

Good 

Bayberry Limited

The Manor

Quality Report

The Manor
Nuneaton Road
Over Whitacre
Nr. Coleshill
Warwickshire
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Tel:(0)1675 481915
Website:

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-865419227	The Manor	The Manor	B46 2NL

This report describes our judgement of the quality of care provided within this core service by Bayberry. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by The Manor and these are brought together to inform our overall judgement of The Manor.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

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 / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated The Manor as good because:

- Clients received person-centred therapy and treatment, with the focus firmly on long-term recovery. There were sufficient numbers of staff and support systems in place to ensure clients were safe at all times, including if they chose to exit treatment early.
- Risk assessments, including for physical health, were arranged promptly. They were done by appropriate professionals, using suitable assessment tools. Staff were able to share expertise, knowledge and relevant information about clients readily and with due awareness of the need for confidentiality. The service constantly strove to learn and made changes to improve. Staff were enthusiastic about the service they offered and of the support and opportunities given to them to develop and enhance their skills.
- Treatment was holistic and appropriate specialists were involved. Clients were fully engaged in treatment and told us they were equal partners in their treatment. Families were fully involved, with the clients' agreement.
- The service offered an environment that was supportive of recovery, with good facilities and excellent food that was praised by clients. Clients were very enthusiastic of the treatment and confident of its success.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- There were sufficient numbers of staff to ensure clients were supported safely at all times. Staff were clear what do in in emergencies, and there were clear protocols and contacts for support when necessary.
- Risk assessments were completed in a timely manner and recognised screening tools supported safe treatment.
- Patients were supported safely throughout, including in the event of them exiting the service prematurely.
- Although the service had few incidents and safeguarding referrals, staff were aware of what to in such incidents. The small size of the service and close proximity of staff enabled staff to share learning and reflections.

However,

- The service should ensure there is coding used for all aspects of medicine recording.

Good



Are services effective?

We rated effective as good because:

- Assessments were holistic and conducted with the support of appropriate specialists. Physical health monitoring was ongoing and doctors were available for both routine monitoring and urgent requests. Clients were fully involved in assessment and monitoring, and completed their own monitoring recording daily.
- Recovery treatment and therapy was tailored to each person's individual needs, with clear pathways to resuming 'normal' life outside the service. There were clear protocols for people leaving the service unexpectedly.
- Families were able to be fully involved in treatment,subject to agreement from the client.
- Handovers facilitated effective communication of information.
- Staff were suitably inducted and supported with training and supervision. Therapists and clinicians shared their expertise regularly to produce and monitor effective recovery plans. Issues of capacity and consent were monitored effectively.

Good



Are services caring?

We rated caring as good because:

Good



Summary of findings

- Staff showed a good understanding of the individual needs of clients. Many staff were on recovery journeys themselves and clients felt this gave them extra understanding of their needs and aspirations.
- Staff followed policies on confidentiality and were very aware of the need for this in day-to-day practice and record keeping.
- Clients were fully involved and engaged in their care and treatment, and were able to have families involved to support as wished.

Are services responsive to people's needs?

We rated responsive as good because:

- Treatment plans were regularly reviewed in consultation with the client and could be amended in line with changing needs and preferences.
- The service focused on recovery and offered after care services for clients who had been through treatment programmes.
- The service provided excellent facilities that were appreciated by users of the service. Its setting, in a tranquil rural location, supported recovery. There was a wide variety of rooms for meeting and treatments. Food and general facilities were good. Clients especially praised the quality of food as an aid to recovery.
- The service catered for specialist needs and supported those with restricted mobility, although it could not accommodate wheelchair users, because of the restrictions to alterations to the building, owing to its listed status.
- Clients were clear on how to make complaints. The service responded to and learnt from complaints. The service had recently appointed a customer liaison manager to respond to informal concerns and housekeeping issues. This helped enable therapy sessions to concentrate on personal recovery, without other distractions.

Good



Are services well-led?

We rated well-led as good because:

- The focus of the whole service was firmly on safe and sustained recovery for all clients. Staff understood their role in this and of the values that underpinned this, and were enthusiastic about their contributions in helping improve people's lives.
- The service showed it was willing and able to adapt and make practical changes to improve the service it offered. Staff felt supported by the service in developing their skills and knowledge and gaining further qualifications.

