East Coast Recovery Ltd

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated East Coast Recovery as good because:

- All premises where clients received care were clean, well equipped, well furnished, well maintained and fit for purpose. The service had a full range of rooms and equipment to support treatment and care. The residential accommodation was homely, well-decorated and furnished and had quiet areas where clients could meet visitors and relax.
- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual recovery plans and updated them as needed. We reviewed six recovery plans and found these were comprehensive, reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported them to understand and manage their recovery, care and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the investigation outcomes. These were shared with the whole team.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were visible in the service and approachable for clients and staff.

However:

- There were blind spots and ligature points throughout the recovery centre and the residential houses (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). The provider risk assessment did not identify individual ligature anchor points within any of the buildings or state how the risk of these could be mitigated. We were concerned that the service was admitting clients with a history of self-ligation without staff being fully aware of the environmental risks and how to mitigate these. The lack of a ligature risk assessment was an issue at the last inspection.
- Bedroom corridors contained a mixture of male and female bedrooms. There were no locks on the bedroom doors, so clients could not lock the door to maintain their safety, privacy, and dignity.
- The service did not have an alarm call system in place within the bedrooms and communal areas of the residential houses. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly in these areas if a client or staff member required assistance in an emergency. Alarms were situated in the offices of the residential houses.
- We found that the risk management plans for clients were generic, all had the same wording and did not give details of how specific risks for individual clients should be managed. We could see evidence from talking with staff, and from client recovery plans, that staff had good knowledge of clients and were aware of their risks. However, this was not reflected in the risk management plans and we were concerned that new staff would not be aware of how to manage client risks by looking at this part of the risk assessment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	East Coast Recovery Ltd

Summary of findings

Contents

Good

East Coast Recovery

Services we looked at

Residential substance misuse services

Summary of this inspection

Background to East Coast Recovery Ltd

East Coast Recovery is a specialist substance misuse service that provides residential support for clients who wish to enter treatment for addiction. The service was comprised of a recovery centre and two residential houses, which are next door to each other - Albany and Fairways house. Albany was a mixed gender 12 bed house and Fairways was also a mixed gender house and had 17 beds. At the time of the inspection, 21 beds were in use across both houses.

The service's therapy programme was based on the 12-Step principles of Narcotics Anonymous and Alcoholics Anonymous. Clients all engaged in individual Cognitive Behavioural Therapy (CBT), group sessions, such as art therapy, and other therapeutic activities. The service has a registered manager who was registered in May 2016. The Care Quality Commission last inspected the service on 01 August 2018. The service was not rated on that occasion.

At the previous inspection the service was found to be non-compliant with the following regulations and issued with requirement notices: Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment: The provider did not have an environmental risk assessment and a ligature risk assessment in place at the treatment centre and both residential houses. The provider did not store controlled drugs in line with national guidance. Regulation 17 HSCA (RA) Regulations 2014 Good governance: The provider did not password protected emails when sharing patient information to staff. The provider submitted an action plan in response to the requirement notices and had addressed the concerns around storage of controlled drugs and password protected e-mails and partly addressed the lack of ligature risk assessment.

East Coast Recovery is registered to provide:

• Accommodation for persons who require treatment for substance misuse

Our inspection team

The team that inspected the service comprised two Care Quality Commission inspectors and a specialist advisor who had a professional background in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

Summary of this inspection

- inspected the recovery centre and both residential houses, looked at the quality of the physical environment, and observed how staff were caring for clients
- met with six clients
- interviewed the registered manager
- spoke with five other staff members including support workers and therapists
- spoke with the General Practitioner contracted by the service to oversee client detoxification
- spoke with one volunteer
- spoke with two family members of a client resident at the service
- attended and observed one hand-over meeting
- reviewed six client care and treatment records (recovery plans)
- examined in detail eight medicine administration records and the medication ordering, storage administration and disposal systems
- reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that staff were kind, caring and compassionate and they were treated with respect.

Clients told us that the treatment and support they received was effective and was helping them to overcome their difficulties.

Two family members told us that the care given to their family member had been excellent and staff had offered good support to the family.

