Livingstone House Mother of the Harvest Ministries Ltd

Livingstone House

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated Livingstone House as good because:

- The service provided safe care. The environment was safe and clean. The service had enough staff and they assessed and managed risk well. Staff minimised the use of restrictive practices, managed medicines safely 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 client group and in line with national guidance and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that staff received training, supervision and appraisal. The staff worked well together as a multidisciplinary team and communicated well with external agencies.
- Staff respected and valued people using the service, understanding their individual needs and supporting them to understand and manage their care. Staff treated clients with dignity, respect, compassion and kindness. They understood the individual needs of clients and supported them to develop long-term strategies to manage their addiction. Where appropriate, staff involved clients' families and carers.
- The service provided a range of treatment options in line with best practice and national guidelines, including medication assisted detoxification. The service was easy to access. Staff supported clients to become involved in volunteering, peer support and employment opportunities. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet. They liaised well with statutory and community services.
- The service was well led and was developing the relevant governance processes to ensure that its procedures ran smoothly.

However:

- Some staff were not up to date with their mandatory training, but the provider had a plan in place to address this.
- The quality of cleaning that was carried out by clients in the communal areas was not always completed to a high standard, but managers put in place a regular "deep clean" regime to supplement it.
- Some audit paperwork that staff used had not been updated to reflect the change in legal entity.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	We rated Livingstone House as good because: • The service provided safe care. The environment was safe and clean. The service had enough staff and they assessed and managed risk well. Staff minimised the use of restrictive practices, managed medicines safely 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 client group and in line with national guidance and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided. • Managers ensured that staff received training, supervision and appraisal. The staff worked well together as a multidisciplinary team and communicated well with external agencies. • Staff respected and valued people using the service, understanding their individual needs and supporting them to understand and manage their care. Staff treated clients with dignity, respect, compassion and kindness. They understood the individual needs of clients and supported them to develop long-term strategies to manage their addiction. Where appropriate, staff involved clients' families and carers. • The service provided a range of treatment options in line with best practice and national guidelines, including medication assisted detoxification. The service was easy to access. Staff supported clients to become involved in volunteering, peer support and employment opportunities. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet. They liaised well with statutory and community services. • The service was well led and was developing the relevant governance processes to ensure that its procedures ran smoothly. However:

Summary of findings

- Some staff were not up to date with their mandatory training, but the provider had a plan in place to address this.
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Summary of findings

Contents

Summary of this inspection

Background to Livingstone House

Livingstone House provides residential drug and alcohol detoxification along with a recovery and rehabilitation programme for men aged over 18. Livingstone House is a large residential property in an urban area of Birmingham and is registered to provide 10 residential treatment beds. The programme is abstinence-based and includes group therapy, individual counselling and support with life skills. Clients participate in a 12-step recovery programme, which is tailored to their individual needs. Most people access the service after being referred by a community substance misuse professional, their local authority or the police but the service also accepts privately funded self-referrals. Treatment is generally funded by statutory services, but the company hopes to continue offering a charity bed for people who would benefit from the treatment programme, but for whom funding is difficult to secure.

Livingstone House is registered with the CQC to carry out the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.

The service had a registered manager in place at the time of our inspection.

We last inspected the service in 2019, when it was operated by a different provider. Livingstone House had previously been registered under a different legal entity, as a Charity. The new legal entity, Livingstone House Mother of the Harvest Ministries Ltd, became registered with the Care Quality Commission in May 2022. This is the first inspection of the newly registered service.

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

The team was comprised of two CQC inspectors, one with a background in substance misuse services, and a substance misuse service specialist advisor. The inspection was overseen by a CQC inspection manager and a CQC deputy network director.

What people who use the service say

We spoke with 7 clients using the service and 2 relatives of clients who had recently used the service.

Clients told us they were very satisfied with the support they received from staff. They felt safe and understood their care and treatment. One client told us “it’s amazing”, “it’s saved my life” and another told us “they seem really lovely and they know what they’re doing”. They all told us that staff were kind, compassionate and caring.