Good



Summary of findings

- The service continued to evolve and was, for example, offering more after-care support, extending this support beyond two years for clients who so wished, as part of its commitment to supporting long term sustainable recovery.

Summary of findings

Information about the service

The Manor is a rehabilitation service that is registered to provide accommodation for people who require treatment for substance misuse. There is a registered manager. People who use the service are privately funded, either directly by themselves or by families, or by organisations linked to their professions.

It provides its service in two separate adjacent buildings. The Cottages provides gender-separate accommodation for up to seven people in single rooms. There are also

kitchens, communal areas and activity rooms. The Manor building itself offers accommodation in four separate bedroom suites. The building also contains kitchens, communal areas and activity rooms as well as offices. The service is set in a rural area. We previously inspected this service in October 2015 when substance misuse services were not rated. There were no requirements resulting from that inspection.

Our inspection team

The team was comprised of two CQC inspectors, including one with specialist experience in and knowledge of Substance Misuse Services.

Why we carried out this inspection

We carried out this inspection as part of our ongoing inspection of substance misuse services.

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?

Before the inspection, we reviewed information we had about this service, including information sent to us by the provider at our request.

During the inspection, we

- toured the premises
- spoke with all the people currently using the service on site
- reviewed care and medical records
- spoke with the registered manager, and the chief executive of Bayberry
- spoke with a nurse, a therapist, a support worker manager, a support worker, the customer liaison manager, the deputy manager
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

People using the service were unanimous in praising the therapy and were confident that this was assisting them in recovery more than any service they had encountered before. One person said that coming to the Manor was the best thing they had ever done. Another compared it very favourably with a previous rehab experience. Some

had minor niggles about elements of support work and provision of services, but these were not shared by all, and where there were issues, these were being addressed. Overall, the response of people using the service was of its immense therapeutic value.

Good practice

The service has a wide and varied core of expertise with a team of five therapists and a lead therapist, to provide intensive counselling, therapy and treatment for people with addictions, to enable them to achieve sustained recovery.

The service further demonstrated its focus on sustained recovery by offering an aftercare service through which clients who wished to could arrange visits to the service to help maintain their recovery.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure there is coding for all aspects of medicine recording, and not leave, for example, blank spaces in fridge temperature recording merely because there were no medicines being stored at them on that date.

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The Manor
Detailed findings

Name of service (e.g. ward/unit/team)

Name of CQC registered location

The Manor

The Manor

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The service was housed in a grade two listed building and therefore there were restrictions on what changes and adaptations could be made. Fire safety precautions such as smoke alarms and fire-fighting equipment were in place and regularly checked. There had been a fire at night in June 2018 in an external building, used in the day time as an activity room. A support worker had acted according to procedures, called the emergency services, then alerted and ensured clients were safe and looked after. The fire service confirmed the fire had been caused by an electrical fault, probably caused by an animal chewing a wire. Pest controls measures were in place at this inspection.
- Rooms and communal areas were exceptionally well furnished and equipped, and in keeping with the environment and the listed status of the building which was over three hundred years old. Clients were complimentary about the rooms and facilities, and they expressed satisfaction with the environment's setting in tranquil countryside, and its additional therapeutic effect.
- The environment was clean throughout. Infection control processes were in place. Cleaning and cleaning records were in evidence. In the Cottages, patients were encouraged to maintain cleanliness and tidiness in their own bedrooms. Cleaning staff could offer support as required. We saw clients cleaning up after using the kitchen.
- Rooms were all single rooms, separated by gender, with a female and a male section in the Cottages, and an additional single unit next to the cottage annexe.
- There were procedures in place for the safe administration, storage and disposal of medicines and clinical matter. Staff were trained to administer medication. There were no controlled medicines being used at the time of the inspection, but protocols were in place for the safe storage and administration of these. Emergency medicines were kept securely and in date, staff having access to them when required. Medication records were kept neatly, and any allergies were noted on records. The service had appointed a deputy manager, who had overall responsibility for medication management, including auditing all aspects of medication management every week and reporting to the Registered Manager. This enabled the service to monitor staff performance, medication errors, storage, stock levels, use dates, functionality of systems and to respond quickly to any issues. The nurse, who had been in post for ten weeks, was addressing issues such as storage of medication and equipment. He had found that a urine sample was left inappropriately in the clinic room and had met with staff to agree more acceptable ways of monitoring and dealing with such samples and to ensure this did not happen again.
- Clinic room temperatures were recorded, a protocol was in place on what staff were to do if temperatures were outside acceptable levels. An air conditioning unit had been placed in the clinic room to cater for the possibility of the room exceeding recommended temperatures in hot weather.
- We noted some gaps in fridge recording for two short periods. This was because there were no actual medicines in use in the fridge at that point. The nurse agreed that coding should be used to indicate the fridge was not in use, rather than merely leaving blank. The nurse had noted these and was in the process of instigating measures to reduce and eliminate such shortfalls.
- The service had an additional medication storage room in the Manor, so that staff did not have to go to the adjacent building regularly to collect prescribed medication. The service had installed a thermometer to monitor temperatures of these medications.
- A patient with good knowledge of medication procedures told us medicines were always given professionally and in a timely manner, and were checked and double checked to ensure accuracy and minimum risk of errors.

