

The Manor Clinic 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

Summary of findings

Our judgements about each of the main services

Service

Substance misuse/ detoxification

Rating Summary of each main service

This report describes our judgement of the quality of care provided within this core service by The Manor Clinic Limited.

Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent

Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by The Manor Clinic Limited and these are brought

together to inform our overall judgement of The Manor Clinic Limited.

Summary of findings

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Summary of this inspection

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Location name here

Services we looked at

Substance misuse services

Summary of this inspection

Our inspection team

Team Leader: Sharon Dyke The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing substance misuse 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?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information. During the inspection visit, the inspection team:

- Visited The Manor Clinic Limited, looked at the quality of the environment and observed the care being provided for patients.
- Spoke with seven patients using the service
- Spoke with three managers
- Spoke with five staff members; including staff nurses and healthcare assistants
- Looked at seven care and treatment records of patients
- Looked at seven prescription charts
- Attended two multi disciplinary handovers
- Attended one aftercare meeting of 15 ex patients
- Looked at a range of policies and procedures relating to the running of the service.

What people who use the service say

Patients told us they were kept safe and their different care needs were met. They told us they were treated with kindness, dignity and respect. One patient told us that staff were polite and compassionate, and that they cared about them. They told us how staff respected their privacy. One patient told us staff were always willing to help them, were respectful and polite, were caring and that they looked after them. Ex patients who attended

aftercare all spoke positively about the kindness and respectfulness of staff and how caring they were. One told us staff always made them feel welcome and that they delivered a very high standard of care. Another told us the way staff had looked after them had been brilliant, that they had gone the extra mile and that they didn't have a bad word to say about them.

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 found the following good practice:

- Patients said they were safe and were well cared for.
- Staffing levels were sufficient to meet patients needs safely.
- Routine checks were undertaken to ensure the service was safe.
- There were systems in place to manage risks and respond to safeguarding matters.
- Medicines were managed safely.
- The environment was clean and well maintained.
- The service had taken steps to mitigate risk with regards to single sex accommodation.

Are services effective?

We found the following good practice:

- Patients were cared for by staff who were suitably trained and well supported to deliver the service.
- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). This included policies and procedures and guidance in patients' care plans.
- Good nutrition was promoted.
- Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.
- The manager told us they had been in discussion with Partnerships in Care to introduce a "Depression Program".

Are services caring?

We found the following good practice:

- Staff displayed a caring and supportive attitude.
- Patients dignity and privacy was respected and they were supported to be as independent as possible.
- Staff were aware of patients individual needs, backgrounds and personalities this helped staff provide personalise care.

Are services responsive?

We found the following good practice:

Summary of this inspection

- Patients were satisfied with the care and support provided.
- Patients attended activities independently, and these were also arranged in-house.
- Care plans were person centred and patients abilities and preferences were recorded.
- Processes were in place to manage and respond to complaints and concerns.
- Patients were aware of how to make a complaint should they need to.

Are services well-led?

We found the following good practice:

- The service had a registered manager in post.
- Patients using the service and staff made positive comments about the registered manager.
- There were systems in place to monitor the quality of the service, which included regular audits and feedback from patients using the service and staff.
- Action had been taken to address identified shortfalls and areas of development.

Detailed findings from this inspection

Mental Health Act responsibilities

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

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

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

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 34% of staff were trained in the Mental Capacity Act. Staff understood that all patients

were assumed to have capacity. Patients voluntarily entered treatment and were presumed to have the capacity to consent to treatment. Staff were aware of how to escalate concerns around capacity to consent.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Information about the service

The Manor Clinic Limited is for people wishing to address their alcohol and substance misuse problems. The service includes detoxification and treatment based on group and individual therapy for seven, 14 or 28 day periods. It is provided for older and younger adults.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Following a transition period the Manor Clinic Limited has moved from being a stand alone private organisation to part of the Partnerships in Care Group. They provide services to tackle problem drug and alcohol use and are registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Accommodation for persons who require nursing or personal care

The service had 7 patients admitted at the time of the inspection.

The Manor Clinic Limited provides a range of services to patients, including patient aftercare and a structured day programme six days a week, which patients attend as part of their recovery.

We last inspected The Manor Clinic Limited on 06/03/2014 and reports were published in 2014. At the time of the last inspection, The Manor Clinic Limited met the essential standards, now known as fundamental standards.

Are substance misuse/detoxification services safe?