Clients told us they had regular named keyworkers but could speak with other staff whenever they needed to, because there were always enough staff working in the service. They told us staff supported them to lead a healthier lifestyle and to see medical professionals if they needed help to manage their physical health. There were regular group and individual therapy sessions, which all the clients told us they found very helpful.

Clients who wanted their relatives to be involved in their treatment programme understood how staff would support them to stay in touch.

Summary of this inspection

Clients told us the environment was clean and comfortable and they described how staff encouraged them to support each other to keep it that way, allocating tasks to each client to complete for the benefit of everyone.

Clients told us they met with the chef when they were admitted to the service which was really helpful for them. They all told us their specific preferences and dietary requirements, including allergies, were well catered for. They told us the food was tasty, of good quality, well presented and the portion sizes were good. One client told us they had reached a healthy weight since entering the service.

We reviewed a sample of client feedback surveys, which were all very positive about how clients had experienced their detoxification and rehabilitation programme. We also reviewed feedback the service had received from an external stakeholder, which stated "I hope all rehabs have a Livingstone House approach towards care, however I cannot imagine it is very common to come across such a dedicated team of people".

All the clients and relatives we spoke with told us they would recommend the service to others.

How we carried out this inspection

During the inspection visit, the inspection team:

- reviewed the quality of the environment, and observed how staff were caring for clients
- spoke with 7 clients who were using the service
- spoke with 2 relatives of clients who had recently used the service
- spoke with the registered manager, the nominated individual, the compliance manager and a trainee manager
- spoke with 7 other staff including the doctor, chef, non-medical prescriber and recovery workers
- reviewed 8 care and treatment records including medication records
- observed a client admission, a discharge and a group therapy session
- observed a staff shift handover meeting
- spoke with a stakeholder from a statutory agency and reviewed feedback from another external agency
- reviewed policies and 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 service was part of an award-winning pilot scheme, The Offender Rehabilitation Programme, developed by West Midlands Police & Office of the Police and Crime Commissioner. The Offender Rehabilitation Programme was focused on police identifying people who had substance misuse issues and were prolific shoplifters. Police then linked the person directly with a specialist residential rehabilitation services in the region, such as Livingstone House, to support the person to deal with the root cause of their offending. Several clients had graduated from the programme and become skilled, trained recovery workers at Livingstone House. The external programme lead told us that Livingstone House had some "amazing successes".

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that effective processes are in place so that staff and volunteers complete mandatory training within recommended timescales.
- The service should oversee the quality of cleaning in communal areas that is
- The service should ensure all policy and procedures relating to the running of the service reflect the change in legal entity.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

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

Is the service safe?

Good

Safe and clean care environments

All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Managers carried out regular inspections and audits of the environment, including building and fire safety. Managers had developed routine inspection tools to complete, which identified good practice and any actions that were needed.

Staff could observe clients in all areas of the service. The building was two converted residential properties, so the service had closed circuit television (CCTV) cameras to support staff to observe areas that would otherwise not be easily visible.

Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe. Staff explained to clients why some items were removed from them when they were admitted to the service.

Staff and clients could get help quickly in an emergency.

Maintenance, cleanliness and infection control

All areas were clean, well maintained, well-furnished and fit for purpose. We looked at all the areas where clients received care. The environment was generally clean and well-ordered. Cleaning records were up to date and demonstrated regular cleaning was taking place. We observed routine cleaning taking place. Managers were developing a programme of environmental upgrades, to include routine updating and decorating of rooms.

As part of the treatment programme, clients were allocated individual and joint tasks, such as the cleaning of communal areas. We found that some of these areas would benefit from more attention to detail, so we raised this with managers, who agreed to arrange regular "deep cleans" to supplement the therapeutic cleaning that clients carried out.

Staff followed infection control policy, including handwashing. There were facilities for staff and clients to wash their hands and there was hand gel available to use in between routine hand washing. Suitable waste contracts were in place, including for clinic waste disposal. One clinical waste bin was broken, with a faulty foot pedal, so we raised this with managers who replaced it immediately.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff carried out regular checks to be sure the equipment was in working order. The service had a defibrillator and had collaborated with local stakeholders to have another one fitted to the front of the building, so it could be used by the community if required.

