High View Care Services Limited

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff said they felt supported by colleagues and managers and that morale was high. Staff received regular supervision and were provided with a range of mandatory and specialised training to meet the needs of clients.
- Clients and carers/relatives gave positive feedback about staff and the service. Care plans were personalised, detailed and contained the views of clients. Staff had a thorough knowledge and understanding of the needs of each individual. There were activities available to clients on a daily basis that were specific to their cognitive ability and encouraged independence.
- Medicines were stored and administered safely.

Summary of findings

- Staff had an understanding of how to identify and report incidents, including safeguarding incidents. Clients said they felt safe at the service. Staff regularly reviewed risks and care plans for each client in order to manage risks appropriately.

However, we also found the following issues that the service provider needs to improve:

- Information leaflets were available, but only in English. There was no written guidance to explain how information could be obtained in other languages.
- Not all staff were aware of the process for ensuring medical equipment was calibrated.
- Staff had not explored the option of easy read care plans for clients. Clients working towards discharge did not have discharge plans in place.

Summary of findings

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Summary of this inspection

Our inspection team

Team leader: Natalie Austin Parsons

The team that inspected High View Care Services comprised four people: one inspector, two assistant inspectors and one nurse, a specialist advisor with experience of working in substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- Visited the service and looked at the quality of the environment and checked the clinic room.
- Saw how staff cared for clients
- Spoke with five clients who were using the service
- Spoke with a carer/relative of a client using the service
- Spoke with the manager of the service
- Spoke with five other staff members; including support workers, senior support workers and team leaders
- Attended and observed a therapeutic team meeting
- Looked at five treatment records of clients
- Looked at six employment records for staff
- Looked at four medication charts
- Looked at a range of policies, procedures and other documents relating to the running of the service

Information about High View Care Services Limited

High View Care Services Limited is a rehabilitation service for men and women suffering from brain injury due to substance misuse or who have had a traumatic or acquired brain injury. Clients had physical and mental health issues. Clients were not on a detoxification programme, but were referred for care and support related to their brain injury. Clients were supported to abstain or remain abstinent from drugs and alcohol whilst at the service. Care was delivered through 24 hour staff input.

The service is registered to provide the following regulated activities:

- accommodation for persons who require nursing or personal care

Summary of this inspection

- accommodation for persons who require treatment for substance misuse

The service provided care for up to 12 clients. There were 12 clients using the service at the time of inspection. The service offered two self-contained units for clients who were able to care for themselves more independently.

The service had a registered manager in place. The service was last inspected in January 2015 and was found to be meeting all the regulations inspected.

What people who use the service say

Clients gave positive feedback about staff and the care they provided. One client said they preferred it to other services they had used. One client said they liked the service as it helped them make plans for their future. Clients said they felt comfortable and safe at the service, with one client saying they had never felt safer. Clients said staff were approachable, friendly and supportive in reaching independence. They said staff encouraged them to "be their best".

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff said they felt supported by colleagues and managers and that morale was high. Staff received regular supervision and were provided with a range of mandatory and specialised training to meet the needs of clients.
- Clients and carers/relatives gave positive feedback about staff and the service. Care plans were personalised, detailed and contained the views of clients. Staff had a thorough knowledge and understanding of the needs of each individual. There were activities available to clients on a daily basis that were specific to their cognitive ability and encouraged independence.
- Medicines were stored and administered safely.
- Staff had an understanding of how to identify and report incidents, including safeguarding incidents. Clients said they felt safe at the service. Staff regularly reviewed risks and care plans for each client in order to manage risks appropriately.

However, we also found the following issues that the service provider needs to improve:

- Information leaflets were available, but only in English. There was no written guidance to explain how information could be obtained in other languages.
- Not all staff were aware of the process for ensuring medical equipment was calibrated.
- Staff had not explored the option of easy read care plans for clients. Clients working towards discharge did not have discharge plans in place.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients had detailed, holistic and personalised care plans in place to meet their individual needs. Staff reviewed these care plans monthly or more frequently if needed.
- Staff kept daily records about the support each client received and used this information to create monthly reports about individuals' progress over time.

