Transforming Choice

Transforming Choice

Inspection report

30 Aigburth Drive
Liverpool
L17 4JH
Tel: 01517275153
www.transformingchoice.org.uk

Date of inspection visit: 29 November and 1 December 2021
Date of publication: 16/02/2022

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Overall summary

Our rating of this service improved. We rated it as outstanding because:

- We rated caring and responsive as outstanding due to the excellent person-centred care, full client involvement and staff going the extra mile to support client's holistic needs during and after the programme.
- Feedback from clients was exceptionally positive. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Client's individual needs and preferences were central to the delivery of tailored services. The service was easy to access.
- Staff were all committed to involving and empowering clients in all aspects of their recovery. Staff and clients worked together to name, co-produce and develop existing and new services.
- The service worked proactively to manage people's addictions and also the wider implications of long-standing addiction including considering the physical health and mental health impact.
- Staff supported clients fully on discharge according to their individual needs. Staff worked proactively and in partnership to develop alternative and aftercare pathways for clients.
- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Although outcomes for people were good, national guidelines do not recognise a reducing alcohol regime as a fully effective detoxification programme. We have therefore limited the rating of the 'effective' key question to good, even though other evidence in the effective key question met the outstanding characteristics. Some research studies using small sample sizes do recognise a reducing alcohol regime as an effective treatment especially for people with complex health and housing needs. Due to the pandemic, the provider had still not been able to have its model clinically reviewed for effectiveness.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	**Outstanding** ☆	Our rating of this service improved. We rated it as outstanding. See the summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Transforming Choice

Transforming Choice provides residential alcohol detoxification and rehabilitation. The service provides alcohol detoxification through a regime of reducing dosages of alcohol. The detoxification process usually lasts five to seven days at the beginning of a 12-week rehabilitation programme. The rehabilitation programme focuses on building coping strategies, life skills, and reintegrating clients into the community.

The service is available to men and women aged over 18 years. There are four cohorts per year, for up to 14 clients at a time. Clients cannot join a programme after it has started.

The service has a contract with a GP (who is also the nominated individual) and nurse from a local GP practice. They assess the client's medical suitability for the service and administer vitamin injections during the detoxification process.

The service also provides an aftercare service to support clients who have been discharged from the residential programme. There are a further eight bedrooms on the top floor of the building, for clients who have completed the programme to stay until they are able to find accommodation. These eight rooms are rented to clients on a short-term basis and are not subject to inspection by us.

The service is registered to provide the regulated activity: accommodation for persons who require treatment for substance misuse. It was registered in March 2015 and has a registered manager.

Transforming Choice has been inspected twice. We last inspected in November 2019. At the last inspection, we found the service to be good overall and good across all five key questions.

What people who use the service say

We spoke with seven clients. All seven client's feedback was exceptionally positive. They appreciated that many staff had been through the programme themselves enabling staff to empathise with them. Clients appreciated the model of detoxification gradually with reducing doses of alcohol. Those who had experienced detoxification with medicines much preferred Transforming Choice's method of detoxification with alcohol as they felt it was more effective and had less side-effects.

Clients described staff as truly caring. Many clients told us they had been homeless prior to coming here. They told us that they had been to many other services but felt that Transforming Choice was the best place which give them hope and support to change their life around. Many believed that their life would look very differently if they hadn't come here. Clients told us that the 12-week programme provided an excellent start on their road to recovery which provided education on how to deal with cravings and manage thoughts and behaviours. One client said, "The classes are brilliant."

Clients told us that staff are very respectful, nice and know what they are talking about. Clients felt safe in the service. Clients felt that the service provided truly person-centred care.

Summary of this inspection

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 three CQC inspectors.

During the inspection visit, the inspection team:

- looked at the quality of the environment
- observed how staff were caring for clients
- spoke with seven clients
- spoke with the registered manager, deputy manager and the development lead
- spoke with the nominated individual who is also the clinical lead
- spoke with nine other staff members including peer support volunteers
- attended and observed one group session with clients
- looked at seven care and treatment records of clients, which included detoxification programme records
- reviewed the management of medicines and
- 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:

- The chef proactively adapted the meals to ensure that meals were nutritious and included foods rich in key vitamins and minerals which would be lacking in clients due to their longstanding high alcohol use.
- The culture was truly person centred and many clients felt that Transforming Choice was the best place which gave them hope, empowered them to address their addiction properly and provided support to change their life.
- Staff and clients had truly worked together to name, co-produce and develop the "i-choose" programme which was a range of holistic aftercare activities and workshops to build resilience, self-determination, friendships and connections amongst people who were overcoming addictions to alcohol.
- The service had invested in exercise equipment to enable those suffering with alcohol related peripheral neuropathy to build their strength, confidence, and aid physical recovery.
- The service designed bespoke individualised programmes of rehabilitation for clients who had alcohol related brain injury with associated cognitive impairment which was designed to develop their strengths.

Areas for improvement

Action the service SHOULD take to improve:

- The service should continue to work with national bodies and/or pursue a robust clinical review of their detoxification approach so it can be endorsed and recognised as an effective alcohol detoxification programme.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Substance misuse services

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

Are Substance misuse services safe?

Good

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

Safe and clean environment

The premises where clients received care were safe, clean, well equipped, well-furnished and fit for purpose.
The service was provided in a large converted Victorian house. There had been many improvements to the design and décor of the building since the last inspection. Managers had recently employed a maintenance worker; they had been through the detoxification programme themselves recently. They were restoring some of the original features back into the house, such as picture rails.

Clients were responsible for keeping their bedrooms and shared areas of the house clean.