Clients told us that the service provided a homely environment. However, three clients told us they had not been given a choice about sharing a bedroom and they would have preferred to have had a single room.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

- There were blind spots and ligature points throughout the recovery centre and the residential houses (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). The service risk assessment did not identify individual ligature anchor points within any of the buildings or state how the risk of these could be mitigated. We were concerned that the service was admitting clients with a history of self-ligation, without staff being fully aware of the environmental risks and how to mitigate these.
- Bedroom corridors contained a mixture of male and female bedrooms. There were no locks on the bedroom doors, so clients could not lock the door to maintain their safety, privacy, and dignity.
- The service did not have an alarm call system in place within the bedrooms and communal areas of the residential houses. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly in these areas if a client or staff member required assistance in an emergency. Alarms were situated in the offices of the residential houses.
- We found that the risk management plans for clients were generic, all had the same wording and did not give details of how specific risks for individual clients should be managed. We could see evidence from talking with staff, and from client recovery plans, that staff had good knowledge of clients and were aware of their risks. However, this was not reflected in the risk management plans and we were concerned that new staff would not be aware of how to manage client risks by looking at this part of the risk assessment.
- The doors to the basement at both residential houses were removed. This had been a concern at the last inspection. The doors were located immediately next to the kitchen door which was a potential falls hazard. In Albany House, where the basement was used for storage purposes only, a stair gate had been placed at the top of the stairs. However, in Fairways House the stair gate had been removed as staff felt this posed more of a trip hazard, as clients had to step over the lower bar to access bedrooms. Managers told us that they were currently in discussion with the local fire service regarding this issue and

Summary of this inspection

were awaiting further specialist advice as to how these risks could be mitigated. There was not an environmental risk assessment in place as to how these current risks could be mitigated.

However:

- All premises where clients received care were clean, well equipped, well furnished, well maintained and fit for purpose. During the inspection we saw that a weekly cleaning schedule was in place which was an improvement since the last inspection.
- Staff had replaced all the window restrictors in patient bedrooms. This was an improvement since the last inspection when some of the restrictors had been rusty and not fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep clients safe from avoidable harm. Clients spoken with told us they had regular one to one time with their keyworker and that activities were never cancelled due to staffing shortages.
- Controlled drugs were stored appropriately in a lockable metal cupboard that was fixed to a wall. This was an improvement since the last inspection.
- 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.

Are services effective?

Good

We rated effective as **good** because:

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual recovery plans and updated them as needed. We reviewed six recovery plans and found these were comprehensive, reflected the assessed needs, were personalised, holistic and recovery-oriented.
- The service offered individual and group psychological therapies recommended by the National Institute for Health and Care Excellence. The service employed a team of therapists who provided therapies such as Cognitive Behavioural Therapy, Psychodynamic therapy, Eye Movement Desensitization and Reprocessing and the12 step model of recovery.
- The team included, or had access to, a range of specialists required to meet the needs of clients under their care.

Summary of this inspection

Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff and volunteers with appraisals, supervision and opportunities to update and further develop their skills.

- The service offered former clients the opportunity for training and to develop their skills and work experience by becoming peers, and then volunteers, within the service.
- Staff assessed clients' capacity to consent to treatment prior to admission. If a client arrived for admission in a state of intoxication, staff told us they would take the client's willingness to stay as implied consent and then wait until the following day to ask the client to sign paperwork consenting to admission.

Are services caring?

Good

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported them to understand and manage their treatment, care and recovery.
- We spoke with six clients. All the clients spoken with were highly appreciative of the support they were receiving and told us they found all the staff helpful, kind and empathic. Two clients told us how staff at the service had helped them turn their lives around. One client told us the service had saved their life.
- Staff involved clients in recovery planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support available.
- Clients had a named key worker who they met with weekly.
- Staff informed and involved families and carers appropriately. The service offered a monthly meeting for family members and friends of clients, as well as written information about addiction and recovery. We spoke with two family members who told us that staff had communicated well with them and offered them support and understanding.

Are services responsive?

Good

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The service had a full range of rooms and equipment to support treatment and care. The recovery centre had a variety of

Summary of this inspection

different rooms used for group therapy as well as smaller rooms for individual therapy and a relaxation room. The residential accommodation was homely, well-decorated and furnished and had quiet areas where clients could meet visitors.