Summary of this inspection

- Staff were supervised, appraised and had access to regular team meetings.
- When clients required additional support, for example with physical health conditions, staff liaised with teams and services outside of the organisation and kept clear records of ongoing monitoring and support of these needs.

However, we also found the following issues that the service provider needs to improve:

- There were no discharge plans in place for clients

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients gave positive feedback about staff and we observed supportive and caring interactions between staff and clients throughout the inspection. Clients said staff supported them to become more independent and were very positive about the manager.
- Client views and involvement was recorded throughout care records.
- Staff were aware of local advocacy services that clients could access and refer clients to these.
- Clients were able to give feedback about the service in a number of ways. Staff were continuously requesting and recording feedback about care and making changes to the service as a result.

However, we also found the following issues that the service provider needs to improve:

- Although client signed their care plans, there was no record of the discussion that took place with a client to ensure they understood the content.
- Care plans were not available in an easy read format for clients and there was no evidence that staff had explored this option with them.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a range of rooms to support the comfort and care of clients.

Summary of this inspection

- Clients gave positive feedback about the food and activities available to them. They were able to personalise their bedrooms and carry a key to their bedroom if they wished.
- Clients were aware of how to make a complaint. Records showed the service handled complaints promptly and appropriately.
- Staff were aware of the dietary requirements of clients, for example allergies and/or requirements of their religious or cultural background, and supported them in managing these.

However, we also found the following issues that the service provider needs to improve:

- Information leaflets did not outline how they could be accessed in different languages.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The approach that staff took towards working with residents reflected the service's values.
- Staff said they felt supported by their colleagues as well as managers and would be comfortable raising concerns to the team. They said morale was very good and the team communicated well.
- The service had developed a recording and reporting system to track patient progress over time. This was successfully embedded over the six months before the inspection.

Detailed findings from this inspection

Mental Health Act responsibilities

- We do not rate responsibilities under the Mental Health Act 1983.We use our findings as a determiner in reaching an overall judgement about the Provider.
- The service is not registered to provide care and treatment for people detained under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff showed a clear understanding of the MCA and its use. Staff carried out and recorded capacity assessments appropriately.
- Staff were aware of the role of an independent mental capacity advocate (IMCA) and this service was available to clients. IMCAs support and represent someone in a decision-making process and ensure that the MCA is being followed appropriately.
- Ten of 12 clients were subject authorisations of the deprivation of their liberty. Records showed staff made applications in a timely way and stored documentation clearly and appropriately. Each client had a DoLS care plan that staff reviewed monthly. Staff regularly repeated information about DoLS with clients and had an individual understanding of the information each client could retain.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service provided accommodation for both male and female clients. Each client had their own bathroom in their bedroom that they could access at all times. Clients who wanted to carry a key to their bedroom were able to and could lock it when it was not in use. Staff had a knowledge of clients who woke up and left their room at night and had care plans in place around this to ensure other clients were not disturbed.
- The service did not have a clinic room, however, medicines were kept in a staff office within a locked cupboard. Staff kept daily temperature recordings to ensure the temperature in the cupboard remained within the required range to store medicines safely. Scales and a blood pressure monitor were available in the office. There was no date on these machines of when they were last calibrated and staff were unaware of when this had last taken place. Senior staff said new equipment was purchased regularly to ensure all equipment remained in date of calibration, however other staff did not seem aware of this.
- The service did not store resuscitation equipment on site. Staff were aware of the procedures to call emergency services if assistance was needed.
- The service had four first aid boxes. The manager carried out monthly audits on one first aid box a month chosen by random sampling. Records showed audits were filled out appropriately in the five months before the inspection. Where items were audited as missing, they were replaced. During the inspection we looked at one first aid box that had all items in order.
- Service areas appeared visibly clean and had comfortable and well maintained furnishings. Clients said the service was clean and comfortable.
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- Staff carried out cleaning tasks as part of their role. Records showed staff recorded tasks as complete on each shift. A register showed staff supported clients to clean their bedrooms once or twice a week. One member of domestic staff had recently left the service and their position was due to be filled.
- Fire extinguishers were in date and situated appropriately throughout the service. The Fire Authority carried out a fire safety inspection seven months before the inspection, and the premises were found to be satisfactory. Records showed the service had been subject to an electrical appliance inspection within the last 12 months. There were records of legionella testing and gas safety checks taking place regularly. The service had a vehicle to use to transport clients. This vehicle had the appropriate servicing tests recorded.
- Staff carried out daily room checks for each client's bedroom. This included ensuring the environment was hazard free, clean and tidy, there was enough hand soap and there were no signs of alcohol or smoking.
- The layout of the building meant that it was difficult for staff to observe all areas of the house. The service mitigated the risks by assessing clients risk prior to being accepted into the home. The service did not accept clients who would require constant observation from staff.
- There were no call alarms fitted at the service. However, if a client was assessed as needing one, they were provided with a portable call alarm. Staff said they felt safe working at the service.