All clients had their own bedroom, which included a sink. There were four bedrooms on the ground floor, which included the only en-suite room which was accessible by clients with restricted mobility. There were dedicated male and female bedroom areas. There were communal toilets, showers and a bathroom in each area. Where appropriate, clients were given pendant alarms to call for staff assistance. Staff alarm calls were also situated in the corridors.

Managers ensured that they carried out the necessary statutory health and safety checks and assessments by external contractors. Annual environmental risk assessments were completed which included gas and electric safety assessments, fire risk assessments and appliance testing. We saw evidence of weekly checks and annual maintenance checks. Staff carried out regular environmental checks that identified any required cleaning or maintenance, and then ensured this was carried out.

During the COVID-19 pandemic, Transforming Choice continued to admit clients for alcohol detoxification and rehabilitation. Managers had put in control measures to prevent and control infection, including regular testing of staff, checking that visitors had a negative lateral flow test, cleaning procedures, and additional staff training.

Safe staffing

Substance misuse services

The service was had enough staff, who knew the clients very well and received basic training to keep them safe from avoidable harm.

The provider had determined the safe staffing levels, for the number of clients on each programme.

Managers ensured that there was more staff on duty during the first four weeks of each 12-week programme as this was the most intensive, when clients detoxified from alcohol and started their recovery programme. Paid staff were available 24/7 and volunteers were never left without the support of paid staff.

There had been no shifts where there were not enough staff, and no activities had been cancelled due to staff shortages. The service had volunteers or peer mentors, who were all former clients. The service had maintained a full service throughout the pressure of the pandemic, including through staffing moving in and living at the service to continue the programme and to mitigate against infection.

Staff and peer workers underwent appropriate checks to ensure they were of good character. This included regular disclosure and barring service checks regarding suitability for working with vulnerable adults. Where there were any unspent convictions declared, managers completed very detailed risk assessments to ensure that staff were appropriately managed and supervised.

The service did not have dedicated medical or nursing cover. The clinical lead, who was a GP and the nominated individual, carried out pre-screening assessment of all clients, as well as running some of the educational programme. Clients accessed healthcare through their own GP or through registering with a local GP if they were not registered. A nurse from a nearby GP surgery was employed to administer a vitamin injection to all clients during the first week when they were detoxifying from alcohol.

All staff had completed mandatory training. Staff had completed their mandatory training, which included National Vocational Qualifications level three in health and social care, epilepsy training, medicines management, equality and diversity, safeguarding, health and safety, data protection and emergency first aid.

Assessing and managing risk to patients and staff

Staff screened clients before admission and only admitted them if it was safe to do so. Staff monitored clients for symptoms of alcohol withdrawal and was now using a recognised alcohol-withdrawal tool. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

We reviewed seven clients' records. The clinical lead screened all clients prior to admission. Each client required a letter of support from their GP for them to be part of the programme, as well as a recent blood test to check liver function. Staff also routinely gathered information about the client's current physical and mental health, their medical history, and details of any medicines they were taking. If clients were noted to be at risk of significant seizures or likely to have more complex physical health problems, they would be referred to have an alcohol detoxification using medicines overseen by the local NHS trust, rather than one based on a reducing alcohol regime. Once this had been completed, clients could then join the rehabilitation programme at Transforming Choice.

Staff completed a full risk assessment for each client before and after admission. Assessments were continuously reviewed, and all records contained risk management plans that were up to date. Staff involved each client to make sure that the written risk assessments reflected their views of identifying and managing risk.

Clients were given advice on harm reduction including reduced tolerance and reducing the risk of overdose. There was a clear process for staff to follow to reduce the risk of harm following an unexpected discharge. Risk management plans included a plan for clients unexpectedly exiting the service.

Risk assessments and management plans were accessible to all staff and peer mentors.

During the first week, when clients were detoxing from alcohol, staff closely supervised clients. Clients spent the day in communal areas, and in the evening and night they were checked on every 15-30 minutes by staff. Higher staffing levels were maintained during this period. On admission and during the detoxification period, each client was breathalysed. Staff developed a plan to reduce the client's alcohol consumption over five to seven days. Clients were closely monitored by staff when they were consuming the reducing alcohol regime. Staff clearly explained to clients that the purpose of drinking the alcohol was to safely manage their withdrawal, not to get them drunk. Staff completed a chart with the alcohol reduction programme clearly laid out. Staff had access to the clinical lead who was a GP for advice and support on the detoxification process and any physical health needs.

Staff now monitored clients for symptoms of alcohol withdrawal, using a recognised alcohol-withdrawal tool. Managers had recently adapted the tool further to make it clearer to staff when to act. If there were indications that the person was going into withdrawal, then additional units of alcohol were given to manage the risk of an adverse incident. Staff we spoke with, and records confirmed, that staff were very knowledgeable about any adverse symptoms including in the event of a person having a seizure. If additional alcohol units were given, staff recorded the rationale for this and its effect. One significant risk of alcohol withdrawal is seizures. Staff knew what action to take but such incidents were rare in the service.

Staff had protocols to follow if a client drank alcohol in the service (following the detoxification period), or if they wanted to leave. This was individually reviewed and discussed with the client. Staff would support clients to access accommodation such as a local hostel, if relevant, so that the person had somewhere to go and ensure the client had three days of medication. If a client wanted to return to the programme, this would be individually assessed and the rest of the clients asked for their agreement.

All staff had completed emergency first aid training. This included resuscitation and how to respond in the event of an emergency such as a person having a seizure. The service did not have medical or nursing staff onsite. In the event of a medical emergency, staff would call the emergency services and act under the direction of the emergency call handler until assistance arrived.