Staff checked, maintained, and cleaned equipment. Cleaning schedules were up to date and the clinic room was visibly clean. Staff had identified areas for upgrades, such as the examination couch. We checked calibration records for the health care equipment in the clinic room and found they were regularly calibrated to ensure their accuracy, in line with manufactures' guidelines.

Safe staffing

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

Nursing and support staff

The service had enough staff to keep clients safe. To support the development of the service, the company had recruited a registered mental health nurse as registered manager. The service had a full compliment of staff.

The service had no staff vacancies and the team was stable.

The service did not have any need to use bank and agency staff because there were no vacancies and staff turnover was very low.

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

Managers accurately calculated and reviewed the number and grade of staff for each shift. We reviewed recent staffing rotas and apart from 2 days over the Christmas period, all shifts had been fully staffed. There were no shifts where staffing numbers had fallen below safe staffing levels.

The manager could adjust staffing levels according to the needs of the clients.

Clients had regular one to one sessions with their named keyworker and told us they rarely had their leave or activities cancelled because there were always enough staff to support them.

Staff shared key information to keep clients safe when handing over their care to others. Staff observed good information governance protocols, such as keeping client records safe and not sharing computer passwords. An external agency said staff in the service shared important information when they needed to.

Medical staff

The service had enough medical cover. A doctor and a non-medical prescriber, both specialised in the field of addictions, visited the service every week and provided out of hours cover. They were also available by telephone for staff consultation. Staff told us they responded promptly to queries and requests to review client care. Staff also supported patients to use local community healthcare services.

Mandatory training

Staff had completed their mandatory training but not all were up-to-date with the refreshers. A number of key modules showed that staff completion rates were lower than we would expect. Records showed that 67% of staff had completed safeguarding adults training. Four out of 12 recovery workers were at least 7 months passed their due date for completing the safeguarding adults refresher module. Mental capacity refresher training rates were low, with only 5 out of 12 (42%) staff up to date, 3 of which were 10 months overdue. However, staff we spoke with demonstrated a good understanding of the theoretical and practical aspects of applying safeguarding and mental capacity in their roles. The manager had taken steps to ensure staff who were out of date for their refresher training would be updated.

The mandatory training programme was comprehensive and met the needs of clients and staff. The programme included person centred care, coping with aggression in the workplace and epilepsy awareness, each of which showed full staff compliance.

Assessing and managing risk to clients and staff

Staff screened clients before admission and only offered admission if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was incorporated into recovery plans.

Assessment of client risk

Staff completed thorough pre-admission and admission risk assessments for each client. We reviewed 8 client care records and found the pre-admission and admission assessments were thorough and effective. Pre-admission assessments were carried out either remotely or face to face. Where staff felt more information was required to inform the pre-admission assessment, they requested it. Staff liaised with all relevant professionals prior to agreeing an admission. Staff carried out each admission assessment face to face on the premises.

Where staff assessed that the service would be unable to safely meet a client's needs, the rationale was effectively communicated to the referrer, and clearly documented.

Management of client risk

Good

Residential substance misuse services

Staff knew about any risks to each client and acted to prevent or reduce risks. Staff used a standardised risk assessment tool and all of the 8 client risk assessments we reviewed were thorough and clear. Staff identified and responded to any changes in risks to, or posed by, clients. They reviewed and updated individual risk assessments regularly, including after any changes in clients' presentation.

Use of restrictive interventions

Levels of restrictive interventions were low. Staff followed the service's policy and procedure when they needed to prohibit items to keep everyone safe from harm. Staff were clear with clients about what items posed risk and therefore would not be permitted on the premises. The service had a suitable search policy, which staff understood well. Clients consented to room and bag searches and this was well documented. The prohibited list was proportionate to the risk of harm and included items such as alcohol and drugs.

Staff prescribed client observations based on risk. On admission, and during detoxification, client observations levels were higher. As clients progressed through the treatment programme, and as risks reduced, the observation levels were also reduced.

Staff did not use physical restraint, they used de-escalation techniques if a client was unsettled.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it. However, some staff were overdue with their safeguarding training.