Safe staffing

Substance misuse services

- The provider had identified a minimum number of staff to cover each shift to ensure that client needs could be safely met. Staff worked across three shifts a day, an early shift, a late shift and a night shift. An additional member of staff worked from 8am to 6pm each day. Staff rotas showed the required number of staff were on shift each day. Staff reported that all shifts were appropriately covered. Clients said staff were available when they wanted them. Where necessary, a small number of regular bank staff would be used. These staff were familiar with the service and the clients.
- Staff received mandatory training in 11 areas. This included brain injury and substance misuse, which were relevant to all clients within the service. Staff were able to access training and records showed compliance rates in all mandatory areas were high between 77% and 100% for all. One member of staff included in these figures was new and within their two month probation period, so had not yet completed all their training.
- We looked at a sample of six staff employment records. All staff had a valid criminal records check in place. A further sample of 12 staff records showed staff also had two references recorded from previous employers. For one member of staff there was no explanation for a gap in employment. For another person only their previous job was listed and no other employment history was given.

Assessing and managing risk to patients and staff

- There were clear policies and procedures in place around observations and the level of support each client required in their activities. Client presentation was stable over time, so staffing levels did not need to be adjusted regularly to meet a change in presentation. Staff were trained in verbal de-escalation techniques and we observed staff using this effectively to de-escalate clients during the inspection. No form of physical intervention was used at the service. Most staff felt this was not necessary as de-escalation techniques were sufficient, however, a small number of staff said this would be helpful.
- Staff were trained in safeguarding and were able to describe how to identify abuse and how they would report this. Two safeguarding incidents had been reported appropriately to the local authority in the last 12 months.
- There was good medicines management and practice in place. Staff kept clear records of medicines they received and then returned to the pharmacy if they were unused. There was a medicines management policy that staff had marked as read. Eleven staff were trained to administer medications. This involved learning, shadowing, being observed and having an assessment before being signed off. We reviewed four medication charts which showed staff administered medication to clients in a safe and timely manner. The medication charts all had photographs of clients to ensure medicines were given to the right person. Records showed staff carried out monthly medication audits. Where necessary these had actions plans attached for staff to complete.
- Staff discussed medication management with clients and where appropriate, records showed that clients signed management of medication forms to indicate this had been discussed with them. Several clients we spoke with were able to explain what medications they were on and the side effects of these. They said they were happy with the medications they were currently taking.
- The service had clear procedures to follow when a client began administering their own medication. For one client who was moving towards self-administering medication there was a risk assessment and related care plan in place. This detailed exact steps to support the client.
- The service had a policy on the safe visiting of children. Staff were aware of the procedures that a person under 18 must remain with staff and parents at all times if on site and before they arrived a risk assessment had to take place or they could not attend.
- Records showed staff carried out a risk assessment for all clients when they were admitted to the service and reviewed these every month. Staff used a standardised form to assess risk in six different areas for each client. These areas were then given a rating or low, medium or high. Staff carried out in depth risk assessments and action plans on areas rated medium or high risk. These plans were clear and explained how they were designed to be least restrictive to the individual client. For example, in one client's absconding risk plan, staff were given clear instructions on how to support the client whilst not causing them distress or anxiety. Risk

assessments were linked to care plans. Care plans had clear details of how to manage risks. Where incidents took place, staff updated risk assessments with relevant information. In several incident records one of the actions was to update the risk assessment. This showed staff had a clear understanding that this should take place in order to reduce further risks to the client.