Staff implemented restrictions on clients, particularly during the first month of the programme. These restrictions were explained to clients before they came and agreed to by clients. For the first four weeks, clients did not go out of the building alone due to the potential risks to clients in terms of their health and possible relapse. Clients were not allowed mobile phones during the day so that clients could focus on the programme and themselves. Restrictions were discussed in clients' meetings, and when the programme was reviewed.

Safeguarding

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

Substance misuse services

Staff had completed safeguarding training. Staff we spoke with were knowledgeable about recognising signs of abuse and knowing when and how to refer to social services' safeguarding teams. Compliance for both safeguarding adults and safeguarding children training was at 100%.

The service had made no safeguarding alerts in the previous year. We did not come across any incidents that would need a safeguarding alert. However, staff were aware of ongoing safeguarding issues that existed for clients prior to admission and supported them to address these. For example, staff supported clients to get their own bank cards after family members withheld money from clients to try and prevent them from buying alcohol. Clients told us they felt safe.

Staff access to essential information

Staff had easy access to client information, and it was easy for them to maintain high quality client records.

Assessments, recovery plans and risk assessments were completed on an electronic client record system. All staff had an individual login and password to ensure client information was kept safe and secure.

Medicines management

The service used systems and processes to safely store medicines. Staff regularly reviewed the effects of treatment on each client's physical health.

The service used a paper system to record medicines brought into the service and processes to safely store medicines. The provider had recently invested in a new electronic medicines system which was due to be implemented in early 2022 once staff training had been provided.

Clients administered their own medicines. The exception was clients were given a high potency, vitamin intra-muscular injection to correct deficiencies that may have occurred due to clients' alcoholism. It was used to help prevent Wernicke's encephalopathy (a condition which can develop in alcohol dependent clients who are also malnourished), especially during detoxification. We saw records to show that this was administered by a visiting contracted nurse with appropriate records kept of its' administration. Records indicated that staff checked clients afterwards to make sure there was no issues or concerns such as anaphylactic shock. The service had an anaphylactic pen in the event of anaphylactic shock. Staff were trained in its use.

Prior to admission, staff completed a detailed assessment of a client's ability to manage their own medicines including seeking information from their GP or the referring agency. Clients then self-administered their medication. They had access to a locked safe in their room to store their medicines. Staff arranged for medicines to be dispensed in weekly blister packs to make it easy for clients to take their medicines. The provider had also invested in bigger and more secure lockable medicine cabinets for each room which were awaiting fitting.

Staff did not administer clients' routine medicines. On occasions or for some clients, staff would store the medicines and ensure clients received verbal reminders to take their medicines at the correct times or safely. In a small number of cases, we saw that staff were not using the language prescribed by the provider's own policy such as 'verbal reminder' and instead used terms such as 'medicines given' which may indicate more active staff involvement. Staff we spoke to were clear that clients were self-administering medicines only. The provider addressed this immediately and spoke with staff. By the second day of the inspection, the records showed consistently improved recording on this issue in line with the provider's policy.

Outstanding ☆

Substance misuse services

If clients were prescribed scheduled or controlled drugs, these were stored and disposed of safely in a secure locked cabinet in a staff area. A separate controlled drug record was kept, and two staff were involved in the verbal reminder and providing the medicine to clients to self-administer. A local pharmacy usually disposed on any unwanted medicines including the appropriate disposal of controlled drugs.

Staff completed regular checks with clients to identify and account for any stock piling of medicines. Medicines audits were completed regularly. At weekly case management meeting, we saw that staff proactively reviewed and acted on any physical health concerns, including supporting clients to contact their GP for medical and medication reviews.

Staff were trained in medicine administration. Staff were trained in administering and training others to administer naloxone. Naloxone is an emergency medicine that can reverse the effects of opiates. Staff were first aid trained and there was a protocol in place to contact emergency services.

Track record on safety

The service had a good track record on safety.

There had been two serious incidents in the 12 months prior to our inspection. One related to a client who was admitted to a general hospital and then got Covid-19 and sadly died. The second incident related to a client ingesting alcohol hand-gel which was used to prevent the spread of Covid-19. Staff took immediate action to ensure the client received appropriate, urgent medical assistance. As a result of this incident, managers removed all hand gel products and replaced these with antibacterial wipes.

Staff knew clients well and were discussing the slightest change in behaviour and discussed support strategies. Every week staff had case management meetings to discuss each client's progress in depth and it was also used as a forum for reflective practice to ensure any learning was shared.

Reporting incidents and learning from when things go wrong

The service managed client 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 clients honest information and suitable support.

Staff understood the types of incidents that should be reported, including safeguarding, accidents, slips trips and falls, faulty equipment, disputes between clients and medicines incidents. Incidents and lessons learned were discussed at team meetings. Staff told us that they felt encouraged and supported to report and learn from incidents. Staff showed a good understanding of their responsibilities to be open and transparent with clients in relation to care and treatment. There were no recorded incidents of a level that required a formal apology to clients using the service.

Are Substance misuse services effective?

Good

We rated effective as good.

Outstanding ☆

Substance misuse services

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We reviewed seven care records. All records contained information from each client's GP which included a medical history, medical opinion on whether the client was fit for detoxification, recent blood tests, and current medicines. Staff completed an assessment of the client's alcohol and illicit substance use, mental and emotional health, physical health, social circumstances, criminal history, and their motivation to change. Each client had a mini-mental state completed, and the clinical lead screened all clients.

