therefore not registered with CQC.

The service aimed to enable individuals to develop a lifestyle free of substance dependency. It aimed 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 does not provide detoxification. Residents were largely funded by local authorities. A careers advisor, housing advisor and a nurse regularly attended the service.

We Are With You Chy is registered by CQC to provide accommodation for persons who require treatment for substance misuse. We Are With You Chy has been inspected by CQC on three previous occasions. There was a registered manager in place at the time of our inspection.

At our previous inspection on 08 November 2018 we found that:

The policy the provider had written about searches of residents' rooms and possessions was brief and lacked detail about safety, for example, instructions for staff on how to avoid needle stick injuries. During this inspection we found that the provider had rewritten their search policy but it had not yet been signed off by director so only a draft policy was in place. Not all staff were aware of this policy and how to keep themselves safe when searching residents' bedrooms.

There was a problem with the IT system losing access to the network that had been escalated but had not been put on the risk register. This had been resolved.

The provider had brief plans for emergencies but had not fully mitigated disruption to the service and clients' treatment. Emergency plans were now in place.

An audit prior to our inspection conducted by the service had identified that paper and electronic records did not always match and this meant staff might not always be looking at the most up to date information about a client. All paper records were now scanned onto the shared electronic database so information was up to date and accurate.

The service did not have a procedure for providing carers with information about how to access a carer's assessment. Carers were still not aware of how to access a carer's assessment.

Appraisals were generic and lacked individualised goal setting. Appraisals were now individual and specific, although appraisal records were not present for all sessional workers.

What people who use the service say

Residents said the service made them feel safe during the pandemic.

Summary of this inspection

Most residents said they like being part of the cooking and cleaning rota so they took more responsibility. Some residents said they did not like the food or the fact that residents were not qualified to cook. Residents appreciated that their needs were taken into consideration if they had special dietary needs.

Residents said staff set out clear boundaries which they appreciated as part of their recovery.

Residents said that staff never took their power away. They felt it was always their choice. Residents said staff guided and supported them but reinforced it was down to them to put the work in.

Residents said that staff were approachable and there was always staff around. Residents said they were treated with respect, care and understanding. Residents said everyone was treated as individuals. Residents said most of the staff went above and beyond. Staff gave them all the tools they needed and they kept giving.

Residents said the standard of the group sessions, one-to-one's and the counselling were all first class. Residents liked the RAFT Programme said their key workers were brilliant. Residents said they feel much more positive after being at Chy.

Residents said they had total privacy and staff trusted them to have their phones when not in therapy. Residents said staff always knocked before entering their rooms.

Residents said staff kept them updated, were always reassuring and helpful. Residents said that the service manager was extremely highly thought of.

Ex residents said they were able to go back and seek support from the service when they needed it.

Carers said they were very happy with the service and felt confident with the treatment programme.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

The team that inspected the service comprised a CQC inspector, a specialist nurse with experience of working in substance misuse services and an expert by experience.

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

Summary of this inspection

• Is it well-led?

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

• visited the residential substance misuse premises and looked at the quality of the environment;

• observed how staff were caring for residents

• spoke with eight residents

• spoke with the registered manager

• spoke with five staff members; including the team leader, the pharmacist and support workers

• looked at six care and treatment records of residents

• carried out a specific check of the medication management

• looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

To encourage dog owners to attend rehabilitation, the service had heated kennels for residents' dogs so they could bring their dog with them. Dogs were risk assessed and there was a dog kennels policy and dog owners' agreement.

The provider had developed a twice-weekly, eight-week treatment program called Recovery and Aftercare from Formative Trauma (RAFT) that was independently evaluated by the University of Bath. RAFT provided clients with a bespoke treatment plan that aimed to treat trauma underlying addiction. The program aimed to bring the resident to terms with the trauma, give them the tools to cope with the trauma and enable them to overcome the addiction. We heard from residents that had successfully completed the programme and found it helpful. There was ongoing research into the efficacy of the recovery and aftercare from formative trauma intervention.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure that staff know how to keep themselves safe when conducting room searches by following an up to date published policy.

Summary of this inspection

The service should provide information to the carers of residents about accessing carers assessments.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Residential substance misuse services

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

Are Residential substance misuse services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff completed monthly health and safety audits and an annual review of the environment which included ligature risks. Staff completed regular Covid safety risk assessments. Residents said they felt the service kept them safe during the pandemic.