- The service had an activity time table for clients to participate in. For example, clients told us they could attend go-karting sessions, shopping and bowling as well as go on walks along the beach and in the local area.
- A cook/food coach attended the houses every evening to support clients with preparing healthy, balanced meals. Clients took turns to prepare the evening meal on a rota basis. Clients told us they had a choice of food and each menu had options for vegetarians and other dietary requirements, including cultural requirements. Clients had access to snacks and hot drinks throughout the day and night.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the investigation outcomes. These outcomes were shared with the whole team.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were visible in the service and approachable for clients and staff. We observed that clients interacted in a positive way with the managers of the service.
- Staff reported there was good morale amongst the team. Staff confirmed that they felt proud to work for the service and had positive job satisfaction by helping clients overcome their addictions.
- Staff knew and understood the provider's vision and values and how they applied to the work of their team.
- The manager had appropriate and effective systems in place to monitor staff compliance with training, supervision and appraisals.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and most risks were managed well.

However:

- The service did not have a comprehensive ligature risk assessment which meant that managers did not have oversight of ligature risks and mitigation of these risks.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported clients to make decisions on their care for themselves. They understood the service'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.

Overview of ratings

Our ratings for this location are:

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

Notes

Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Requires improvement

Safe and clean environment

- All premises where clients received care were clean, well equipped, well furnished, well maintained and fit for purpose. During the inspection we saw that a weekly cleaning schedule was in place which was an improvement since the last inspection.
- Staff had replaced all the window restrictors in client bedrooms. This was an improvement since the last inspection when some of the restrictors had been rusty and not fit for purpose.
- There were blind spots and ligature points throughout the recovery centre and the residential houses (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). Since the last inspection the provider had introduced a brief ligature policy, procedure and risk assessment, provided training for staff and purchased ligature cutters. The risk assessment did not identify individual ligature anchor points within any of the buildings or state how the risk of these could be mitigated. The service had not had any incidents of clients self-ligating in the 12 months prior to inspection. However, in one care record we looked at we saw that a current client had a recent history of self-ligating. We were concerned that the service was admitting such clients without staff being fully aware of the environmental risks and how to mitigate these. The lack of ligature risk assessment was a concern at the last inspection.
- Bedroom corridors contained a mixture of male and female ensuite bedrooms. There were no locks on the bedroom doors, so clients could not lock their doors to maintain their safety, privacy, and dignity. There was no female only lounge within the residential houses. The registered manager told us that if a vulnerable service user was admitted they would carry out a risk assessment and formulate a management plan, but the service had never admitted such a patient. However, we were concerned that the service did not have a written rationale as to why locks on bedroom doors were not necessary or a risk assessment in place describing how they would protect vulnerable clients if they were admitted.
- The service did not have an alarm call system in place within the bedrooms and communal areas of the residential houses. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly in these areas if a client or staff member required assistance in an emergency. They would have to shout, and the layout of the building and the fire doors may make it difficult to be heard from some locations. Alarms were situated in the offices of the residential houses.
- The doors to the basement at both residential houses were removed. This had been a concern at the last inspection. The doors were located immediately next to the kitchen door which was a potential falls hazard. In Albany House, where the basement was used for storage purposes only, a stair gate had been placed at the top of the stairs. However, in Fairways House the stair gate had

been removed as staff felt this posed more of a trip hazard, as clients had to step over the lower bar to access bedrooms. Managers told us that they were currently in discussion with the local fire service regarding this issue and were awaiting further specialist advice as to how these risks could be mitigated. The service did not have an environmental risk assessment in place as to how the risks could be mitigated in the meantime.

- Fire alarms were tested weekly. Staff and volunteers received fire evacuation training as part of their mandatory training.
- The service had a legionella risk assessment in place and we saw evidence of water testing dated 13 June 2019 where no legionella bacteria were found. This was an improvement since the last inspection.