Records showed and clients confirmed that they had been involved in the assessment. Prior to admission, clients were asked to complete a pre assessment questionnaire detailing why they wanted to do the programme now and how they saw their lives without alcohol in the future.

At the start of the detoxification, staff used information from clients about their recent alcohol use, a breathalyser test, and the client's body mass index and physical health to decide on an individualised and clear alcohol reduction regime. Clients were given a measured number of alcohol units to drink (usually strong lager or sherry) in the presence of staff up to four times a day which was reduced usually over this the course of five to seven days. If necessary, clients had additional units of alcohol to manage their withdrawal safely, with the reason documented. During the detoxification process, clients were closely monitored. Together with the high-dose vitamin injection, these measures ensured that the detoxification process was effective, and the risks were mitigated. After five days, the reducing alcohol regime stopped, and clients had completed their detoxification.

Clients then moved onto a structured programme of rehabilitation. This included group sessions four days a week. The group programme was comprehensive in helping clients understand and change their attitude and behaviour to alcohol. Each client had regular one-to-one meetings with their key worker to reflect on what they had learned and their progress. If clients completed the programme, they 'graduated,' and staff and clients celebrated their journey towards overcoming addiction.

We observed one education session where the clinical lead provided specific group sessions for clients, which included the impact of alcohol on the body and brain, to support clients to understand its effects. The session had a clear structure, with objectives and a review of previous sessions at the beginning. Staff encouraged clients to share personal experiences to inform the discussion and make the session meaningful. Clients told us that the 12-week programme provided an excellent start on their road to recovery which provided education on how to deal with cravings and manage thoughts and behaviours. One client said, "The classes are brilliant." Throughout the inspection, we observed staff to be empathic and non-judgmental with clients.

All the clients had an up-to-date person-centred recovery plan on their care record, with information. Clients wrote their own recovery care plan with support from their key worker, and these were regularly reviewed together. Staff saw this process as crucial in line with therapeutic person-centred approaches, so clients took the lead as experts in their own care and therapy. Clients kept copies their recovery plans in their rooms as this was an important part of taking ownership of their addiction. On 'graduation' clients took their care plans with them to continue to show that they were

still on a journey. Alongside this staff supported clients to complete a outcome star which was an outcome measure that showed the progress clients had made in various aspects of their recovery journey. Care records also showed that clients met with their assigned key worker at least once a week to review their plans, maintain commitment to treatment, manage risks and set further goals.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. All staff were actively engaged in delivering therapeutic activities to monitor and improve quality and outcomes for clients.

The reducing alcohol regime detoxification process at Transforming Choice was developed by a core group of staff who had worked with homeless people with complex needs. The programme continues to develop based on experience of working with clients and their feedback. National guidance published by the National Institute for Health and Care Excellence and Public Health England do not provide a framework or guidelines on the efficacy and effectiveness of detoxification programmes that used a reducing alcohol regime rather than prescribed medication to manage withdrawal. There were some published studies of similar managed alcohol reduction programmes that had shown positive results, including fewer hospital admissions, detoxification episodes, reduced consumption, and decreases in some alcohol-related harm. However, the evidence base remained small. Due to the COVID-19 pandemic, the provider had not yet managed to progress more detailed evaluation themselves or to get the model fully recognised by national bodies.

Clients appreciated the model of detoxification gradually with reducing doses of alcohol. Clients we spoke with who had experienced detoxification with medicines much preferred Transforming Choice's method of detoxification with alcohol as they felt it was more effective and had less side-effects.

There was a structured recovery and rehabilitation programme which included psychosocial interventions. The residential and recovery aspect of the service was consistent with national guidance. There was a twelve-week rolling group programme with therapeutic groups running for four days each week on a set weekly timetable. The group programme included elements of education, reflection, mindfulness, psychological approaches to managing addiction and relapse prevention to help clients understand and change their behaviour. The content and delivery of the group sessions followed best practice guidance from the National Institute for Health and Care Excellence (CG 51: drug misuse in over 16s: psychosocial interventions). Sessions were designed and delivered by Transforming Choice staff. Staff had a variety of personal experience and formal training that gave them the skills to provide the recovery programme. Staff provided a range of care and treatment interventions suitable for the client group. The service had good completion rates with 86% of people completing the rehabilitation programme.

The service used the outcome star (an outcome measurement tool) with clients. The outcome star focuses on ten outcome areas that have been found to be critical in supporting people to progress towards and maintain a life free from addiction. The tool was used including the areas identified by clients to focus on, was regularly reviewed with clients and provided a clear visual measure of a client's progress. Clients had one formal meeting with their key worker each week. These meetings were clearly documented in clients' notes and covered topics such as general wellbeing and progress towards personal goals. The service also sent data to the National Drug Treatment Monitoring System (known as NDTMS) and the treatment outcome profiling system.

Clients using services told us that staff were available to speak to at any time, including evenings and at night. Managers or senior staff had completed audits of care records every three months. There was a standardised audit tool including sampling care records to check for the presence and quality of records relating to items such as assessments, care plans, mental health, physical health, finance, risk assessment, consent and service user involvement. Recent audits showed high levels of compliance. This was corroborated by our check of the records. Where recent audits had identified issues there was an explanation or action – such as lack of a record around dental care due to the inability to register as a new patient with a local NHS dentist due to the impact of the pandemic.

Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives. The programme included education on healthy living and eating to overcome cravings. The service's ethos was to empower clients to take control of their lives and their own health. For example, clients were encouraged to make their own appointments with their own GP. The service also offered initial hepatitis C screening to all clients and staff to enable them to access treatment through a partnership with the local NHS liver and hepatology service.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Most of the staff had significant experience of working with clients with a history of addiction. Most staff had lived experience of alcohol addiction. Nine staff had graduated from Transforming Choices alcohol and detox programme and 17 of them had - previously been addicted to alcohol and other substances. Staff we spoke with were exceptionally knowledgeable and experienced about working with people with addictions, informed by their own recovery. Staff were skilled at meeting clients' needs, working alongside them, managing the detoxification process and at delivering the rehabilitation programme.

The service did not employ or contract healthcare professionals to provide care directly to clients, other than a visiting GP who provided specific parts of the education programme and a visiting nurse to administer and monitor the high dose vitamin injections during the detoxification period. We saw evidence of staff supporting clients to access their own GP for newly identified and longstanding physical health needs.

Managers made sure that staff had the range of skills needed to provide high quality care. Managers worked closely to ensure that staff provided high quality education and psychosocial interventions to clients. Staff had completed NVQ level 3 certificates or higher in health and social care. Managers had completed NVQ4 or above. Staff had role-specific job descriptions, which clearly set out the required competencies. The service was looking to provide more trauma informed care, so the manager had completed training on eye movement desensitisation and reprogramming (EMDR) which was a recognised approach for post-traumatic stress. Competency was assessed at interview, before completion of probationary periods, then individualised plans were in place for continuing professional development, monitored through supervision and annual appraisals. The service also offered vocational placements to social work and medical students.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Supervision and appraisal occurred on a regular quarterly basis. Data from the provider and staff confirmed that they all staff had received a recent supervision in line with the provider's policy. Staff usually received an annual appraisal each year. However, due to the pressures of the pandemic, staff appraisals had been put back slightly. The provider had a clear plan to ensure appraisals got back on track. Staff told us they were well supported, and we did not identify any shortfalls due to the delay in appraisals.

There were regular team meetings to share information, identify areas for improvement and plan service development. Some staff had received additional training in mental health awareness, which helped ensure that they were aware of signs and symptoms of mental health problems

Managers provided an induction programme for new staff. Staff told us they felt valued they went induction when they started working in the service. As well as a comprehensive induction, new staff learned by extensive shadowing and reflecting with more skilled and experienced staff.

Multi-disciplinary and inter-agency teamwork

Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with relevant services outside the organisation.

The service worked proactively in partnerships with other local charities. Managers were actively involved in the local multi-agency homeless forum. Outreach staff worked in partnership with the local homeless charity and the local community centre to promote awareness, undertake assessments and support clients appropriate alcohol services including their own detoxification and rehabilitation programme.

The service proactively developed meaningful partnerships with statutory agencies so there was a holistic approach to detoxification, rehabilitation, and recovery from addiction. For example, staff worked with the local NHS trust for those clients requiring detoxification but who were not suitable for a reducing alcohol regime. Staff had appropriate contact with care coordinators from clients' mental health or substance misuse team where this was applicable, as well as social services, and criminal justice services.

Staff worked in partnership with other organisations to ensure clients' recovery from addiction was sustained on discharge. The service empowered and supported clients to access advice and mutual aid in the community. The service worked in partnership with a social housing provider to help clients with the transition into living independently in a tenancy.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

All staff had received mandatory training in the Mental Capacity Act. Staff explained that clients would not be admitted to if they lacked capacity to consent to the programme. Clients visited the service up to three times before they started the programme. This helped them make an informed decision about whether the programme was right for them. Before clients agreed to come into the service, they consented and agreed to the rules of Transforming Choice. All clients had signed their consent to treatment and storing and sharing of information. This was reviewed, especially after clients completed detoxification. Clients we spoke with understood their treatment and care, and had made informed choices about the necessary restrictions, such as limited access to their mobile phones to promote attendance on the programme. They knew that they were free to leave at any time.

Staff described incidents where someone may have temporarily lacked capacity (for example, when intoxicated), and how they had waited to discuss treatment decisions at another time.

Outstanding ☆

Substance misuse services

Are Substance misuse services caring?

Outstanding ☆

We rated caring as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceeds their expectations. Feedback from clients was overwhelmingly positive about the way staff treated clients.

We spoke with seven clients. All seven client's feedback was exceptionally person-centred, empowering and non-judgemental. They appreciated that many staff had been through the programme themselves as staff empathised with them. Clients were especially impressed when they first came that staff were not judgemental in any way, no matter how much they drank or how their life had been affected by addiction.

Clients described staff as exceptionally caring. Many clients told us they had been homeless prior to coming here. They told us that they had been to many other services but felt that Transforming Choice was the best place which gave them hope, address their addiction properly and provided support to change their life. Many believed that their life would look very differently if they hadn't come to Transforming Choice.

Clients told us that staff were respectful, nice and knew what they are talking about. Clients felt safe in the service. Clients felt that the service provided truly person-centred care.

Clients thought staff went the extra mile and their experience of Transforming Choice exceeded their expectations. For example, many clients were homeless prior to coming to Transforming Choice, and as a result, they didn't have bank accounts in which any welfare benefits could be paid into or any form of identification or fixed address. Managers had partnered with a local credit union who changed their processes to accept written confirmation of identity from Transforming Choice. This enabled clients to set up personal accounts to have their benefits paid into and to withdraw cash. The service also supported clients to access welfare advice to help claim any of the welfare benefits they were entitled to.

Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between clients and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. During our inspection, we saw consistently positive interactions between clients and staff, with staff always being polite and respectful. We saw staff being very caring supportive to clients. Staff we spoke with were passionate and highly motivated and inspired to provide high quality care that was recovery focused. Clients said they were treated as equals and not as service users.