Staff could observe residents in all parts of the service. CCTV was in operation across the site. There was appropriate signage about the use of CCTV.

Staff knew about any potential ligature anchor points and mitigated the risks to keep residents safe. Staff completed risk assessments for each room which assessed the room for ligature points.

Call bell systems were in place and checked regularly.

Maintenance, cleanliness and infection control

All areas were clean, well maintained, and fit for purpose. Residents took part in the daily cleaning tasks as part of their therapeutic activities. Staff completed daily maintenance checks and completed a maintenance request form which an external contractor came in to undertake any works required. The maintenance position was currently vacant and the service had received no responses from adverts. Some of the furnishings in communal areas were old. These had been identified and were waiting to be replaced.

Staff followed infection control policy, including handwashing.

Clinic room and equipment

The disabled toilet had a clinical waste bin which meant staff could safely dispose of urine samples. Covid swabbing took place in the open space outside of the disabled toilet, so there was easy access to hand washing facilities, PPE and a clinical waste bin. Emergency drugs were stored in the medication room.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough staff, who knew the residents and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough counselling and support staff to keep residents safe.

The service had low vacancy rates. The service had two full time vacancies.

The service had a bank of three sessional staff who were known to the service. The service did not use agency staff.

Managers were able to request support from the community teams if they needed extra resource.

Managers made sure all sessional workers had a full induction and understood the service before starting their shift.

The service had low turnover rates.

Levels of sickness were low. Managers supported staff who needed time off for ill health.

Managers accurately calculated and reviewed the number and grade of staff for each shift. Staffing levels did not fall below two staff on site at all times, apart from at night when there was a sleepover member of staff. Sleep in staff had on call support if they needed it who would arrive at the site within half an hour. During the day, three members of staff were rostered on to support residents' activities.

The service manager could adjust staffing levels according to the needs of the residents. Sessional workers were called in if required and managers covered shifts if no-one was available. Members of the community team had a full induction to work at the service if required.

Residents had regular one to one sessions with their named nurse.

Residents rarely had their activities cancelled, even when the service was short staffed.

Staff shared key information to keep residents safe when handing over their care to others.

Medical staff

Staff knew how to access the on-call rota when they needed support from a manager. In an emergency, staff called emergency services.

GPs covered all health care support and staff knew how to escalate physical health emergencies, by requesting emergency services. This included accessing emergency mental health support.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The staff training matrix was up to date and included the Care Certificate. There had been no face to face training through the pandemic. All staff who were out of date with their training as a result were booked in to attend future dates. Staff had time set aside time for them to update this mandatory training.

The mandatory training programme was comprehensive and met the needs of residents and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to residents and staff

Staff assessed and managed risks to residents and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour.

Assessment of patient risk

Staff completed risk assessments for each resident on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed six care records and saw that all had an up to date risk assessment and risk management plan in place. Five out of six care records had an unplanned treatment exit plan.

Staff used a recognised risk assessment tool.

Management of patient risk

Staff knew about any risks to each resident and acted to prevent or reduce risks. Staff completed a preadmission phone assessment with residents and there was a pro forma for staff to follow. The triage form asked questions around drug and alcohol and associated risks. The risks included risks to self, others, physical and social conditions, history and any risk to children. Safety plans included contingency plan for all residents, if there was an unexpected discharge.

Staff identified and responded to any changes in risks to, or posed by, residents. Staff had added an additional section to review Covid 19 risks to each resident's care plan.

Staff did not always follow the provider's policies and procedures when they needed to search residents or their bedrooms to keep them safe from harm. The service had a draft standard operating procedure for searching residents' bedrooms, which was awaiting sign off. This meant not all staff were aware of it and how to keep themselves safe.

Good

Residential substance misuse services

Use of restrictive interventions

Levels of restrictive interventions were low. Staff did not physically restrain residents. The service followed a business continuity plan with Covid restrictions still in place. Residents were able to go out and those in the isolation units seemed happy following this process when they were newly admitted. The service had increased resident polymerase chain reaction (PCR) testing to weekly so they could go out more. This was introduced following feedback from residents during their residents' meeting.

Safeguarding

Staff understood how to protect residents from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training.

Staff could give examples of how to protect residents from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff adopted a very person-centred approach to safeguarding and asked residents how they wanted to proceed. Staff checked any current risks with the person and explained their duty to report safeguarding. Staff empowered residents to make the safeguarding referral themselves where appropriate.