Safe staffing

- At the time of this inspection, there were eleven support workers supported by three senior support workers and a support manager. There were five therapists, supported by a lead therapist, and a nurse manager and deputy manager. The service had recently appointed a

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

customer liaison manager to deal with issues over the two sites run by Bayberry. This role helped ensure client concerns were dealt with in a way that didn't distract from work done in therapy sessions.

- There were two support workers on duty at night and evenings, with one on duty in the day, while therapy sessions took place. The number of staff could be increased if client demands dictated this, either by additional deployment of existing staff and seniors, or by the occasional use of agency staff. These were used rarely, if ever. The service had recorded no use of agency or bank staff in the twelve months to August 2018. Staff generally felt that levels of staffing were suitable to meet need, and patients told us staff were always available. We saw sufficient levels of staff available during our unannounced inspection. A client told us they were able to go to activities and were supported to go to shops and to meetings outside the Manor. They said activities were never cancelled because of a shortage of staff.
- Staff were clear on what to do in emergencies. There were senior support workers on call at night who were contactable by phone to advise or come to the service if required.

Assessing and managing risk to patients and staff

- Risk assessments were completed on or around the point of admission. These included physical health monitoring. These would be added to during their stay if their situation or level of risk changed. The prescribing nurse or the deputy manager would be able to assess, with support and advice as required from the consultant or the doctor. Recognised ratings tools were used to assess and manage risks for clients undertaking detoxification.
- Admissions criteria excluded those deemed at risk of suicidal tendencies. Staff consistently told us that those clearly expressing suicidal ideations would not be admitted. The service told us that each person was assessed pre admission by the consultant psychiatrist and that, based on their recommendations and discussion with the director of care and therapy, a decision would be made on whether the Manor was the most suitable place for the person and whether they

could be safely cared for. We saw that levels of observations were guided initially by assessments at admission and amended according to guidance from therapists and clinicians.

Track record on safety

- Clients told us they felt safe at the Manor and there were always staff available, with medical support if required, and that they were supported in all therapy sessions. Over the previous 12 months prior to inspection, the service had reported no safety incidents. The service gave support to clients who wished to exit the service against advice so they were able to reach a safe destination. We discussed examples where the service, having failed to persuade people it was in their best interests to stay, supported them to leave to a safe destination, and allowed them to return when they generally realised this was the best outcome.