Client's emotional and social needs were seen as being as important as their physical needs. Each morning clients attended a thoughts and feelings group to enable them to express how they were coping with the programme and reflect on any issues.

Clients completed a feedback questionnaire at the end of the programme. In all the questionnaires we saw clients rated the service as very good or excellent. In the free text boxes, many clients highlighted that they did not think the

treatment, or the detoxification programme could improve in any way. They also particularly impressed by the education they received on the way that alcohol affects the body and mind. Clients we spoke with were nearing the end of the programme and highlighted the offer of having somewhere to move onto through the transitional rooms, attending after care groups at the service and the move on accommodation in continuing their recovery.

Staff respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. The seven clients we spoke with said staff treated them with dignity and respect. They stated that staff showed them understanding and were kind to them. Staff completed detailed consent forms with clients to make sure they understood and agreed to the different aspects of treatment.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind, compassionate and promoted client's dignity. Staff spent time explaining things to clients and ensuring they had the information they needed to understand the treatment offered and how to remain safe and well. During our inspection, we saw consistently positive interactions between clients and staff, with staff always being polite and respectful. Relationships between clients and staff were observed to be strong, caring, respectful and supportive.

Involvement in care

The culture of the service put the client at the centre and worked with them to make their own choices and develop their own skills and independence. Clients and their families were active partners in their care. Staff always empowered clients to have a voice and to realise their potential.

Client's individual preferences and needs were reflected in how care was delivered. For example, staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Clients told us they were always given options about their treatment and all aspects of their care were explained. The ethos of the service was truly person-centred, and staff were all committed to involving and empowering clients in all aspects of their recovery.

Clients gave extremely positive feedback on the groups provided by the service.

Clients were active and equal partners in their care and the running of their community. The service followed therapeutic community principles, by involving and empowering clients to make decisions about important aspects of how the programme was run, the emphasis and how their leisure time was spent. Clients were involved in deciding the day to day running of the premises and were responsible for maintaining in house rules outside of staff core hours.

Community meetings were held weekly to give clients an opportunity to talk about any issues that affected the community and to air their views and ideas.

Staff displayed a range of information for clients around the service about other organisations and supported clients to access other support such as housing and benefits when needed.

The service empowered and supported access to advice, support networks and mutual aid in the community. Each client had a recovery plan using the outcome star and risk management plan in place that demonstrated their preferences for their recovery goals. Recovery plans demonstrated client involvement and was regularly reviewed.

Outstanding ☆

Substance misuse services

Clients valued their relationships with the staff team and felt that they often exceeded expectations when providing care and support. Staff we spoke with were passionate about providing high quality care that empowered people to make their own decisions and take back control after many years of addictions.

Staff worked very proactively with families and carers and supported them appropriately to help promote recovery from addiction. Clients were actively supported to maintain contact with families and in many cases to regain contact after relationships had broken down. Visits were encouraged. Clients were also actively supported to develop their relationship to embed their recovery and promote independence. Staff had recently started a carers group to help carers to provide ongoing support, to help carers understand alcohol addiction and their role in supporting recovery.

Peer support workers we spoke with were so impressed and inspired by the support they received that they wanted to give their own time back to help other people in their recovery.

On completion of the programme, clients had the opportunity to move to the transitional rooms or take part in the i-choose aftercare programme. The aftercare team worked with ex-clients on their terms to ensure they received appropriate person-centred recovery.

Are Substance misuse services responsive?

Outstanding ☆

We rated responsive as outstanding.

Access and discharge

People's individual needs and preferences were central to the delivery of tailored services. The service was easy to access. Clients could refer themselves to the service. The service also proactively went to local homeless charities and to other community facilities such as a local alcohol-free bar to promote the support available across the community including the detoxification and rehabilitation offered at Transforming Choice. The service had a website which included all the details of the programme, and 'welcome' pack information. It also included frequently asked questions from previous clients. Potential clients were invited to visit the service on up to three occasions so that they could talk with staff and other clients, These measures enabled clients to understand fully what the programme entailed and to make fully informed decisions about and whether it was the right choice for them. Clients and peer support workers, we spoke with were exceptionally positive about the innovative approach of the reducing alcohol regime and the choices they were given before and on entering the service.

The service worked with people with complex needs who had often many years of both being street homeless together with longstanding alcohol addiction. The service started from the position that they would accept anyone into the service who was motivated or showed interest in addressing their alcohol intake. This meant that they accepted people other services had said no to by putting additional person-centred measures in to enable people to attend. This included people who turned up drunk at the very start of the programme. If clients were assessed as not physically able to safely detox at Transforming Choice through the reducing alcohol regime then clients had a detoxification at the local NHS trust using medicines and came to Transforming Choice for rehabilitation.

Substance misuse services

The service offered four scheduled detoxification and rehabilitation programmes each year, with a fixed start time. The start dates were published on the provider's website and clients were also informed of start dates when they visited. Admissions were all planned and there were no emergency detoxifications or admissions. When a client had been assessed, they were considered for the next programme; if the next group was full, they would be prioritised for the following programme.

Staff supported clients who left in an unplanned way to access services in their local community to try and prevent a return to homelessness and/or addiction. This included support to access drug and alcohol treatment services, housing services, mental health services and treatment for physical health. Staff told us that on average there were about two clients per group who did not complete the programme. If a client did leave or relapsed and started drinking again, their place on the programme was not filled as it was seen to be disruptive to the clients in the existing group. If a client had a short gap or relapse, they could re-join the programme usually only on the agreement of the other clients, in line with the therapeutic community model.