Staff followed clear procedures to keep children visiting the service safe. Residents had supervised visits with their children, either with a social worker or member of staff. Residents could use the summer house to meet with their children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff kept a tracker of all safeguarding referrals. Staff knew how to submit a safeguarding referral form to the local authority.

Managers took part in serious case reviews and made changes based on the outcomes. Managers held quarterly safeguarding meetings with the lead safeguarding nurse. Any safeguarding concerns were raised in clinical governance meetings.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Resident notes were comprehensive and all staff could access them easily. All resident records were stored on a shared electronic database. Any paper records were scanned onto the database then destroyed.

Records were stored securely.

Medicines management

Good

Residential substance misuse services

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each resident's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff held paper medicines administration records in the clinical room, which were later scanned onto the shared electronic database. Prescriptions were issued by the local GP surgery and sent to the local pharmacy. Staff collected medication and logged all medication in the clinic room. All residents had individual medication storage boxes with their photo and name on the front of it.

The medication room was private and urine testing was carried out in a bathroom. This was so urine samples could be safely disposed of in the clinical waste bin and so staff and residents could wash their hands before and after.

The pharmacist provided training and supervision to staff and assessed individual competencies before signing them off as able to support residents to self-administer medication. There was a record of staff who had completed this training.

Staff reviewed each resident's medicines regularly and provided advice to residents and carers about their medicines.

Staff completed medicines records accurately and kept them up to date. Medicines that needed to be disposed of were logged out of the record book and stored in a locked cupboard until the pharmacist returned them to the pharmacy.

Staff stored and managed all medicines and prescribing documents safely. Controlled drugs were stored appropriately and checked regularly. There was a thermometer in the medication clinic room and in the fridge which staff checked regularly. Emergency medication was stored appropriately so staff could access it easily.

Staff learned from safety alerts and incidents to improve practice. Staff recorded any medicines incidents on the organisation's incident reporting system which was reviewed by the service manager, with lead parties notified.

The GP monitored and managed all medicines. Staff discussed any concerns in the team's multidisciplinary team meetings and planned residents' reviews. The pharmacist completed annual reviews and audits with the service manager to ensure staff were managing medication in line with national guidance and best practise. The provider's medicines management team provided any prescribing updates to staff via their team meetings.

GPs were responsible for reviewing the effects of residents' medication. Staff completed and referred to an allergy information form for each patient.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave residents honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported incidents to the service manager or phoned on call. They used an online reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Good

Residential substance misuse services

Staff understood the duty of candour. They were open and transparent and gave residents and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Managers held debriefs with staff following incidents and included what the team could have done differently.

Managers investigated incidents thoroughly. Residents and their families were involved in these investigations. Managers received a notification when staff submitted incident reports. They then discussed the incident in team meetings, rated the incident and discussed in clinical governance meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff were able to share learning from incidents from within their service and the community services where teams have reviewed incident reports together, then as a national team.

Staff met to discuss the feedback and look at improvements to resident care.

There was evidence that changes had been made as a result of feedback

Are Residential substance misuse services effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all residents on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected residents' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each resident either on admission or soon after.

Residents had their physical health assessed soon after admission and regularly reviewed during their time at the service. Residents were registered with the local GP as soon as they were admitted into the service. Residents received a GP registration form in their welcome packs. The manager confirmed the local GP had been seeing residents throughout the pandemic. Nurses attended the service to carry out Covid and Hepatitis A and B vaccinations, conduct ongoing health checks and support smoking cessation programmes.

All care plans were personalised, holistic and recovery orientated. Staff developed a comprehensive care plan for each resident that met their mental and physical health needs. All care records reviewed had evidence of an up to date and comprehensive recovery plan present. Only one care plan had no evidence of the patient being offered a copy.

Staff regularly reviewed and updated care plans when residents' needs changed.

Best practice in treatment and care

Good

Residential substance misuse services

Staff provided a range of treatment and care for residents based on national guidance and best practice. They ensured that residents had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the residents in the service.

The service had developed a therapeutic 12-week rolling group work programme with input from the organisation's national clinical lead for psychology in substance use, the service's art psychotherapist and counsellors in line with guidance from the National Institute for Health and Care Excellence on psychosocial interventions. The 12 week program included twice weekly sessions of RAFT. There was a programme timetable, worksheets, session plans and handouts for residents. Residents said they thought the programme was very effective as well as the counselling, one to one sessions and group therapy.