Track record on safety

- The service kept a record of all incidents reported. In the last 12 months there has been one serious incident and the service had involved external organisations appropriately to investigate and act upon this.

Reporting incidents and learning from when things go wrong

- Staff could describe what a reportable incident was and knew how to report one. The service had an incident reporting policy in place. This policy outlined how and when to report an incident and referred to the duty of candour. The duty of candour is a responsibility to inform and explain to a client if and when things go wrong. The incident reporting policy included details of how to complete an incident form, however, it did not outline what would be classified as an incident. For example, if verbal or physical aggression from a patient that resulted in no harm was a reportable incident. It was not clear how this was communicated to staff.
- Records indicated that staff reported incidents when they occurred. In the nine months before the inspection there were 17 incidents reported. Staff used a paper recording system and stored these in the manager's office. Staff kept an overall record of all incidents, but also stored them by individual client. This was to ensure themes were recognised and acted upon as soon as possible. We reviewed 17 incident forms and found them to be detailed, with the section for learning and action points filled in which were followed through.
- There was evidence and examples that staff received feedback from investigations, both internal and external to the service. Staff gave examples of changes that had been made in the care of clients, both as a group and individually, following incidents.

Duty of Candour

- Staff were open and transparent with clients and explained to them if and when things went wrong. Most staff were able to describe their responsibilities under the duty of candour. Staff gave an example of when the duty of candour had been actioned within the last six months, including where serious incidents had taken place. The service had a duty of candour policy in place.

Are substance misuse services effective?
(for example, treatment is effective)

Assessment of needs and planning of care

- Staff used a standardised assessment form to complete assessments of clients who were referred to the service. This was to ensure they met the admission criteria. After a client had been at the service for three months, a review took place with social services. This review was to see whether the service was meeting the needs of the client and how settled they were.
- Staff used a paper recording system and care records contained thorough, personalised and holistic information. Each client had detailed care plans with additional summary information at the front to give staff an overview of an individual's behaviours and needs.
- Care records showed that staff monitored both the mental and physical health needs of clients. Records showed physical health examinations took place on an ongoing basis. Where support or treatment from the GP or local hospital was required, appropriate records of these were maintained which showed that clients were supported to access these. Where patients had appointments at external services staff made a written record about the appointment, as well as keeping a record of clinical letters. All clients were registered at a local GP. Clients were offered support to stop smoking. One client had a smoking care plan which focussed on supporting them to consider the effects on their health from smoking. This involved taking them to the GP to discuss this and supporting their decision to smoke a lighter brand. The care plan had the client's opinion recorded throughout and was signed by them.
- Staff assessed clients' needs before admission and once they were admitted to the service. Staff then created individualised care plans for their different needs. For example, one patient had care plans for their personal care, such as washing and dressing, their sleeping, their eating and drinking and their confusion and disorientation to where they were. All care plans we

looked at contained a lot of detail and were personalised to the individual. Care plans showed that staff had a clear and in depth knowledge of clients. Plans included how and when to prompt different clients in order to promote independence in tasks. For example, for one person's eating and drinking plan, staff noted that the client did not like to eat their main meal when their dessert was in full view. For other clients their personal care plans included what time of day they preferred to wash and how they liked to trim their moustache. Behaviour care plans outlined clients' individual triggers and warning signs and how to manage them if they became distressed.

- Staff reviewed care plans monthly or more frequently if there were changes in a client's needs. Records showed that where there were no changes staff recorded that a review had taken place and no changes were needed. Each care plan also had a formal review date of every six months and this had taken place in all five records we looked at.
- Staff kept daily records of the level and type of support each patient required throughout the day. For example this could be support with physical needs, cognition, social activity, mood or behaviour. Staff then rated the level of intervention required to support the client to achieve their goal in each of these areas. This allowed support and management staff to track the type and level of support each patient required over time. It also meant there was a clear record of care being delivered by staff. For example, staff could track the amount of time spent with one client each day whilst they washed and dressed and what level of support they needed in order to do this. Information from these daily records about the five main areas of care was collected and displayed in monthly reports. These reports included graphs and were clear to read. The reports also included narrative from staff about the needs and progress of the client that month. They were goal focussed and detailed how to improve the quality of life for that individual. Clients could then provide feedback about this at the end of the report.
- Information was stored securely in a locked cupboard in a staff office. We saw this office was locked throughout the inspection when a member of staff was not using it.