Safe staffing

- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. We spoke with six clients who all told us they had regular one to one time with their keyworker and that activities were never cancelled due to staffing shortages.
- The registered manager reported that the service did not have any vacancies at the time of inspection and did not use bank or agency staff. The on-call duty manager would provide cover, if required, 24 hours per day.
- The service provided mandatory training in key skills to all staff and volunteers and made sure everyone completed it. The service provided figures that showed 100% of relevant staff were up to date with mandatory training.
- The provider had a service level agreement with a local General Practitioner (GP), who oversaw client detoxification and had undergone part one of the Royal College of General Practitioners Certificate in the Management of Drug Misuse. The GP offered a clinic half a day a week, with additional availability on the phone, or to visit, as required.
- Clients were registered as temporary clients with the local GP surgery on admission. In case of a medical emergency the provider called 999 or 101.
- The service employed a registered nurse, with specialist drugs and alcohol expertise, who reviewed clients going through detoxification twice weekly. However, at the time of the inspection, the nurse was taking an extended leave of absence. The manager told us they were arranging for a replacement nurse practitioner and, in the meantime, their duties were being covered by other staff who had up to date training in community detoxification. This training included monitoring blood pressure and vital signs and withdrawal signs and symptoms. If a member of staff identified any concerns these were raised with management and the GP was contacted. If the situation was more urgent, staff would call 111 or 999 dependant on the severity and urgency.

Assessing and managing risk to clients and staff

- Staff screened clients before admission and only admitted them if it was safe to do so.
- We reviewed six care files and found clients had received a comprehensive assessment on admission. We saw evidence that all clients had a written summary from their GP prior to their admission to the service. However, the GP responsible for detoxification did not arrange for a drug screen prior to clients beginning treatment which is not in line with best practise according to UK guidelines on the clinical management of drug misuse and dependence. We were concerned that the GP may not have a full and accurate picture of a client's substance misuse without completing this screening.
- Staff had completed risk assessments for clients on admission, these were reviewed as required and included a risk management plan. However, we found that the risk management plans for clients were generic, all had the same wording and did not give details of how specific risks for individual clients should be managed. We could see evidence from talking with staff, and from client recovery plans, that staff had good knowledge of clients and were aware of their risks. However, this was not reflected in the risk management plans and we were concerned that new staff would not be aware of how to manage client risks by looking at this part of the risk assessment.
- The provider had a comprehensive detoxification policy which staff followed. We found evidence that physical health was monitored for clients going through detox regularly, if a client required a GP appointment, the recovery workers supported clients with the appointment.
- The provider had a contingency plan for clients who unexpectedly left the treatment programme.

Safeguarding

Good

Residential substance misuse services

- All staff had received safeguarding training. Staff spoken with were able to describe the process to raise a safeguarding concern. The manager kept a detailed safeguarding log which was up to date and showed there were no open safeguarding cases at the time of inspection.

Staff access to essential information

- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff used paper-based recording systems for individual care plans, risk assessments, progress notes and physical health observations. Reports were generated on a shared drive and were all password protected so only staff with access rights could view them.

Medicines management

- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.
- Controlled drugs were stored appropriately in a lockable metal cupboard that was fixed to a wall. This was an improvement since the last inspection.
- Staff who administered medication as part of their role received appropriate training, including the storage and administration of controlled drugs and infection prevention and control. Information provided by the service showed that 100% of staff were up to date with training at the time of the inspection. The service policy was for staff to undergo a training refresher every three years. However, if a member of staff made an error in administering medication they would be required to complete a refresher course on a yearly basis.

Track record on safety

- The service did not report any serious incidents over the last 12 months prior to the inspection. This was confirmed by the records we reviewed.

Reporting incidents and learning from when things go wrong

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately via the provider's electronic incident reporting system. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave clients honest information and suitable support.
- We reviewed a random sample of incidents over the last two months prior to the date of inspection and found that staff had reported all incidents thoroughly and appropriately and the provider followed their own incident reporting and investigating procedure.
- Staff spoken with told us they received feedback from incidents during team meetings and incident debriefs. We saw instances where procedures had been changed following an incident. For example, the provider had introduced a new locking up procedure after one of the residential houses was left with the front doors and windows unlocked during the day.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good

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 recovery plans and updated them as needed. We reviewed six recovery plans and found these were comprehensive, reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Clients mental capacity to agree to treatment was assessed on admission.

Best practice in treatment and care

- Staff provided a range of treatment and care for clients based on the 12-step programme, integrated with a cognitive behavioural therapeutic model.
- The service had an alcohol and opioid detoxification policy which staff adhered to. Staff were using recognised rating scales to assess and record severity and outcomes, including the Clinical Institute Withdrawal Assessment for alcohol rating scale tool.