Staff identified residents' physical health needs and recorded them in their care plans.

Staff made sure residents had access to physical health care, including specialists as required.

Staff helped residents live healthier lives by supporting them to take part in programmes or giving advice. Residents said that this was a big part of their recovery programme.

Staff used recognised rating scales to assess and record the severity of residents' conditions and care and treatment outcomes. Managers kept a log of residents who had left the service and were remaining abstinent of substances. Managers had good working relationships with community teams to enable this to happen.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of residents. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the residents.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the residents in their care, including bank and agency staff. The service worked to upskill practitioners, all councillors were registered with the British Association for Counselling and Psychotherapy (BACP) or were working towards accreditation.

Managers gave each new member of staff a full induction to the service before they started work. The service had created an induction checklist for all new staff. Goals were identified in their probation records.

Managers supported staff through regular, constructive appraisals of their work.

Managers supported staff through regular, constructive line management supervision of their work. Managers shared calendar invites with staff members when their supervisions were due. Managers arranged counselling supervision for staff and facilitated group reflective practice sessions.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were given opportunities to upskill; for example, with a counselling qualification where staff were given one day a week to study.

Managers made sure staff received any specialist training for their role. Staff could request additional training such as suicide prevention and mental health training.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers kept a record of when disclosure and barring service (DBS) checks were due to be renewed and any issues were alerted straight away to the manager. Managers investigated performance issues thoroughly and recognised where training and development was required.

Managers recruited, trained and supported volunteers to work with residents in the service. We spoke with permanent members of staff who had started with the provider as a volunteer and were supported to achieve a permanent role.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit residents. They supported each other to make sure residents had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss residents and improve their care. All staff attended monthly team meetings and minutes were shared for any staff who were unable to attend.

Staff made sure they shared clear information about residents and any changes in their care, including during handover meetings.

Teams had effective working relationships with other teams in the organisation. Community staff also attended staff meetings when they could and minutes were also emailed out to them.

Teams had effective working relationships with external teams and organisations. Staff involved community workers, social workers and housing providers to complete needs assessments with residents. If residents went into crisis, staff rang for an ambulance.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.

Good

Residential substance misuse services

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The service manager had a good working knowledge of the Mental Health Act.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Good practice in applying the Mental Capacity Act

Staff supported residents to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005.

Staff received and kept up to date with training in the Mental Capacity Act (MCA) and had a good understanding of at least the five principles. MCA training formed part of mandatory training and staff discussed any MCA issues and reviewed any incidents in team meetings.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff gave residents all possible support to make specific decisions for themselves before deciding a resident did not have the capacity to do so. Five out of six care plans reviewed had evidence of consent to treatment and sharing of information recorded.

Staff did not always assess and recorded capacity to consent clearly each time a resident needed to make an important decision. Staff completed psychological health screens but not specific capacity assessments. There was no evidence of assessment of mental capacity recorded in residents' care plans.

Are Residential substance misuse services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated residents with compassion and kindness. They respected residents' privacy and dignity. They understood the individual needs of residents and supported residents to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for residents. Residents said that staff were approachable and always available.

Staff gave residents help, emotional support and advice when they needed it. Residents said staff went above and beyond their duties to help them.

Staff supported residents to understand and manage their own care treatment or condition.

Staff directed residents to other services and supported them to access those services if they needed help. Residents said that staff introduced them to other agencies such as the wellbeing team and the Recovery College. Residents said staff put everything in place for them then empowered them to take action.

Residents said staff treated them well and behaved kindly. Residents said they were treated with respect, care and understanding. Residents said everyone was treated as individuals.

Staff understood and respected the individual needs of each patient. Residents said that staff empowered them to make decisions and always felt as though it was their choice and their decision to make. Residents said they were treated as a person and not as a number.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards residents. Residents said that staff had clear boundaries and knew they would be asked to leave the service if they demonstrated unacceptable behaviour towards other people during their stay.

Staff followed policy to keep resident information confidential.

Involvement in care

Staff involved residents in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that residents had easy access to independent advocates.

Involvement of residents

Staff introduced residents to the service part of their admission.