Best practice in treatment and care

- The therapeutic team was made of a lead clinical neuropsychologist, three assistant psychologists and neuro-rehabilitation coaches. The assistant psychologists and neuro-rehabilitation coaches were supervised by a consultant clinical neuropsychologist. The therapeutic team provided psychosocial interventions and support to clients. These interventions were designed to meet the needs of the clients, who suffered from problems with short-term memory and concentration. The interventions focussed on the individual abilities of clients and were based on their own interests.
- Physical health needs were constantly monitored by staff. If clients had additional needs, input from the appropriate external services were brought in. Where necessary, clients' nutrition and hydration needs were assessed and monitored.
- Staff did not use recognised rating scales to assess and record severity and outcome. However, they had developed their own system to collect information about level of need and outcome, which they regularly shared with commissioners.

Skilled staff to deliver care

- A range of mental health workers provided support to clients. This included support workers and team leaders. There were no qualified nurses working at the service. A therapeutic team made up of assistant psychologists and neuro-rehabilitation coaches provided support with activities and engaged clients in one to one discussions about their care.
- Staff said they received an induction to the service and records showed this to be the case. There was a staff induction policy in place. New staff received a one week, in-house induction programme held several times a year.
- Staff were supervised, appraised and had access to regular team meetings. Records showed staff received regular supervision and they said they felt supported in this. The provider recommended that staff had at least six supervision sessions per year. Ten staff supervision records we looked at for the seven months before the inspection showed that nine of the ten staff received supervision at least once every two months. One person had a six month gap between their supervision sessions

in this time. Management staff said this was a staff member who worked at a different location. The clinical psychologist supervised the assistant psychologists each week. Staff received annual appraisals.

- There were monthly team meetings in place. Staff kept minutes for these meetings which were available to see during the inspection. A minimum of nine staff attended these each month and records showed staff discussed patient need, staff need, such as training, and received feedback from the manager about service development and incidents during these meetings.
- As well as mandatory training the service offered eight areas of optional training. This included training in epilepsy, challenging behaviour, diabetes and communication skills. Several staff had completed a number of these additional areas of training. All staff had received the training in challenging behaviour and epilepsy. This showed the service were providing additional specialist training to staff that was relevant to the clients' needs.

Multi-disciplinary and inter-agency team work

- Staff met monthly as a group to discuss clients and also the needs of the staff team. Staff used a communications book each day to record information for those coming onto the next shift. They said this was an effective and useful way to ensure relevant information was shared quickly.
- Records showed staff liaised with teams outside of the organisation where necessary. For example, to request input from physiotherapists, aromatherapists, social workers and GPs. Documentation about this was stored clearly in each client's notes.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and 77% had received refresher training in the 12 months before the inspection. Ten of 12 clients were subject authorisations of the deprivation of their liberty. Records showed staff made applications in a timely way and stored documentation clearly and appropriately.
- Staff could effectively describe their understanding of the MCA and when and how capacity would be assessed. Staff meeting minutes showed DoLS was discussed formally and informally as a learning point.
- Staff carried out capacity assessments with clients where they suspected they may have impaired capacity. These were present in notes and completed in sufficient detail.
- Records of one to one discussions with clients showed that staff regularly repeated information about DoLS with clients. Client feedback from these discussions was also used in DoLS reports. Each patient subject to DoLS had a DoLS care plan in place that staff reviewed on a monthly basis. Staff had an individual understanding of each client and the information they were able to retain and supported them to make decisions about their daily activities, such as what to eat and wear.
- Staff were aware of the role of an independent mental capacity advocate (IMCA) and spoke positively about the IMCA that visited clients at the service. IMCAs support and represent someone in a decision-making process and ensure that the MCA is being followed appropriately.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Throughout the inspection we observed a lot of positive and supportive interactions between clients and staff. Staff had a clear and detailed knowledge of the needs and preferences of clients and supported them individually. In one instance staff were able to identify client triggers to successfully and quickly manage challenging behaviour when it occurred. Staff emphasised they felt it was very important to listen to clients, explore what each person liked to do, then support them in this.
- Clients said staff were polite, approachable, friendly and always had time to speak to them. Clients said they were able to feel at home quickly after being admitted to the service and that they met with staff regularly. Clients were aware of who their keyworker were. Clients were very positive about the manager and said the service offered them support towards becoming independent. One client said they planned to move on from the service at some point and felt the staff were very supportive of this. They said staff listened to them and encouraged them in doing things they liked.