Staff received training on how to recognise and report abuse, appropriate for their role. While refresher training was overdue for a number of staff, all those we spoke with understood how to identify and how to act if they suspected any form of abuse. Managers had identified those staff whose training required a refresher, and had taken steps to ensure their training would be updated. Staff worked well with other agencies to support clients to be safe.

Staff access to essential information

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

Client notes were comprehensive and staff could access them easily. Staff told us the client care record system was easy to use and there were enough computers for them to have access when they needed them. The client records we reviewed were all up to date and contained comprehensive clinical information.

When clients transferred to a new team staff completed effective discharge summaries and liaised with the relevant external agencies.

Records were stored securely and only staff who needed access could do so.

Medicines management

Good

Residential substance misuse services

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

Staff received training in medication administration as part of their mandatory training and were required to update their training annually.

The service used an electronic prescribing system, which staff were positive about. We saw that medicines reconciliation was safe, secure and managed in a timely way, so patients had access to the right medicines when they needed them.

Staff stored and managed all medicines and prescribing documents safely. They stored medicines safely, in locked cupboards in the locked clinic room. Staff managed medicines well and made sure that any unused stock was returned to the pharmacy.

Managers audited medicines every week. We reviewed recent audits and found they had been completed effectively, identifying any issues and associated actions. Controlled drugs records were complete and up to date.

To ensure withdrawal symptoms were managed safely and effectively, staff followed best practice guidelines and completed a Clinical Institute Withdrawal Assessment (CIWA) for clients undergoing alcohol detoxification.

Staff reviewed each client's medicines regularly and provided advice to clients about their medicines. Clients told us that staff had explained their medicines well and they had been given all the information they needed to make an informed decision when undertaking their detoxification regime.

Track record on safety

The service had a good track record on safety.

The service had not had any serious incidents since registering with CQC in May 2022 and there had been no adverse events that effected the running of the service.

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. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff we spoke to, and records we checked, confirmed that staff understood what incidents to report and how to report them.

Managers investigated incidents thoroughly and staff met to discuss the feedback and look at improvements to client care. Managers completed regular “lessons learned” updates to share with staff. They shared these in team meetings and supervision. They also displayed lesson learned posters in the office for staff to read.

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

Good

Residential substance misuse services

There was evidence that changes had been made as a result of feedback. For example, strengthened escalation procedures if a client needed a medical appointment for a pre-existing condition.

Is the service 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 care plans and updated them as needed. Support plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each client before and on admission. Each client received a full assessment of their substance misuse, physical health and mental health. The assessment also included dietary, social and environmental factors relevant to each client. Clients told us, and records confirmed, that the assessment was comprehensive. We reviewed 8 client care and treatment records. All were detailed, thorough and focused on what needed to happen for the client to move forward with their detoxification and rehabilitation. Care and support plans were clear and identified the specific support each client needed to meet their substance misuse, mental and physical health needs. Where clients needed additional support, for example with social and housing needs, this was clearly identified.

Staff regularly reviewed and updated care plans when clients' needs changed. For example, those assessed as high risk of falls were provided with suitable aids and equipment on admission, which was reassessed regularly as they progressed through the programme.

Support plans were personalised, holistic and recovery-orientated. Clients told us staff understood their individual needs and they understood their treatment programme.

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. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the clients in the service. The treatment programme included detoxification and an abstinence-based model rehabilitation programme.

Staff delivered care in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE). The service prescribed medicines as in line with the Department of Health guidance “Drug misuse and dependence UK guidelines on clinical management”, (2017).

Staff identified clients' physical health needs and recorded them in their care plans. Staff and clients were clear about what support was required to meet their physical health needs. Staff made sure clients were supported to access physical healthcare, including specialists as required.

Staff met clients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Good nutrition was identified as key to supporting clients, so formed an important part of the programme. Staff used standardised documents to record hydration monitoring for clients who needed it. One client told us they had put on weight and were now a much healthier weight as a result of the nutritional plan the service had put in place for them.