Reporting incidents and learning from when things go wrong

- The service had no recorded incidents concerning clients in the past year. The only incident referred to by staff was the fire in the outbuilding, which was managed calmly and safely. The service showed it learned and sought to improve, for example, in the way it had created new posts to help resolve issues. For instance, realising that clients sometimes brought minor issues concerning day to day living into therapy sessions, the service had employed a customer liaison manager to pick up and resolve these issues, so they would not have an adverse impact on therapy sessions.
- The service was able to reflect on and learn from incidents and events. Because of its small size, the organisation and staff were able to readily share in this learning. One support worker told us that peer support was 'tremendous.'
- There was safeguarding information displayed. Staff were clear on safeguarding procedures. Staff were able to give one example of a safeguarding concern regarding finances, which was referred appropriately.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- The service assessed individual needs prior to or at the point of admission. This was completed by the prescribing nurse with support as required by the consultant psychiatrist or the doctor. Admission assessments informed staff undertaking treatment and support, and in the development of detoxification and therapy treatment plans. Appropriate assessment tools were used in detoxification. We saw alcohol withdrawal assessment sheets completed and up to date for clients. We discussed with the manager an example of where a specialist geriatrician had been brought in to assist with assessment of a person where age related frailties may have been a factor in their care needs. This showed the service was able to bring in additional assessment expertise when required.
- Physical health needs were assessed and physical health needs monitored throughout the client's stay. There was a contract with a nearby independent GP who had experience in the field of substance misuse, and gave regular monitoring and emergency access in the event of physical health concerns. Clients told us the doctor came promptly in the event of physical health problems, and appointments could be made where check-ups and consultation was wanted. There were regular blood pressure and pulse checks taking place and recorded. Blood testing was offered to all clients, along with health screening.
- Care plans listed a range of holistic needs, including social, physical, emotional and spiritual needs and were updated weekly, and included the client's signature. Those we looked at were all up to date, holistic and personalised, with therapy notes. Each client's recovery was constantly assessed and monitored by their therapist, supported by daily notes from support workers. Throughout a client's stay, each client completed a daily ten-part self-assessment tool, with which they charted their moods and feelings and shared with therapists. This supported a client-centred focus, as it enabled client and staff to gauge progress from the client's perspective.

Best practice in treatment and care

- Recovery plans were started once detoxification was underway. Appropriate assessment and monitoring

tools were used to ensure safety. Treatment and therapy was tailored to individual needs and wishes. The service worked in line with NICE (National Institute for Health and Care Excellence) guidelines and ensured patients were monitored and supported in order to maintain abstinence and reduce the risk of adverse outcomes. Good practice in confidentiality, dignity, and privacy helped to establish trust, and staff worked in an empathic and non-judgemental way. Patients commented that many of the therapists and support workers had been through recovery themselves and so were able to be empathic with clients. Clients said this helped their confidence in recovery immensely.

- Recovery plans had clear pathways that enabled people to return to 'normal' life, taking up previous roles as appropriate. The service gave after care support tailored to individual needs, and introduced people to relevant support services.
- There were clear protocols in place for clients unexpectedly exiting the service. Staff and managers discussed examples of how people were supported to ensure they were safe if they chose to leave treatment early.
- The service facilitated the full involvement of families and others, with the client's agreement. Clients told us the service was excellent in supporting family visits and involvement, recognising this was a key element in recovery.
- There were effective handovers, both in writing and verbally. Staff consistently commented on the fact that having a small close-knit service meant that information was transmitted effectively and quickly between shifts and individuals. Time was given for effective handovers, ensuring staff were fully aware of any issues or changes that had arisen since their last shift. An 'app' assisted in handovers and transmitting of information. Staff felt this was a good communication aid, and there were clear protocols and protections to ensure confidentiality and privacy was maintained. This app did not take the place of face-to-face handovers, but was a supplement to information sharing.

Skilled staff to deliver care

- We spoke with recently appointed staff from different levels of the service who all told us they received suitable inductions to prepare them for their roles. They all said they were well supported, confident that they shared the recovery-focused nature of the work. One

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

staff member, coming from an inner-city substance misuse service, said the biggest adjustment for them was getting used to a service where the pace and challenges were less extreme, giving them time to make sure interventions were measured, holistic, tailored to individual need and that outcomes were far more likely to be successful and enduring.

- The service supported staff in pursuing training needs. One told us how they were encouraged and supported to complete a counselling course. Another told us how they had progressed from being a support worker to becoming a therapist. Staff were enthusiastic about their training, particularly those who had entered the work with no prior experience of working in this area. Support workers were enrolled on and were progressing through care certificates. One staff member we spoke with discussed how this training matched the requirements beneficial to their role. Training records provided by the service showed satisfactory numbers of staff receiving the necessary training to support them in their roles. Therapists were clear that training and knowledge helped them work with vulnerable clients, such as victims of abuse and trauma, and specific groups, such as elderly people and groups from ethnic and religious minorities.
- Staff received regular, appropriate supervision. This varied from management supervision within the service to clinical supervision for specific therapists from other professionals, either allied to, or separate from the service. The service had employed an additional nurse to provide a service on Saturdays and Sundays. The full-time nurse undertook monthly supervision with this nurse to ensure good and consistent practice in this area.
- Discussions with those in management positions gave us confidence that issues of poor performance were dealt with promptly, discretely and effectively. We saw that those in supervisory positions were being proactive in addressing issues.