Safe and clean environment

- The Manor Clinic Limited was housed in a large Georgian property. It was not possible for staff to observe all parts of the house. However, staff carried out regular observations based on risk assessments of individual patients. Patients with physical needs, for example, wheel chair users, or assessed as needing closer observation were in bedrooms closest to the nursing station.
- Staff had recently carried out a ligature assessment of the whole clinic. There were ligature risks present, however, staff regularly carried out and updated risk assessments on individual patients.
- Each bedroom had en-suite facilities. Staff regularly assessed and recorded patient vulnerability, such as, risk of exploitation or mental health issues, to determine where in the clinic they had their bedroom. However, there were no separate male or female communal areas such as lounge areas.
- The clinic room was well stocked and fully equipped. Equipment was available to monitor blood pressure, breath, alcohol and blood sugar levels. Emergency medicine was available for both seizures and anaphylactic reactions.
- The emergency bag was stored in the nursing office and contained all the correct equipment. There was oxygen available on both floors of the building. All of the staff we spoke with knew where the emergency bag and oxygen were stored. We found all contents of the emergency bag were present and in date.

Substance misuse/detoxification

- We looked at records which showed staff checks of the emergency bag from May 2015 until the date of our inspection. All required checks had been completed weekly. The defibrillator battery was checked nightly.
 - All areas of the clinic were clean and most well maintained with furnishings in good condition. There were some en-suite facilities in need of upgrade and refurbishment however, there were clear plans and finance in place for this work to be carried out in the next three months.
 - Staff adhered to infection control principles. One member of staff was infection control lead and told us about improvements they had made recently. Following a two day course the infection control lead had introduced hand-washing posters and updated nursing staff on guidelines in respect of jewellery and nail polish.
 - Part of the duty for the night staff was to complete an environmental check. This had been completed and included fire checks. Staff were able to explain the fire alarm system and evacuation procedures.
 - All rooms had nurse call alarm systems by the beds and in the bathrooms. These were tested regularly by an external company.
 - The Manor Clinic Limited had a head of housekeeping and a domestic assistant, they told us there were always staff available to maintain cleanliness. There were clear cleaning schedules and responsibilities in place. Nursing staff were responsible for cleaning the clinic.
 - There was an environmental risk assessment dated December 2015 with action plans to resolve each risk identified, however, there was no prioritisation or timescale to complete the actions.
 - There was a main call point in the nursing office and call alarm systems in the clinic and all bedrooms and bathrooms. We saw records that confirmed they were tested by an external company every six months.
- Safe staffing**
- There was no formal guidance in place to set staffing establishments. However, the roster showed there was a minimum of one qualified nurse and one health care assistant on duty through the day and night The manager told us this could be increased if a patient was admitted with assessed high needs.
 - The service operated 24 hours. The multidisciplinary team (MDT) included a centre manager, a team manager, a clinical nurse lead and eight registered nurses. They were supported by two addiction therapists, one trainee addiction therapist and seven health care assistants. The manager had also recruited a secretary to commence post in March 2016.
 - The Manor Clinic had eight registered nurses, six of these were substantive posts and three were regular bank workers. They had vacancies for three qualified nurses and four health care assistants.
 - Sickness rates were calculated from the rosters, however, staff told us they were waiting for training and access to SYNAPES (an information management system) this would allow staff to report on sickness and annual leave electronically in the future. One non clinical staff member had been on long term sick during the past twelve months.
 - The Manor Clinic Limited did not use agency staff to cover staff sickness and annual leave. Regular bank staff who were familiar with the service provided cover for sickness, absence or vacancies.
 - There was clinical cover day and night from the qualified nurse on shift, however, as a substance misuse service patients were in group therapy during the hours of 10am and 4pm. During this period it was not necessary for nurses to observe all parts of the house. Staff were aware of the lone working policy and procedures to keep themselves safe due to the lines of sight not being available at all times.
 - Staff told us they worked closely with three locum GPs who carried out admission assessments, managed physical health needs and prescribed detoxification medication. There were no formal on call procedures for medical cover in place, however, staff explained a doctor would be requested through the local out of hours GP service in the event of an emergency.
 - Patients signed a contract of agreement when they were admitted to The Manor Clinic Limited, this confirmed they will not leave the clinic unaccompanied due the risk of drinking alcohol.
 - Patients who had progressed and gained permission to go out into the community did so with a peer or a staff member. Patients were breathalysed each time they returned to the manor.

Substance misuse/detoxification

- Mandatory training included Mental Capacity Act, risk assessment, Control Of Substances Hazardous to Health, infection control, mental health and safeguarding adults.
- Training records were limited, twelve out of twenty nine staff members (41%) had up to date safeguarding of vulnerable. 59% of staff had not received equality and diversity training, the manager was not able to monitor all mandatory training, however, she told us they were in the process of setting up an account that would enable her to access the on line training matrix.