The involvement of people in the care they receive

Substance misuse services

- We saw evidence of clients' involvement in care planning and encouragement to develop and maintain independence. In all of the care records we looked at, clients had signed each of their care plans, both when they were created and at each review. Their views were also recorded throughout. Where appropriate, client signatures were also present on other paperwork. For example, on absent without leave forms, which included information on what action staff would take if a client became absent without leave. A record of the discussion between staff and the client to ensure they had an understanding of what they were signing was not present in notes. Although a client's signature on documents showed clients had been involved in developing or reviewing them, due to the nature of the client group, a record of discussion would have made it clear that clients had an understanding of the information at the time they signed the care plan. Staff said that where a care plan was signed, this was an indication that the care plan had been explained to the client in a way they understood it. Two of five clients we spoke with said they did not have a written copy of their care plan, but they did not want one. There was no evidence that staff had explored whether easy read care plans would be appropriate for some clients.
- Each client had discussed and recorded their wishes for a funeral should they pass away whilst at the service. These were personalised for each patient in the care records we looked at.
- Staff recorded their actions against each clients' care plans on a daily basis. Where a client refused prompts from staff, for example in taking a shower, staff recorded this. Staff produced monthly keyworker reports about the progress of clients. Clients were able to make comments on these reports and provide input. Where clients did not agree with the reports, records showed staff noted this down.
- Staff were aware of local advocacy services that clients could access. There was no reference in the care notes we saw that clients had used these services.
- Carers and families could be involved in the development of care plans. Families and carers were supported to visit the service and were invited to annual barbeques. Carers and/or relatives we spoke with gave very positive feedback about the service and about staff. They said staff were very friendly and got on well with clients. They said staff knew each client very well and were able to help them do things they enjoyed. Carers/relatives did say, however, that staff did not regularly provide updates, either over the phone or in writing. This was done during visits, and some carers/relatives said a monthly telephone call would have been helpful.
- The service kept written records of carer feedback. There were two items of feedback in the 12 months before the inspection. One was positive and stated the service was patient with the client and staff had a good level of understanding and expertise to support this person. The second item of feedback was mixed. Records showed staff met with the carer about the areas they were dissatisfied with to discuss and resolve these.
- Clients were able to give feedback about the service they received. The organisation carried out annual feedback surveys across all their services. A feedback survey specific to this location was also carried out six months before the inspection. Five out of seven feedback forms were extremely positive and clients stated they enjoyed living at the service and felt cared for. The service also had a complaints and feedback box in place at reception for clients to use.
- The service held monthly resident meetings, however staff said they tried to meet with a client one-on-one or in smaller groups to gather feedback, as larger groups were not effective. There was evidence in the records made by the assistant psychologists that this took place in one-to-one sessions. Minutes from staff meetings also showed that feedback from patients was shared and discussed during this meeting. For example, minutes from four months before the inspection showed a discussion around feedback from clients. Where feedback was obtained, changes had been made to the service as a result.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Length of stay for clients at the service at the time of inspection varied. The longest client had been at the service for seven years and the shortest for six months. Client were referred nationally, generally from local

authorities. There was no average length of stay for clients as their needs varied. Not all clients would be able to move towards independent living, so this was supported individually.