Good

Residential substance misuse services

This is a 10 item rating scale used in the assessment and management of alcohol withdrawal. Staff also used the Clinical Opiate Scale. This is an 11 item scale used to rate common signs and symptoms of opiate withdrawal.

- The GP who oversaw client detoxification prescribed in line with UK guidelines on the clinical management of drug misuse and dependence.
- The service offered individual and group psychological therapies recommended by the National Institute for Health and Care Excellence. The service employed a team of therapists who provided therapies such as Cognitive Behavioural Therapy, Psychodynamic therapy, Eye Movement Desensitization and Reprocessing and the12 step model of recovery.
- Clients had access to physical healthcare. Staff registered clients with the local GP service on a temporary basis. The GP provided physical healthcare support and could refer to specialists when required.
- Staff helped clients to access optician and dentistry services when necessary. However, three clients told us they had difficulty in accessing a dentist appointment when they needed it. The registered manager explained this was due to a lack of NHS dentistry in the local area and they tried to facilitate clients to get emergency appointments when necessary.
- The service had a plan in place for clients who unexpectedly left their treatment programme early.

Skilled staff to deliver care

- The team included, or had access to, the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff and volunteers with appraisals, individual and group supervision and opportunities to update and further develop their skills.
- Managers provided new staff and volunteers joining the service with a comprehensive, six month induction where they would complete their mandatory training, including the care certificate, and shadow experienced staff before working independently.
- All staff had received one day training in emergency first aid including the use of a defibrillator.
- The service offered former clients the opportunity for training and to develop their skills and work experience by becoming peers and then volunteers within the service.

Are residential substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported them to understand and manage their treatment, care and recovery.
- We observed staff and volunteers interacting with clients in a kind and respectful manner throughout the inspection.
- We spoke with six clients. All of the clients spoken with were highly appreciative of the support they were receiving and told us they found all of the staff helpful, kind and empathic. Two clients told us how staff at the service had helped them turn their lives around. One client told us the service had saved their life.

Involvement in care

- New clients were given a welcome pack and were allocated a buddy who had been at the service for a longer period of time. The buddy orientated the new client to the residential houses and recovery centre.
- Staff involved clients in recovery planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support available.
- Clients had a named key worker who they met with weekly.
- Staff informed and involved families and carers appropriately. The service offered a monthly meeting for family members and friends of clients, as well as written information about addiction and recovery. We spoke to two family members who told us that staff had communicated well with them and offered them support and understanding.

Are residential substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Residential substance misuse services

Good

Access and discharge

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The service had 21 clients admitted at the time of inspection. The registered manager told us that there were usually beds available for people who were in crisis.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support recovery and care. The recovery centre had a variety of different rooms used for group therapy as well as smaller rooms for individual therapy and a relaxation room. The residential accommodation was homely, well-decorated and furnished and had quiet areas where clients could meet visitors.
- The recovery centre had a modern canteen area that was used daily by clients and staff. There was a range of seating areas, both indoors and outside in a pleasant courtyard, where clients could eat their lunch and chat with other clients and staff.
- A cook/food coach attended the residential houses every evening to support clients with preparing healthy, balanced meals. Clients took turns to prepare the evening meal on a rota basis. Clients told us they had a choice of food and each menu had options for vegetarians and other dietary requirements, including cultural requirements. Clients had access to snacks and hot drinks throughout the day and night.
- There was a mixture of shared and single occupancy bedrooms. Shared bedrooms did not have curtains, or the option of a screen, around each client's bed to allow for privacy. Three out of the six clients we spoke with told us they would prefer not to share a room and they were not given a choice about sharing at the time of their admission. The registered manager told us they had discussed providing curtains or screens with staff and clients, but most people said these were not necessary. However, during the inspection one client told us they felt they lacked privacy in their shared room.
- Clients were able to personalise their rooms and we saw evidence of this during the inspection. However, clients could not lock their bedroom doors and had nowhere to securely store valuable possessions in their bedrooms or had access to lockers or lockable storage cupboards anywhere in the residential accommodation or recovery centre.
- The service had an activity time table for clients to participate in. For example, clients told us they could attend go-karting sessions, shopping and bowling as well as go on walks along the beach and in the local area.
- The service allowed people to use their mobile phones. However, clients could only use their mobile phones at certain times of day. Staff told us this was to encourage clients to attend the therapeutic programme, and it was part of the contract which clients signed when they entered the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the investigation outcomes. These outcomes were shared with the whole team.