If the leaving gap was short and the client wished to return, the existing clients were asked to consider whether they felt it was appropriate for them to rejoin the programme in line with therapeutic community principles.

Staff supported clients fully on discharge according to their individual needs. The service had an aftercare team who continued to support clients for up to 6 months after they leave the centre. Prior to the end of the programme, clients work with their key worker and the aftercare team to establish a plan for when they come to leave Transforming Choice. This included finding suitable accommodation, enrolling on training courses and/or applying for work.

The service discharged all clients after 12 weeks. Due to regular difficulties in housing and some clients' complex needs, the service had developed their own next steps in the pathway to support clients and reduce the risk of homelessness. They provided transitional rooms onsite, while they continue to support their clients integration into the community. Up to 8 clients could access these transitional rooms located in the same building for a further 3-6 months. During this time, clients had bespoke individualised support plans to ensure that their recovery was fully embedded and provide practical support. The service also proactively worked in partnership with a local housing association to provide independent living flats for people who were overcoming addiction with more complex needs nearby.

Staff and clients had worked together to name, co-produce and develop the "i-choose" programme which was a range of holistic aftercare activities and workshops to build resilience, self-determination, friendships and connections amongst people who were overcoming addictions to alcohol. The service planned a separate garden room in the grounds to provide the i-choose programme.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of Transforming Choice supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. There enough shared bathrooms and/or showers for the numbers of clients needing to use them. Male and female rooms were on separate floors. One room on the ground floor was equipped to accommodate disabled clients. The service had recruited to and employed a client who had been through the programme as a part-time maintenance worker. They were working to make the facilities more comfortable and homely and restoring some of the original features of the service, which was in a large, impressive Victorian house.

During the day, clients accessed the onsite group and therapy rooms. There was a range of activities and equipment available including musical instruments, DVDs, books, jigsaws and board games for recreational activities. The service was opposite a large, pleasant municipal park so clients regularly went for a walk with staff and relatives. The service had exercise equipment.

There was information available or displayed by posters relating to support groups, local services, health-based information, medicines and current drug warnings.

Clients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Clients were encouraged to maintain relationships with families and carers. Families were able to visit clients at weekends after the second week and on completion of the detoxification.

Staff encouraged clients to access positive and meaningful opportunities in the community with social, recreational and educational activities. The group programme included a community activity day each week. Clients chose where they would like to go, and staff supported their choices. This included activities in the local community such as swimming, going to the gym, or a café. Staff introduced clients to local facilities, so that they could continue to use them after they left the service to support their recovery in the longer term.

Staff had worked in partnership with a local arts group to develop a piece of theatre and drama workshops using interviews and observations of clients and staff with clients/former clients acting and participating in the production. The service had also published a book with stories and testaments from current and ex-clients.

Many clients went onto become peer support workers or do other forms of voluntary work at Transforming Choice. The aftercare service also helped ex-clients to improve their everyday skills and improve their employability.

Meeting the needs of all people who use the service

The building was accessible to clients who used wheelchairs or had limited mobility. There was a ramp at the front of the building. There was no lift to the upper floors, but the communal areas and a fully modified en-suite bedroom were on the ground floor.

There was a proactive approach to understanding the needs of a diverse groups of clients and to deliver care in a way that met those needs and promoted equality. This included clients who were vulnerable and/or had complex needs. People with longstanding addiction often developed peripheral neuropathy (nerve damage and loss of feeling usually in the limbs) which limited their physical ability. For some clients, the peripheral neuropathy was so advanced that they were unable to walk unaided on arrival. In addition to support to access and receive medical investigations, the service invested in exercise equipment to enable those suffering with peripheral neuropathy to build their strength, confidence, and aid physical recovery.

The provider demonstrated an understanding of the potential issues facing vulnerable groups and offered appropriate support. The service provides rehabilitation for clients with several years of addiction. As a result, some clients had alcohol related brain injury with associated cognitive impairment. For these clients, the service designed bespoke

individualised programmes of rehabilitation, designed to develop their strengths rather than address weaknesses or gaps. For example, two recent clients benefitted immensely from this tailored support and had gone on to live in semi-supported accommodation and live more independently than was ever deemed possible by professionals at the start of the programme.

Some parts of the programme were designed as gender specific classes, so women had a safe space to talk about issues openly among their peers.

Food was cooked onsite, and the chef was aware of client's preferences. The chef proactively adapted the meals to ensure that meals were nutritious and included foods rich in key vitamins and minerals which would be lacking in clients due to their longstanding high alcohol use. Food was provided to meet client's dietary and cultural needs and preferences. Ex-clients in the transitional rooms were supported with their independent living skills such as cooking and managing a tenancy.

Clients achievements were celebrated in the service. Clients who had successfully completed their recovery programme attended graduation ceremonies. Clients had the opportunity to share their recovery journey with staff, peers, family members and carers.

Listening to and learning from concerns and complaints

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

There had been no formal complaints in the year up to this inspection. The provider had recently introduced an improved recording system to fully evidence that no complaints had been received.

Clients were given information about how to complain as part of their orientation to the service, and there was information about how to complain on display. Staff were familiar with the complaints process.

Clients told us they were able to raise concerns or complaints if they wished and were confident that managers would treat their complaints seriously. Clients had a weekly meeting which included a forum where clients could raise any problems. These were many positive comments; on some occasions, clients highlighted minor repairs, but these were resolved very quickly. Clients were also able to raise issues or concerns in their one-to-one sessions with staff. Clients were encouraged to talk with one another if they had problems, as part of the programme for developing the ability to work and negotiate with others.

Managers kept compliment folders which contained hundreds of thank you cards from clients since the service opened with clients expressing their compliments and thanking staff for supporting their recovery.