Assessing and managing risk to patients and staff

- Comprehensive and holistic risk assessments were completed on admission by the admitting nurse and doctor. These were thorough and detailed. Risk assessments were updated regularly and any risks identified documented clearly in clinical notes and care plans.
- Staff described the physical risks of alcohol detoxification and how they managed this medically. Staff checked patients regularly to ensure they were not becoming physically unwell and to monitor any risk of seizures from alcohol withdrawal. They used the Clinical Institute Withdrawal Assessment withdrawal rating scale for risk management Nursing staff were able to increase or decrease their level of observations depending on their assessment of the patient's physical risk.
- The Manor Clinic Limited had clear and explicit rules and boundaries in place, these looked like blanket restrictions, however, they were clinically justified. Patients told us they knew what these were and the reasons for them. For example, patients agreed not to leave the clinic whilst undergoing medical detoxification in order to ensure their safety and following detoxification, not to go out alone. This was to ensure patients were supported, for example, the local shop sold alcohol and patients accompanying each other helped protect each other from giving into the impulse to buy and consume alcohol.
- The Manor Clinic Limited did not admit patients detained under the Mental Health Act. Admissions were always informal and capacity to consent to treatment was an essential part of the admission criteria. There was no use of seclusion, rapid tranquilisation or restraint.

- The Manor Clinic Limited policy was to breathalyse all patients and search all patients' bags on return from the shop. Patients told us they understood the reasons for this and that it was part of how staff maintained a safe environment.

- The Manor Clinic Limited had an identified safeguarding lead. Staff we spoke with demonstrated an excellent understanding of safeguarding. Staff were able to describe how to make a safeguarding alert and knew who to talk to at the local safeguarding adults' team. Senior staff displayed a sophisticated understanding of managing very sensitive issues in a way that both supported and protected patients.

- We saw a three month audit trail that included the management of, stock storage, patients own drugs and controlled drugs. Staff kept a log of all drugs identified as 'drugs liable to misuse'. Two members of staff checked and recorded the stock levels of all these drugs daily. One member of staff was responsible for checking the expiry dates of all medicines weekly, disposing of expired stock, and ordering of new stock. Staff kept a log of all medicines disposed of and these were collected by the pharmacy. Staff had kits available to dispose of controlled drugs. Two members of staff always carried out this and kept appropriate records. Staff checked and recorded fridge and clinic room temperatures daily to ensure medicines were stored correctly.

- The Manor Clinic Limited had comprehensive audits of clinic checks. We saw a recent audit carried out by an external pharmacist in December 2015 which found everything to be in order.

- All visitors had to receive prior permission to enter the building and this was risk assessed. The Manor Clinic does not allow children on to the premises. However, at such time that patients are able to leave the premises with loved ones, arrangements are made for them to meet offsite.

Track record on safety

- There had been one serious incident in May 2015. This incident was recorded as an alleged patient on patient assault which concluded with the provider taking "appropriate action" and informing the relevant parties, including the police. Governance meeting minutes showed that incidents were discussed and staff had been trained on a new reporting system called IRIS for incident reporting in the future.

Substance misuse/detoxification

Reporting incidents and learning from when things go wrong

- Staff we spoke with told us about the incident reporting system and were aware of recent incidents. One member of staff told us about a recent incident and the learning points. They told us about changes that The Manor Clinic had made to the patient contract as a result of one incident.
- Staff told us they received support and were debriefed following an incident. One member of staff told us they were able to contact more senior members of the team for advice and support.
- Staff are open and transparent around duty of candour. The local manager and operations director could clearly demonstrate the system for reporting, reviewing and feeding back outcomes of incidents to staff and patients. All incidents that should be reported were reported through a new system called IRIS, evidence of changes made were available.

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

Assessment of needs and planning of care

- There were seven patients receiving treatment at The Manor Clinic at the time of our inspection. We looked at the care records for each patient. All the records were of a high standard and were clear and comprehensive.
- Physical health was assessed thoroughly and monitored closely. The initial assessment for physical health was completed by the locum general practitioner employed by the service. blood borne virus are not specifically tested for, however, the manager told us it is always assumed and therefore relevant precautions are taken. Urine is tested using urinalysis testing kits and a routine drug screen on admission.
- The GP admission paperwork once completed remained in the nursing notes throughout admission. Any additional information sought from the patient's own GP is requested only with the patient's consent and if indicated. This would also remain in the patient file.

- Care plans clearly reflected the patient's needs, risks, preferences where appropriate and involved the patient. A copy of their care plan had been offered and given to the patient. All care plans were reviewed and updated daily or weekly dependent on the patient's individual needs or risks.
- All care records were in paper form at the time of our inspection. They were held securely in locked cabinets and safely managed. The Manor Clinic was in transition towards the electronic system used by Partnerships in Care and plans were in place to manage this safely.