Multi-disciplinary and inter-agency team work

- We saw records of multi-disciplinary team meetings, which showed professionals regularly meeting together and sharing expertise to ensure effective and optimal

treatment and effective running of the service. Support workers told us they were able to input into these meetings by passing on information to the support worker manager or senior support workers.

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

- The service did not take people detained under the Mental Health Act. They did not accept referrals from people with a dual diagnosis of mental health problems in addition to addiction problems, where the condition was assessed as acute enough to pose a risk of negatively impacting on other clients or on the effectiveness of their own treatment. If there were concerns about any presenting mental health issues, the consultant psychiatrist would be available for further consultation. We discussed a recent example where the service did not admit someone whom they felt had an underlying mental health condition. They were referred to the consultant psychiatrist for a full mental health assessment and were awaiting the result of this.

Good practice in applying the Mental Capacity Act

- Care records we looked at showed evidence of assessments of mental capacity, evidence of consent to treatment and sharing of information and evidence of confidentiality agreements. Staff we spoke with showed a good awareness of both confidentiality and capacity and consent issues.
- All patients we spoke with were aware of and were clear they had consented to treatment and that this was something the service were transparent about. Staff told us that they would revisit consent if people were in a state of intoxication at their time of admission, even if they had previously agreed to the admission and accepted treatment.
- All staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The service was clear it would not apply for DoLS assessments for clients, as they were always free to leave if they wished. The service would just ensure they arrived safely at their chosen, safe destination.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Staff showed a good understanding of people's needs regarding gender, ethnicity, religion, sexual orientation, age and disability and how these might relate to their substance misuse. We discussed a number of examples that demonstrated this and the work the service had done in helping very diverse clients on the path to recovery.
- Clients told us the therapy staff were excellent. While clients at the Manor told us all staff were excellent, clients in the Cottages expressed some reservations concerning some of the support workers in the Cottages. They praised some as exceptional, said others were OK, but also commented that some were inconsistent in their approach and responses. This was being addressed by the service.
- Clients appreciated that many of the staff were on recovery journeys themselves, and felt that this gave those staff an added advantage in being more empathic and client focused in their approach.

- Staff, management and clients were clear on the need for confidentiality, and this was reflected in policies and procedures for sharing recording and storing information. Clients we spoke with were appreciative of this. One staff member, new to Care Quality Commission inspections, checked first that they were able to discuss information regarding clients. The service was keen both to comply with the most recent Data Protection regulations and, on an individual scale, to protect the privacy of each client.

The involvement of people in the care that they receive

- Each person had a care plan that focused on recovery and in which they were a full partner. Clients told us they were fully involved and able to discuss plans and preferences for treatments and that this active involvement enhanced their recovery. Clients were able to involve their families and others as they wished and ensure they were fully informed and involved in progress, as a stepping stone to their recovery continuing outside the immediate environment.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Referrals were via referral agencies or by self or family referral. The manager told us self-referrals now made up 30% of referrals. All referrals were either privately funded or funded by organisations connected to people's employment or professions. The service had clear admission criteria and was able to admit people promptly upon referral. The service was able to give examples of referrals that had been turned down as they did not meet the criteria.
- Treatment times varied from between four weeks and twelve weeks, being dictated by the client and the service agreeing how long treatment needed to be to optimise success. Recovery plans were regularly reviewed and amended in consultation with the client concerned. We spoke with one client who had extended their treatment at their own request, as they felt it was having a more positive impact than any treatment they had previously had.
- There were no waiting lists, allowing people wishing to use the service to choose the right time for them.
- The service focused on ensuring recovery, rather than just abstinence at the point of discharge. As a key part of this, the service offered an aftercare service of up to two years, enabling clients to return for specific sessions or general feedback, to share any concerns and get further support as required in maintaining recovery. This was being extended with the offer of additional aftercare for clients who wished to continue with support beyond this period.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment was in a remote rural spot, overlooking fields and trees, with a well maintained accessible outdoor area, notwithstanding a small cordoned off area following the fire earlier this year. Clients were supported by transport to enable them to attend meetings, gym and health facilities and shops as required, outside of therapy times. Clients we spoke with praised the way the service facilitated activities outside the immediate environment.
- There was an ample variety of rooms where clients could have private confidential therapy sessions, and discuss issues of concern or interest. There were

comfortable meeting areas where clients could socialise, meet with family and other visitors in privacy if wished. Clients were happy talking with us in comfortable communal areas, where privacy was enabled.