Staff helped clients live healthier lives by supporting them to take part in programmes or giving advice. There was information available to help people stop smoking and staff supported clients to take part in activities such as fitness and walking groups.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. Staff monitored clients undertaking detoxification by using standardised and recognised assessment tools such as The Clinical Institute Withdrawal Assessment for Alcohol (CIWA or CIWA-Ar), the Clinical Opiate Withdrawal Scale (COWS) and the Alcohol Audit and Severity of Alcohol Dependence Questionnaire (SADQ).

The service used the “outcomes star” to develop and monitor client outcomes. The outcomes star was an online tool that covered physical health, mental health and social needs. The outcome star was a client led self-assessment and rating scale, so clients identified which aspects of their life they wanted to change and could then track their progress. This allowed clients to celebrate their success and identify areas where they might need more support to change.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers reviewed outcome star ratings to benchmark the effectiveness of the programme and shared these with stakeholders. The service was involved in developing a local peer network, where they hoped to share best practice and discuss local challenges. Staff carried out regular audits including for the environment, medicines management and care records. We reviewed recent audits and found where any resulting actions had been identified, managers had developed action plans to address the findings.

Managers used results from audits to make improvements. This included audits of the environment and client care records.

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 with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a range of specialists to meet the needs of the clients. Staff working in the service were from a variety of professional backgrounds including lived experience recovery workers, managers, a non-medical prescriber, a mental health nurse, a trauma therapist and a GP specialising in addictions. Staff made sure clients could access other specialists when they needed to, such as general practitioners, dentists and hospital services.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care. Staff with lived experience of addictions who had no recent work history were supported to develop their skills and gain recognised qualifications in health and social care. Clients and relatives told us they were confident the staff working in the service had the right skills to do the job.

Managers gave each new member of staff a full induction to the service before they started work. Staff told us their induction had included shadowing and online learning modules.

Managers supported staff through regular, constructive appraisals of their work. All staff working in the service had received an annual appraisal by the expected date. Most staff received regular supervision in line with the service's supervision policy. Staff contracted to work at Livingstone House under a service level agreement were responsible for their own professional and clinical supervision. The one nurse manager directly employed by the service, had access to clinical supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. All staff were encouraged to attend and take part in team meetings. The quarterly clinical governance meetings were attended by clinicians contracted to work in the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were well supported to develop their skills and practice, and to study for accredited courses.

Managers made sure staff received any specialist training for their role. This included medicines administration and professional boundaries training, which managers were planning to run on a regular basis. Staff told us they were encouraged to discuss their training needs and were confident they would be supported to attend relevant courses that would be useful for their role.

Managers recognised poor performance, could identify the reasons and dealt with these. Staff who required additional support were given it. There were no staff were subject to a performance management review when we carried out this inspection.

Managers recruited, trained and supported volunteers to work with clients in the service. We spoke with a previous volunteer who told us they had felt supported and confident in their role and had been given the right encouragement to develop their skills.

Multi-disciplinary and interagency team work

Staff from different disciplines 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.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These were attended by all the relevant professionals providing care and treatment to clients, including nursing and medical staff.

Good

Residential substance misuse services

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings which took place three times a day. The handover meeting we observed was effective and demonstrated that staff shared relevant information about each client's risk and progress, so staff coming onto shift were fully appraised. The client records we reviewed showed that staff recorded the right level of information to effectively inform their colleagues of each client's presentation and need.

The service had effective working relationships with external teams and organisations. Staff engaged well with other services locally and nationally to ensure clients received the right support when they discharged from the service. Staff made sure clients were linked to services in their home area for aftercare and ongoing support. They worked with relevant statutory organisations to get clients the right support, for example criminal justice, welfare benefits, housing and employment.

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 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff ensured clients consented to their care and treatment on admission to the service. They demonstrated a good understanding of fluctuating capacity, specifically for people living with addictions, for whom capacity may be impaired when first admitted to a detoxification and rehabilitation service. Staff understood how and when to repeat important information, so clients fully understood capacity and consent. They assessed, recorded and reviewed consent throughout treatment.

Staff received training in the Mental Capacity Act and had a good understanding of at least the five principles, which they applied in their roles. Some staff were out of date with their refresher training but we saw no evidence this had a negative impact on client care. The manager had taken steps to ensure staff training would be updated.