Staff involved residents and gave them access to their care planning and risk assessments. Staff ran a specific therapeutic treatment programme but offered different options to residents during their one to one sessions. All residents received a full counselling session once a week. If they needed any other practical support, this was offered to them.

Staff made sure residents understood their care and treatment.

Staff involved residents in decisions about the service, when appropriate.

Residents could give feedback on the service and their treatment and staff supported them to do this by providing anonymous feedback forms and monthly 'cuppa and cake' meetings with the service manager and team. The psychotherapist who delivered the RAFT programme offered evaluation forms after a patient was discharged. These forms were evaluated by a university.

Staff supported residents to make advanced decisions on their care.

Good

Residential substance misuse services

Staff made sure residents could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. The service sign-posted families and carers to an evening group run by the community team for affected family members.

Staff helped families to give feedback on the service.

However, staff did not give carers information on how to complete a carer's assessment.

Are Residential substance misuse services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when needed and residents were not moved between services unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.

Bed management

Managers regularly reviewed length of stay for residents to ensure they did not stay longer than they needed to. Managers attended a fortnightly panel meeting where prospective residents were approved or declined for funding to attend the service. If they were approved, the manager added them to the service's spreadsheet of people waiting for admission. At the time of our inspection, there were 19 people on the waiting list.

Managers held a weekly bed planning meeting, which followed a detox pathway from other providers. Managers worked closely with the local detox centre to ensure a smooth transfer, so these people did not have to wait to come into the service.

Managers discussed people waiting for rehabilitation with the local commissioners, where they prioritised people coming straight out of detox. Managers and commissioners reviewed the wait list regularly and held regular contract review meetings where the wait times were reviewed alongside the impact on people. The service also kept in regular contact with community workers.

The service had low out-of-area placements. Restrictions arising out of the pandemic meant that as isolation units were used for two weeks, the service could only take two out of county placements a fortnight.

Managers and staff worked to make sure they did not discharge residents before they were ready.

When residents went on leave there was always a bed available when they returned.

Staff did not move or discharge residents at night or very early in the morning.

Discharge and transfers of care

The service had low numbers of delayed discharges in the past year. Managers monitored the number of delayed discharges.

Staff carefully planned residents' discharge and worked with care managers and coordinators to make sure this went well. Staff worked with residents to develop a discharge care plan which included emotional wellbeing support, education and employment, volunteering, move on flats and housing. Staff made sure residents understood their discharge care plan which included harm minimisation and naloxone information (naloxone is a medicine that rapidly reverses an opioid overdose) and a departure risk assessment. Discharge plans were discussed in team meetings.

Staff supported residents when they were referred or transferred between services. Post discharge, community workers took residents onto their caseload and followed up with their care and treatment. We spoke with ex residents who told us that they were always able to go back to the service for support when they needed it.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported residents' treatment, privacy and dignity. Most residents had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and residents could make hot drinks and snacks at any time.

Most residents had their own bedroom, which they could personalise. There was one bedroom with two beds, which some residents preferred to stay in. There was a privacy screen in this bedroom. The service provided suitable transgender accommodation.

Residents had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. Staff provided activities for all residents and during lockdown, provided activities such as karaoke, pool, mindfulness meditation, guided yoga and movie nights.

The service had quiet areas and a summerhouse where residents could meet with visitors in private.

Residents could make phone calls in private. Residents all had access to their own mobile phones, unless they were in a therapy session.

The service had an outside space that residents could access easily. Residents could meet visitors in the outdoor summer house.

Residents could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Residents were responsible for making their own food and operated a cooking rota, preparing meals that everyone had consulted on.

Good

Residential substance misuse services

Residents' engagement with the wider community

Staff supported residents with activities outside the service, such as work, education and family relationships.

Staff made sure residents had access to opportunities for training, education, volunteering and work placements. A careers advisor from the national careers service attended the service as well as 'building better opportunities' workers, who supported residents to build hope, skills, confidence and motivation to reconnect with education, training and work. This was funded by the European Social Fund and National Lottery Community Fund.

Staff helped residents to stay in contact with families and carers. Physical meetings with families and carers were initially restricted during the pandemic. The service risk assessed and allowed visitors as soon as the government guidance changed. As a result of feedback, residents increased their weekly testing so they could go out more. Visitors filled out a form and were lateral flow (LFT) tested.