- Phone and internet access was agreed on an individual basis; this was usually in the evening, after therapy sessions had finished.
- Clients praised the quality of the food. The service employed two chefs who took pride in the quality of the meals provided. All agreed that good quality, healthy food supported recovery and well-being.
- Clients could make snacks or drinks at any time, or request assistance in preparing these.
- Sleeping areas were segregated by gender, with one additional gender-neutral room, separate from these two areas. All clients had their own bedrooms.
- There was a wide variety of rooms enabling clients to meet with visitors safely and privately if wished.

Meeting the needs of all people who use the service

- Because of the nature of the building and the restrictions of being a listed building, the service could not accommodate wheelchair users and made this clear in its literature. It had a sister home in the region that could accommodate wheelchair users. The Manor had supported clients with some restricted mobility, and had mobility aids for this purpose.
- Clients praised the service catering for specialist diets, and its ability to respect cultural and religious observances. The manager gave examples of how it respected and supported different cultural needs, including those whose religious strictures did not permit them to dine with others.

Listening to and learning from concerns and complaints

- The service told us in the twelve months to 31/8/2018 they had received over 30 written compliments and five complaints, of which two had been upheld. The service had a policy for responding to complaints and the manager was able to discuss examples of complaints and how they were managed, and what learning had been gathered from them. Formal complaints primarily concerned former clients disputing payments for services. We saw and discussed examples of these. The learning from these was for the service to be absolutely

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

clear in recording that people had consented to the treatment and were clearly aware of and accepting of the costs. We had received no complaints from users of the service.

- Clients were clear about how to raise complaints if they felt the need to. Issues raised within the service tended

to be informal concerns related to housekeeping issues such as electrics 'tripping' or phone signals being poor at times. The service had recently appointed a customer liaison manager to help address such issues.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The overriding aim of the service, spoken of by staff and management and confirmed by users of the service, was to achieve sustained recovery for patients. Staff were clear that it was relatively straight forward for clients to achieve abstinence whilst at the Manor and that the challenging part was to sustain that. The therapeutic counselling and all sessions were aimed at understanding motivations behind individual addictions and thus helping clients overcome, or manage their addictions. The clients we spoke with all made the same judgement, that this service had done more than any other to help them in recovery. Staff were aware that to underpin this, the service had to be a safe place, be transparent and open with clients and each other, and respect clients and each other, and treat all clients on an individual basis.
- Staff we spoke with were enthusiastic about the service, its aims, and their part in achieving those aims. Staff who defined themselves as in recovery were particularly enthusiastic about supporting clients along that pathway.

Good governance

- The service showed it learnt from shortfalls and made adjustments to continuously improve the service. This was shown, for example, by the service having had recently appointed staff to roles such as the customer liaison manager, and employed an additional nurse to give support at weekends.

Leadership, morale and staff engagement

- Staff we spoke with were positive about the service and their role in it. Staff we spoke with were particularly enthusiastic about the how supportive the service was and how it provided opportunities for further advancement for those who wished it. Staff strongly felt the relatively small nature of the service enabling communication to take place effectively.
- The senior management team, like the clinicians and therapists, continued their professional development, to enable them to be involved in day to day operations and have greater insight and understanding into the service offered. We noted extensive and wide-ranging qualifications amongst therapists and clinicians in their chosen fields, and enthusiasm and support for developing their professional skills and knowledge further.

Commitment to quality improvement and innovation

- The service was constantly seeking to improve and innovate, aware it was in a dynamic changing market. Reflecting its focus on long term recovery, rather than just short-term abstinence, the service was offering to extend its two- year 'Aftercare' service with an additional 'Aftercare Plus' service where clients, for a small additional fee, could extend the contact and support from the service beyond the agreed two years. Additional 'phase' days were being offered to further help clients transition back into 'normal' life, and these were tailored to meet individual client needs. These initiatives showed the service innovating to further support long term client recovery.