There were no deprivation of liberty safeguards applications made by the service in the last 12 months.

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

Staff gave clients all possible support to make specific decisions for themselves.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Client records showed that staff regularly assessed then recorded capacity and consent effectively. Clients told us staff explained consent to them well.

Is the service caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Good

Residential substance misuse services

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

Staff were discreet, respectful, and responsive when caring for clients. Conversations about sensitive treatment issues or those of a personal nature were carried out discreetly, but clients knew they could ask for support and staff would provide it whenever and wherever they needed it. The interactions we observed between staff and clients were kind, supportive and warm. Staff showed compassion and used humour appropriately. They were able to be firm and kind when clients needed structured, consistent support to help them meet the challenge of detoxification.

Staff gave clients help, emotional support and advice when they needed it. All the clients we spoke with told us that were "always there" for them and they valued this. Clients felt supported by staff they trusted, some of whom were able to share their own lived experience of addiction and their motivational stories, which some clients told us was really helpful for them.

Staff supported clients to understand and manage their own care treatment or condition. Clients told us that staff had helped them learn a lot about addiction, both the emotional and physical aspects, which enabled them to feel stronger and more empowered to succeed with their recovery. Some clients told us that staff working in the service had saved their lives, giving them the skills and confidence to live free from their addiction.

Staff directed clients to other services and supported them to access those services if they needed help. This included supporting clients to get help from external agencies such as housing and welfare benefits.

Clients said staff treated them well and behaved kindly. All the clients we spoke with told us how well supported they felt, how caring staff were and how kind staff were to them.

Staff understood and respected the individual needs of each client. Clients told us they felt respected by staff and they were confident staff genuinely cared about them.

Staff followed policy to keep client information confidential. This included agreeing with clients who they wanted involved in their care and how much information they wanted to be shared with their relatives.

Involvement in care

Staff involved clients in care 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.

Involvement of clients

Staff introduced clients to all aspects of the service as part of their admission. They arranged for all new clients to be paired with a "buddy". Clients told us this was really helpful and made them feel safe and supported. The buddy system provided reassurance for clients because they were closely supported by someone who was a little further ahead in the programme than themselves.

Staff involved clients and gave them access to their care planning and risk assessments. Clients told us they felt really involved in their care and treatment, they understood the programme and how staff could support them to achieve their goals. Clients signed their care and support plans and staff offered them a copy.

Good

Residential substance misuse services

Staff involved clients in decisions about the service, when appropriate. Following a successful pilot, when client feedback had been really positive, the service commissioned a trauma therapist to provide weekly individual sessions for. The clients we spoke with were also very positive about this specialist therapy. Staff also involved clients in developing menus and therapeutic activities for the service.

Clients could give feedback on the service and their treatment and staff supported them to do this by providing feedback questionnaires for clients to complete. Changes to the service were made as a result of this feedback, such as extending the pilot of trauma therapy because clients reported that it was really beneficial to their recovery.

Staff made sure clients could access advocacy services and displayed information about the advocacy service for clients to see.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff encouraged families and carers to be involved with their relative's care when appropriate. They made sure clients gave consent and were clear about information sharing. Staff provided families and carers with contact information for the service, and information about how visits and contact would be managed while their relative was undergoing the treatment programme.

Staff helped families to give feedback on the service. Families and carers were able to provide feedback about the service their relative had received. Staff provided families and carers with a feedback questionnaire once their relative had been discharged. The families we spoke with were all very satisfied with the service their relative had received.

Is the service responsive?

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.

Access, discharge and transfers of care

The service had a clear and robust admission criterion. Where staff assessed that the service would be unable to safely meet a client's needs, the rationale was effectively communicated to the referrer, and clearly documented.

Staff gave a clear rationale and had meaningful discussions with the referring agency about why the referral did not meet the admission criteria. Referrals were generally declined based upon information gathered during the initial assessment, which indicated the person presented risks that staff did not believe could be safely managed. Waiting times for referral to assessment and assessment to treatment were not lengthy, taking place as soon as possible after initial assessment. The service worked well with commissioners and stakeholders to ensure clients who would benefit were assessed in a timely manner.