Best practice in treatment and care

- Medication was prescribed by three locum GPs employed by the Manor Clinic. The GPs prescribed medication recommended by National Institute for Health and Care Excellence for detoxification from substances. For example, patients were prescribed chlordiazepoxide, one of the medicines recommended for the treatments of withdrawal from alcohol. In addition, for breakthrough withdrawal, The CIWA rating scale is used to monitor the withdrawal and to guide withdrawal interventions. The GPs also prescribed Pabrinex injections which protected patients from the risk of physical damage caused by lack of vitamin B12.
- The Manor Clinic Limited provided the Minsotle model of psychological therapies in line with guidance on the treatment for substance misuse. Patients attended groups based on a recognised model of treatment and were also supported and encouraged to attend Alcoholics Anonymous and/or narcotics Anonymous meetings.
- Patients were prescribed a medication regime to prevent alcohol withdrawals and reduce the risk of alcohol withdrawal seizures. This included additional 'as required' doses to manage any breakthrough withdrawal. Nursing staff used the recognised rating scale Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA) to assess patients' need for additional medication.
- Nutrition and hydration was promoted, patients said the food was good and they were able to request alternatives when required.
- There were multiple audits in place which are undertaken by all staff. The clinic room and medication audits are specifically completed by nursing staff. There is a nightly audit of drugs liable for misuse and controlled drugs. The

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clinical equipment such as the ILS bag is audited either weekly or nightly (with the defibrillator battery). There are also nightly audits of fire panels. Twice weekly all patient files are audited.

Skilled staff to deliver care

- Therapists were registered with the Federation of Drug and Alcohol Professionals. The Manor Clinic aimed to employ staff with lived experience and currently had two students who were studying the degree course in addictions at Bath University. In addition to this The Manor Clinic had peer support workers who had completed treatment and were abstinent from substances. There were clear criteria for peer workers which included a minimum of two years post abstinence. All peer volunteers who have previously used the service at The Manor Clinic Limited work under the guidance of the therapy staff who also give them supervision.
- Staff attended three shifts shadowing experienced staff as part of the induction process, there was a completed induction check list and, staff informed us they will now have access to the corporate induction program.
- Clinical and therapy staff had access to external supervision. In addition supervision was provided for other staff employed at the service., However, the manager did not have access to records. We were told by staff that supervision was supportive and helpful to their development. Staff told us that senior members of the team were approachable and supportive. No staff had received an appraisal in the last twelve months, however, the manager told us this had been highlighted as part of the transition to Partnerships in Care. The manager had booked appraisal training in March 2016 and will implementing appraisals for all staff thereafter.
- Staff told us about one incident where they had concerns about the behaviour of another member of staff. They contacted the manager and were supported to take appropriate action which resulted in disciplinary action.

Multi-disciplinary and inter-agency team work

- The range of disciplines includes nursing, GPs, Addiction therapist, and visiting consultants. Staff organise for patients to attend regular Alcoholics Anonymous and

Narcotics Anonymous meetings throughout their treatment programme and these are held within the community. Staff also facilitate an house Narcotics Anonymous meeting once a month.

- The Manor Clinic Limited do not have any involvement with the local Community Mental Health Team as they do not refer to the manor clinic. Very few patients at the clinic were local. However, staff told us they would liaise with Community Mental Health Team if required and with the consent of the patient.
- We observed two morning handovers which were attended by nursing staff, the manager and the therapies team. All patients were discussed. Discussions covered patients' physical, psychological and emotional health. We observed that staff had a thorough knowledge of all patients, their needs, families and difficulties. Staff spoke of patients with understanding, warmth, kindness and concern. The purpose of discussions about each patient was the way staff could provide the best support.
- There were good positive links with the local safeguarding authorities, care co-ordinators and consultants where appropriate. Staff we spoke with told us of the importance of having and maintaining those links for the patient's recovery.

Good practice in applying the Mental Capacity Act

- Staff were able to describe the five principles of the Mental Capacity Act (2005) and how to assess capacity. Patients' medication records contained a capacity assessment carried out by the prescribing doctor, and care records documented capacity where indicated, for example consent to share information.
- Staff were aware that all policies could be found online, this included mental capacity and deprivation of liberty. There were no detained patients at this service.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Patients were unanimous in their praise of the entire staff team from housekeeping to the manager. We participated

Substance misuse/detoxification

in a focus group with six of the seven patients who all expressed great appreciation of the care they received. Patients told us that from their first contact with the clinic they felt supported and cared for.