- Of the records we looked at for five clients, one was working towards discharge. There was no discharge plan in place to outline how this would be managed by staff and with the client. Staff said that until discharge was imminent, discharge plans were not prepared as they cause clients great anxiety and stress. However, with a new service model in development, they would be clearly recording individuals' pathways whilst noting long term discharge goals. One client was being transferred to another service that could meet their physical health needs more appropriately.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms to support the comfort and care of clients. The service had a kitchen, dining room, activities room and two living areas available. There was a well maintained garden accessible at any time. Each client had their own bedroom. All bedrooms apart from one had an en-suite bathroom. The client in this bedroom had access to their own separate bathroom.
- Staff had access to offices and computers and there was one meeting room available for clients to meet staff in private. Clients met visitors in the dining room or in their bedrooms if they wished.
- Clients gave positive feedback about the food, they said they had some choice in what they ate and portion sizes were good. Clients were able to access drinks and snacks at all times. Where necessary, care plans outlined who needed support to do this.
- Clients were able to personalise their bedrooms. This included having their own artwork on the walls, using their own bed linen and having their own electronic devices, for example televisions. Clients who wanted a key to their bedroom were given one which they could use to lock their room when it was not in use. Clients were able to access their bedrooms at any time. Clients said they felt safe at the unit.
- Clients said they had access to the activities that they wanted. The service had an activities timetable from Monday to Saturday with three activities outlined per day. During the inspection we saw several staff and clients participating in these. Clients could choose whether or not to be involved in each activity. The activities included bowling, accessing the local library, swimming and gardening, amongst others. Support staff also engaged clients in activities outside of this timetable. For example, staff supported one client to complete maths and English quizzes on the internet using a tablet computer, as they enjoyed doing these and receiving high scores. For another, staff researched documentaries the client would be interested in and played them for them. Clients were also supported one-on-one with activities by assistant psychologists and neuro-rehabilitation coaches. The activities were decided based on need and supported social interaction and cognitive abilities. A lead clinical psychologist met monthly with assistant psychologists and neuro-rehabilitation coaches to discuss the activities clients were being supported in. We observed this meeting and saw staff discussed the needs of different clients and decided on suitable activities relating to their interests. The assistant psychology staff kept a detailed record of all one-to-one contact with patients. For each patient this varied depending on how much activity and engagement they wanted with the staff. Where a client was approached for one-to-one time with staff and they did not wish to have any, this was recorded. In the three months before the inspection, each patient had a different number of contacts with staff. This ranged from four, where the records stated the client did not wish to regularly engage, to 54 contacts across the time period. The average was 21 contacts with staff in the three month period. Staff records of what took place during the contacts were detailed and individualised to the patient. There was information about a client's likes and dislikes as well as information about the level of engagement from the client over time. Records showed that staff explored or observed what activities and interests they had and then supported them with these. For example, where one patient liked singing, staff asked them what their preferred songs were, then played these and sang them with the client.

Meeting the needs of all people who use the service

- The service was unable to admit clients who used a wheelchair as there was no lift to reach all floors of the

service. Also, there were no toilets that could be used by a person in a wheelchair. Where a client's physical mobility decreased the service had their needs assessed and transferred them to a more appropriate service.

- Information leaflets did not outline how they could be accessed in different languages, but staff said this would be done if this need was identified during assessments. Where clients did not speak or understand English, the service had brought in relevant interpreters for meetings and discussions with the client.
- Clients received an information pack when they arrived at the service. Records showed client signed that they had received these. The information packs outlined what the service offered, what amenities were available in the local area, information about visiting, how to complain and the smoking policy. The information pack also named the manager and how to contact them. Where a client needed or wanted an interpreter present in meetings with staff, this had been arranged.
- Staff were aware of the dietary requirements of clients, for example allergies and requirements of their religious or cultural background. Appropriate options that reflected clients dietary needs were provided at each meal time.
- Each client received an activities of daily living assessment which included information on their dependence level, but also asked them about their spiritual and religious beliefs. Staff were aware of the spiritual and religious beliefs of all their clients and how they wished to practice their religion. This assessment also included questions about clients' relationships and expressing sexuality. The service had a policy on sexuality, updated three months before the inspection. This referenced a client's rights around expressing their sexuality in relation to capacity and human rights. It gave details of how staff should support clients appropriately in personal relationships and emphasised giving privacy when needed.