Staff encouraged residents to develop and maintain relationships both in the service and the wider community. The service provided heated kennels for dogs who accompanied residents during their stay. Residents said they felt more encouraged to complete their recovery programme knowing their dog could come with them.

Meeting the needs of all people who use the service

The service met the needs of all residents – including those with a protected characteristic. Staff helped residents with communication, advocacy and cultural and spiritual support.

The service could not always support and make adjustments for disabled people and those with communication needs or other specific needs. The corridors were too narrow to accommodate a full-size wheelchair and there were no en suite bedrooms, although there were plans in place to redesign an area on the ground floor to achieve this.

Staff made sure residents could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the residents and local community. Staff gave examples of how they had worked with translators to provide accessible group worksheets for residents whose first language was not English.

Managers made sure staff and residents could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual residents. Residents declared their dietary and cultural needs during preadmission checks. Patient allergies were noted on a white board in the kitchen.

Residents had access to spiritual, religious and cultural support. The service employed staff from diverse backgrounds. The service held gender listening groups and can request outside support. The service had a stall at the local Pride Festival. Staff supported residents to access cultural groups online during the pandemic.

Listening to and learning from concerns and complaints

Good

Residential substance misuse services

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Residents, relatives and carers knew how to complain or raise concerns. Residents said there was a suggestions box in the communal area where they could post feedback. Ex- residents told us they were asked for feedback when they were discharged from the service.

The service clearly displayed information about how to raise a concern in communal areas.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and residents received feedback from managers after the investigation into their complaint. Residents received written feedback after logging a complaint.

Managers investigated complaints and identified themes.

Staff protected residents who raised concerns or complaints from discrimination and harassment.

Residents received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Residential substance misuse services well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The organisation supported managers with NHS leadership programmes and leaders said they had opportunities to develop their skills. They had a good understanding of the services they managed and were visible in the service and approachable for residents and staff.

Staff felt well supported by the management team and said the leadership was good. Residents reported that they thought the manager was highly thought of.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team. The organisation had put on a two-day event where managers came together to set the strategic priorities for the future. The provider's strategy was embedded in staff training and development.

Staff worked together to formulate a mission statement. Managers put together a summary sheet which was sent out to all staff and discussed in team meetings.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff reported their job satisfaction as high. Staff said they felt their roles were empowering to others and that they had a positive working relationship with their peers. Staff said they felt proud to work for the organisation.

Staff said that the organisation supported them with their wellbeing. Staff said that managers covered all aspects of care if a staff member was unable to and that they supported them with both their physical and mental health.

Managers recognised that their staff team experienced fatigue and stress during the pandemic. They invested in a full subscription for each staff member to a wellbeing app. Staff could also access the organisation's employee assistance programme.

Staff knew how to use the Speak Up process.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The service had an effective governance structure and performed well in their audits. The service scored highly in their health and safety audits. Our review of supervision records show that managers had reviewed care records and conducted case file audits with staff in their supervision. Staff carried out weekly medication checks and emailed the findings to the managers and pharmacist.

The manager discussed key performance indicators (KPIs) with their commissioners and shared successful outcomes and discharges. Managers also reviewed all incidents for the quarter all safeguarding concerns and patient feedback summaries.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The provider's risk register formed part of a shared regional risk register which fed into a national risk register. Managers completed a separate review of their local risk register in relation to the pandemic.

The provider's highest risk related to financial security in relation to occupancy. The pandemic had affected the service's occupancy rate in comparison to previous years. The provider was not initially included on the NHS personal protective equipment (PPE) portal and had to buy their own equipment at the start of the pandemic.

Good

Residential substance misuse services

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. Information governance systems ensured confidentiality of resident records.

Managers had access to information to support them in their management role. This included information on the performance of the service and outcomes of residents' care. These reports were reviewed every quarter.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Residents and carers had opportunities to give feedback on the service by completing feedback forms.

Managers and staff made improvements to the service as a result of this feedback.

Learning, continuous improvement and innovation

The service had been included in a book with a chapter titled 'developing an integrative art psychotherapy group treatment model to support people with a dual diagnosis in residential rehab: RAFT (recovery and aftercare from formative trauma).'

The service's art psychotherapist was completing a professional doctorate at the University of Essex, which involved researching drug dreams, with an aim to enable new clinical models to be developed for treating addiction. The service had taken part in a piece of research about how people in treatment experienced drug dreams and as part of this, wrote a chapter in the published document.