Staff planned and managed discharge well. Managers and staff worked to make sure they did not discharge clients before they were ready. Staff did not move or discharge clients at night or very early in the morning. Staff tried to facilitate discharge for mornings or mid-day so that clients could access their local support services when they got home.

Staff carefully planned clients' discharge and worked with care managers and coordinators to make sure this went well. Staff provided suitable discharge information to the client's GP and relevant professionals involved in their care. Staff supported clients when they were referred or transferred between services.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Clients could personalise their bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Client bedrooms were either shared or single, depending upon individual people's needs. Clients consented to room sharing before admission. Sharing a room can be seen as a supportive measure for some clients. The provider had ensured that clients had areas where they could keep personal belongings safely. Clients could personalise the bedrooms to suit their taste if they wanted to.

The service had a full range of rooms and equipment to support treatment and care. Staff and clients could access the rooms when they needed to. The service had quiet areas and a room where clients could meet with visitors in private. There were two sitting rooms, one designated for quieter activities and family visits. The dining room was a shared space where group therapies and activities took place outside of mealtimes. A comfortable therapy cabin was located in the garden, away from the main building.

The service provided a full range of activities for clients to meet both their physical and mental health needs, including at weekends. The service supported clients to use local community facilities including gym and sports facilities. Staff also organised garden-based fitness activities. Staff organised regular outings to places of interest and considered the therapeutic benefit of each activity. Clients were very positive about the activities they had been able to take part in.

Staff supported clients to remain in contact with their relatives. The service had a telephone contact policy in place. This meant that clients and their relatives understood how restricting telephone calls during the admission phase was important to support clients to achieve their abstinence goals. All the clients we spoke with understood and consented to this.

The service had an outside space that clients could access easily. The outdoor space included a planted garden, lawn, therapy cabin and celebration area for social gatherings. Clients also had access to a seated smoking shelter.

Clients could make their own hot drinks and snacks and were not dependent on staff. Staff encouraged clients to make drinks and snacks whenever they wanted them, and they supported each other to do this as part of the therapeutic programme.

The service offered a variety of good quality food. Clients were highly complimentary about the quality of food available to them. Staff encouraged clients to participate in regular reviews of the menu and they made changes to the menus based on the feedback.

Good

Residential substance misuse services

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication needs.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The pre-admission and admission assessments were thorough, and person centred, which meant staff had a clear understanding of each client's specific needs and what would be important for that person to improve the likelihood they would complete the programme safely, effectively and successfully. Clients were provided with individualised support, including mobility aids if required.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. They displayed useful information in prominent places for clients to read, including contact details for helplines and support. Staff supported clients to attend 12 step meetings in the local area.

Clients were encouraged to be kind and supportive of each other, for example with reading from the written word.

Clients had access to spiritual, religious and cultural support. The service was located near to worship facilities for all major faiths and staff were available to support clients to attend. Clients told us how staff supported them to meet their cultural, religious and spiritual needs. The founder of the service was a pastor in the Christian faith and clients told us they could choose to take part in prayers if they wanted to, explaining there was no pressure placed upon them, the option to pray was available to all but not expected. Clients told us their religious and cultural dietary needs were well met by the service.

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 wider service.

Clients, relatives and carers knew how to complain or raise concerns. The relatives we spoke with had not had cause to raise a complaint, but were confident staff would have listened and taken then seriously if they had made a complaint.

The service clearly displayed information about how to raise a concern in client areas. Clients were encouraged to talk openly and to raise issues with staff.

Managers investigated complaints and identified themes. They shared information about complaints with staff in team meetings, as a learning opportunity and to improve the way they delivered the service to people.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. The service used compliments to learn, celebrate success and improve the quality of care.

Good

Residential substance misuse services

Is the service well-led?

Good

Leadership

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.

Managers had the specialist skills and knowledge to lead the service effectively. Key leaders had worked in the service under the previous administration and understood the service well. Managers were approachable and made themselves available for staff and clients. Clients knew who to speak to if they wanted to speak with a member of the management team and told us managers were always available for them.