Are Substance misuse services well-led?

Good

We rated well-led as good.

Leadership

Substance misuse services

The service was well led. Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

The director was well supported by an operational manager and development director. As a team they had a clear understanding of issues, challenges and priorities in their service, and beyond.

Leaders demonstrated an in-depth knowledge of the client group and the impact supporting clients with complex issues could have on staff. The management team were visible and approachable for clients and staff. On inspection, we saw them speaking to clients on first name terms.

They ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients. The service was supported by the provider's management committee to ensure the safe running of the service.

All staff told us they felt very well supported and the management team were all strong leaders with a clear focus on recovery and person-centred service delivery.

Transforming Choice had a clear definition of person-centred and meaningful recovery and how clients can achieve this. The staff team understood how this was delivered through their service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The leadership team had a shared purpose of making sure they provided truly person-centred recovery and strived to deliver and motivate staff to succeed. Strategies were in place to ensure and sustain delivery and to develop a positive open culture. Staff were committed to working with clients rather than doing things for them, promoted independence throughout the programme and worked to positively impact on thought processes, enabling clients to take control of their own actions and emotions.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff were proud of the organisation as a place to work and spoke highly of the culture.

The staff had high levels of satisfaction. They were proud of the organisation as a place to work and spoke highly of the culture.

Staff we spoke with told us they were supported by the managers and felt they worked within a very caring and supportive staff group. All staff were fully engaged and often did extra to support clients.

Staff appraisals included discussions about professional development. We saw in the supervision and appraisal documents that these were detailed with actions to be undertaken by managers and the staff member. Staff were supported for their own physical and emotional health needs.

Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff told us the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Leaders gave people support and encouragement to go on to be peer support workers and work towards paid employment.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well. Staff collected and analysed data about outcomes and performance.

The service had an effective governance structure. Governance policies, procedures and protocols were regularly reviewed and were up to date. There were systems in place to check performance and compliance with the assessment, planning and evaluation of clients care and treatment.

There were effective ways of monitoring the service and routes for raising concerns. Managers completed a range of audits to ensure that the service was safe and effective such as health and safety, cleanliness, involvement and care file audits. There was evidence taken to address any shortfalls identified in the audits.

All staff had received the appropriate training and regular supervision. Staff had a good understanding of safeguarding to ensure clients received safe care. Staff compliance with mandatory training was recorded on a matrix. Supervision and appraisal records were clear and accessible.

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.

There was a strong commitment to best practice performance and risk management with problems identified and addressed quickly and openly. There was a clear quality assurance and performance framework in place. Each resident had a personal risk assessment which was updated weekly. Staff members were given responsibilities for management of risks and performance. For example, night staff were responsible for the building health and safety audit compliance and the chef was responsible for the kitchen audits. Minor maintenance issues were addressed very quickly. The staff team had quarterly performance management supervision and annual appraisals.

The service had plans for emergencies such as business continuity. At the onset of the pandemic, the team worked together to draw up a schedule which limited traffic in and out of the building. This included staff 'moving in' to Transforming Choice for weeks at a time, to ensure the safety of residents and the wider team. This meant that the detox and rehabilitation programme was uninterrupted during this period. On occasions, where there had been isolated incidences of Covid-19 and staff or clients were self-isolating, managers purchased tablet computers and delivered groups and classes online to enable clients to continue with the programme.

Information management

Information used in reporting, performance management and delivering quality care was used to drive and support internal decision making as well as system-wide working and improvement.

Substance misuse services

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. All staff had access to the electronic care record system, through their own individual login and password. Staff were positive about the electronic care record system as being user-friendly and easy to get information. Paper records were stored securely in staff-only areas. Staff shared information with other professionals, such as GPs, when necessary and with client's consent. The service submitted information to national bodies such as the National Drug Treatment Monitoring System. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

Engagement

Services were developed with the full participation of clients, staff and external partners as equal partners. Leaders gathered feedback from clients, and there was a demonstrated commitment to acting on feedback.

Staff, clients and carers had access to up to date information about the work of the service though the internet, notice boards, leaflets and social media platforms. Clients and staff held weekly community meetings at which they could give feedback about the service.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. With each change or new initiative, staff co-produced each service or initiative alongside clients, so they were continually, meaningfully and fully involved in shaping the service delivered. For example, staff and clients had worked together to name and develop the "i-choose" programme which was a range of holistic aftercare activities. The service planned a separate garden room in the grounds to provide the i-choose programme.

Staff could access an external, entirely confidential pastoral support and counselling service. At the end of each 12-week programme, staff have a week before the next programme where they reflect on what worked well and what changes need to be made. In this week the team also schedule staff days out. The team produce ideas for how they would like to spend their day and then take a vote.

Managers engaged with external organisations such as the commissioners for the service and local addiction services.

Learning, continuous improvement and innovation

The service had a strong established approach and commitment to innovation and improvement. The service had recently employed a director of development to consider and develop new initiatives including the funding to sustain these services. The service was unusual in its approach to alcohol detoxification.

Other examples of innovation included

- Providing a pre-treatment outreach service,
- Employing an aftercare worker, and clients having access to aftercare bedrooms on completion of the programme with tailored individualised programmes to promote and embed recovery and independence.
- The i-choose programme providing holistic aftercare activities and workshops. The service planned a separate garden room in the grounds to provide the i-choose programme.
- Working with a local housing association to provide independent living flats for people who were overcoming addiction with more complex needs.
- Developing a piece of theatre and drama workshops using interviews and observations of clients and staff with clients/ former clients acting and participating.