Clients' engagement with the wider community

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

Meeting the needs of all people who use the service

- There was limited disabled access at the recovery centre and the residential houses. The registered manager told us the service did not admit clients with significant mobility issues.
- Clients spoken with told us the service catered for cultural and dietary preferences, for example, cooking with halal meat or preparing vegetarian dishes. Clients were able to access local cultural and religious facilities if requested.

Listening to and learning from concerns and complaints

Good

Residential substance misuse services

- The service had a complaints policy in place. Posters and complaint and comments slips were on display, detailing how to raise a complaint in the residential houses and recovery centre.
- The complaints procedure was given to clients on admission. Clients spoken with told us they knew how to raise a complaint and were comfortable in doing so.
- The service had two complaints over the last 12 months prior to inspection, one of which was partially upheld. The service received numerous compliments and thank you cards over the same period.

Are residential substance misuse services well-led?

Good

Leadership, morale and staff engagement

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.
- Staff spoke highly of their managers and felt well supported and able to raise issues or concerns or suggest ideas for improvements to the service.
- The service reported that staff sickness was minimal, however one member of staff was on an extended leave of absence. Their duties were being covered by other members of the team.
- Staff reported there was good morale amongst the team. Staff confirmed they felt proud to work for the service and had positive job satisfaction by helping clients overcome their addictions.
- The service had recently invited previous clients and staff to a reunion at the recovery centre which staff told us was very well attended and enjoyed. Staff provided refreshments and entertainment and planned to make this an annual event to celebrate the work of the service.

Vision and strategy

- Staff knew and understood the service vision and values and how they applied to the work of their team.
- Senior managers were based at the recovery centre. We observed that clients interacted in a positive way with the managers of the service. Clients told us that senior managers met with them daily.

Governance

- The service had an integrated governance toolkit in place which was used to monitor key quality standards for the service which were aligned with CQC quality standards, i.e. safe, effective, caring, responsive and well-led. Managers carried out a quarterly audit of each domain and recorded evidence, monitoring scores and improvements needed.
- Frontline staff carried out weekly audits, including medication management, client files, key-working and therapy scheduling. Managers addressed concerns that were identified by audits, for example by providing further staff training.
- The manager kept appropriate, effective records of when staff had received induction, training, supervision and their annual appraisal.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and most risks were managed well. However, the service did not have a comprehensive ligature risk assessment which meant that managers did not have oversight of ligature risks and mitigation of these risks.

Information management

- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must undertake a risk assessment of their premises to identify potential ligature anchor points and have a risk management plan in place for the premises to reduce the number of potential ligature anchor points and mitigate those that remain.
- The provider must mitigate the trip hazard posed by the lack of doors to the basement areas in both houses, in liaison with the appointed independent fire risk assessor and undertake an environmental risk assessment stating how risks would be mitigated.
- The provider must ensure that they assess the risks posed by mixed sex accommodation and ensure they have plans in place to minimise these risks.
- The provider must ensure that staff and clients are able to raise an alarm in an emergency in all areas of the residential houses.
- The provider must fully assess individual client risks and have an appropriate, individualised risk management plan in place if required.

Action the provider SHOULD take to improve

- The provider should give clients a choice as to whether they wish to share a bedroom, and if a choice is not possible this should be explained clearly to the client and detailed in their recovery plan.
- The provider should ensure that clients have the option of a curtain or screen to maintain their privacy and dignity when in their bedrooms.
- The service should consider carrying out a drug screen prior to clients beginning treatment in line with best practise according to UK guidelines on the clinical management of drug misuse and dependence.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider had not ensured the environment was safe for clients presenting with risk of self-harm or suicide. The environment contained multiple ligature anchor points and the ligature risk assessment did not include all risks, or state how such risks were to be managed. • The provider did not have an environmental risk assessment in place to mitigate against the lack of basement doors. • The provider did not have individualised risk management plans in place for clients. • The provider had not assessed the risks posed to clients by providing mixed sex accommodation or put in place plans to manage these risks. • Staff did not have access to an appropriate alarm system to summon assistance in an emergency in all areas of the residential houses. **This was a breach of regulation 12 (2)(a)(b)**