Listening to and learning from concerns and complaints

- Clients we spoke with were aware of how to make a complaint. Staff were aware of how to handle complaints and were able to give examples of recent complaints from clients. A complaints policy was in place, although the paper copy available at the service showed this had not been updated for four years and there was no date for review. Staff said an updated copy was available online. The policy outlined that the complaint must be acknowledged within 24 hours of it being received. There were two formal complaints recorded in the 12 months before the inspection. One of these was from an external service and one was from a client. These were responded to in a timely way. Investigations were completed and detailed action plans and learning points were recorded. The service also had a space to record compliments received from clients.

Are substance misuse services well-led?

Vision and values

- The core values of the service were to respect individuality, promote independence and support self-determination. The service aimed to achieve this through positive neuropsychological interventions that targeted improved well-being and rehabilitation. The approach that staff took towards working with residents reflected these values.
- Staff were aware of the most senior managers in the organisation and these managers visited the service regularly. The organisation was small so senior staff were well known to both staff and clients.

Good governance

- The manager had been in place since the service opened several years previously and was assisted by team leaders who line managed the support workers. Staff said they felt supported and able to approach colleagues and senior staff. Staff met regularly as a group and received individual supervision every two months as well as annual appraisals. Staff received a range of appropriate mandatory training and additional training relating to the needs of the client group. A managers meeting took place once a month.
- Management and senior staff within the organisation had developed and successfully introduced several review systems to the paper records. These allowed staff to clearly identify when reviews of care plans and risk assessments were needed and completed. They also allowed staff to track the progress and needs of clients. The monthly reporting system showed the type and

level of support each client received, both in graphic and narrative form. This was introduced six months before the inspection. Meeting minutes showed managers were working to effectively embed this, offering training and reminders to staff on how to use this system.

- The service had dedicated administration staff. Management said they were very effective at supporting the service.

Leadership, morale and staff engagement

- Management introduced sickness monitoring in the past two years as this was not previously in place. Each staff member had a file where their sickness was recorded in order for the manager to monitor. Records showed there were low levels of sickness for individual staff in the team. The service did not keep a monthly sickness rate across the whole staff team, but stored the information individually.
- Staff said they would feel comfortable raising any concerns to the team.
- Staff said they enjoyed their roles and felt supported and listened to. They said morale was very good. There were opportunities to progress within the organisation.
- Staff said colleagues were supportive and friendly.Some staff said there had been a recent improvement in the communication between the support worker staff and the therapeutic team, made up of assistant psychologists, neurodevelopmental workers and the lead clinical psychologist. Staff said the team were patient and caring and worked well together. Staff described their team as “fantastic” and pointed out communication as being especially good. Staff said they felt managers were good and that they were approachable.
- Staff were offered the opportunity to give feedback on services and input into service development. Some staff said they wished to make information about the services they provide clearer to referrers and others in external organisation, for example on the service website.

Commitment to quality improvement and innovation

- The service did not participate in national quality improvement programmes, however, they had developed their own recording and reporting system to track patient progress over time.

Outstanding practice and areas for improvement

Outstanding practice

- The service had developed a recording and reporting system to track patient progress over time. This involved keeping daily records of the support staff had provided to each client in one of five areas. These areas were physical needs, cognition, social activity, mood and behaviour. Staff also rated the level of support needed from staff to achieve the goal or outcome within these five areas. This was done with a score between one and five, with five being intensive support.
- Information from these daily records was then used to create monthly reports displaying the amount of staff time put into supporting each individual client in the five areas, as well as the level of support needed from staff. This allowed client progress and need to be displayed clearly, both in graphs and in written description. It also allowed support and need to be tracked over time. It was a simple and effective system to display this information.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure staff are aware of the systems to ensure relevant medical equipment is calibrated.

The provider should ensure that clients working towards discharge have a discharge care plan in place.

The provider should ensure information about how to get written information in languages other than English is available to clients.

The provider should ensure there is a record of a client's understanding of a care plan in addition to a signature at the end.

The provider should ensure that care plans are made available in easy read format if this is relevant to the client.