The board of the newly formed company met regularly and was considering its makeup, with a view to adding additional board members to introduce independent voice. As a family run business, the registered manger was confident they could challenge board decisions if it ever it became necessary. The registered manager considered they had enough autonomy to perform their role effectively. The founder of the company was a shareholder. They were not actively involved in the routine delivery of care but did maintain a visual and supportive presence in the service. They and the registered manager lived in private quarters on site, however this was due to change and they planned to move to alternative premises in order to grow the business and extend the number of treatment beds.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

The service had previously been operated by a provider with charitable status. The new provider company had plans to expand and develop the service. Staff were clear about the values and aims of the service, which was to provide good quality, honest detoxification and rehabilitation in a homely environment. Staff were less clear on the overarching vision and strategy of the new provider company.

Culture

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

Staff were happy in their roles and told us they received support when they needed it, for example after incidents. They felt respected and valued by managers and directors of the provider company.

Staff were keen to develop their skills in the field of substance misuse and managers supported and encouraged them in this. Staff told us their roles were busy and stressful at times but there was no bullying or harassment in the workplace and managers were always available to support them. The service had a whistleblowing policy and staff knew how to access it. All the staff we spoke with told us they were confident they could report concerns without any fear of recrimination or victimisation.

Staff demonstrated a good understanding of equality and diversity in the workplace.

Governance

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

The service was operating under a new provider company, so a new set of policies had been developed to support the running of the service. The polices we reviewed reflected this change. However, some documents, such as the "home audit", had not been updated to reflect the change in legal entity.

The registered manager had introduced additional audits to support effective running of the service and the risk register had been updated to reflect new risks associated with the change in legal entity and a new board of directors. The provider had commissioned an independent consultant to support with governance of the new company. This work was ongoing at the time of our inspection.

Staff completed regular audits such as fire safety, health and safety, medication and client care record audits. Managers completed monthly "walk arounds" checklists to ensure staff had completed all relevant audits and that action had been taken if any issues were identified.

The registered manager had oversight of mandatory training, staff supervision and staff appraisals. We reviewed the training plan and saw evidence of staff being booked onto training when they were due to update. However, we also found several staff were overdue completing their training updates.

Managers made sure that shifts were covered with enough staff of the right grade and experience.

Management of risk, issues and performance

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

Managers had access to information to support them with their management role. This included performance data for the service, stakeholders, staffing and client care.

Staff had access to the equipment and information technology they needed to do their work. The service had recently implemented a new electronic medicines management system. Staff gave positive feedback about the electronic client care record and new medicines management system.

The service had a risk register where they recorded service risks and contingency plans. Staff could escalate risks for managers to review and include on the risk register if appropriate. However, the most recent risk register we reviewed was undated and had not been updated to reflect that two months prior to this inspection, a new registered manager had been appointed.

Staff collected and analysed data about service outcomes and performance. The service produced regular reports which looked at the performance of the service which they shared with stakeholders. This included successful completion of treatment statistics and client satisfaction survey information.

Good

Residential substance misuse services

Managers monitored staff sickness, turnover and performance effectively. At the time of this inspection, there were no staff subject to performance management review.

Information management

Staff were clear with clients about what information they would store and why they may need to share it. The service had suitable arrangements in place for information sharing, such as memorandum of understandings with other organisations.

All the information needed to deliver care was stored securely and was available to staff, in an accessible form, when they needed it. Staff observed good information governance protocols, such as keeping client records safe and secure.

Engagement

Managers engaged actively with other local health and social care providers to ensure that the service they provided was an integrated health and care service, provided to meet the needs of the local and wider population.

Staff worked closely with health and social care partners regionally and more widely to ensure the service they provided fulfilled the needs of the community. Managers met with leaders of similar services in the region to share lessons learned, good practice, targeted approached and to discuss developments in the field.

Learning, continuous improvement and innovation

The service worked with local universities to provide work-based training placements for trainee social workers. Managers were developing a service improvement plan.

Managers regularly reviewed local and national publicly available reports, data and research relating to the field of substance misuse, to benchmark the service and look for good practice to share with staff.