Patients described being welcomed as soon as they arrived and that the quality of care had been consistent throughout their stay.

- All the staff we spoke with had an excellent understanding of patients' needs. Patients we spoke with confirmed this. Confidentiality was maintained and all records were stored securely.

The involvement of people in the care that they receive

- Patients told us they were welcomed to the service and had an information pack in their room which helped them understand their treatment. They told us they were immediately put at ease and shown around the building by staff and peers to make sure they felt orientated and safe.
- Records showed involvement with the patient throughout. Multidisciplinary meeting records within the clinical notes included the patient's views, thoughts and wishes.
- Families and carers were actively involved with patients' consent, and this formed an important and integral part of the treatment. The Manor Clinic did not hold Alanon meetings. However, staff told us they felt families and patients were equally part of the treatment. They were involved throughout the admission. The Manor Clinic asked families to write letters which explained the impact of patients' addiction on families and friends. In addition The Manor Clinic ran a families group and had a family therapist.
- Staff had introduced local initiatives such as peer group meetings and in house yoga, there was a gym following request from previous patients.

Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

Access and discharge

- Patients can self-refer or be referred through agencies that refer to addiction clinics directly as well as through the

Partnerships in Care Website and Partnerships in Care central referral line. Occasionally patients are referred through NHS. They are admitted for a seven day detox then they will return to the local services for continuation of their treatment. The Manor Clinic Limited does not organise sponsors, however, patients can arrange their own once they start attending Alcoholics Anonymous and Narcotics Anonymous meetings following completion of their treatment.

- Records showed the average bed occupancy during the period of April 2015 to November 2015 was 40.73%. During their admission patients would be asked to move rooms on an 'as needed' basis. This was to ensure that the most vulnerable or physically unwell patients could have one of the bedrooms close to the nursing office. Staff carried out risk assessments to ensure that vulnerable patients did not have a bedroom in the more isolated areas of the house.
- Discharges were planned and staff worked with patients to develop a support plan before discharge. As part of their preparation for discharge patients were encouraged to attend two Alcoholics Anonymous meetings a week in order for them to be familiar with these meetings. In addition patients were always able to call the clinic's 24 hour helpline for support.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment was very clean, comfortable and welcoming. Several rooms were available to talk in private and there was good soundproofing. The clinic room was small however plans were in place to expand its size.
- Patients family members could stay if required with prior arrangement and agreement. The facilities were comfortable and well stocked.
- Patients had access to their own mobile phones and signed a contract to not use them during therapy hours. Wi-Fi was available throughout the building.
- At the back of the building there was a large comfortable outside space area for patients to access. This included a dedicated smoking area. The outside area was mainly grassed and had a relaxed welcoming feel.
- Patients we spoke with told us the food was very good. The Manor Clinic had been given a food hygiene rating of five out of five.

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- Patients had keys to their bedrooms and patients could have their own belongings for example televisions, guitars and music systems.

- Hot and cold drinks were available at all times. Snacks were available throughout the day outside of mealtimes.

- There was a patient activity program that included yoga every two weeks, access to a small in house gym and a walking group, Saturday mornings included a peer reading groups and there was a regular aftercare group weekly which was attended by former and current patients.

Meeting the needs of all people who use the service

- There was disabled access to identified rooms on the ground floor. These rooms had privacy blinds as they faced the outside area.

- Information packs were issued on admission, explaining how treatment was provided, this included medication prescribed. There were welcome packs were in all rooms that included details on how patients could make a complaint or access advocacy services. Interpreters and religious support representation was available on request.

- There was a set menu provided, however, individual staff told us dietary needs were assessed on admission, any special dietary requirements of religious and ethnic groups or allergies would be met on an individual basis.

Listening to and learning from concerns and complaints

- There were two complaints in last 12 months, one was not related to The Manor Clinic and one was investigated fully and upheld, these were discussed at the governance meetings and learning was recorded.

- We saw records of weekly community meetings where patients discussed compliments, complaints and suggested improvements to the service informally.

Patients told us this is normal community living, and they understood that staff encourage them to air their views in a supportive environment. One patient told us they felt able to speak openly in the meeting, they felt confident staff would listen and act on their concerns.

Are substance misuse/detoxification services well-led?

Vision and values

- The Manor Clinic had been through a period of considerable change since 2015, when it had merged with Partnerships in Care, part of the transition meant new business objectives were being set, for example moving to a computer based management information system.

- Staff we spoke with were positive and very clear on their roles and the values of the service. There was a real sense of pride and ownership within the staff team. Staff knew who the local and senior management team were, felt valued and listened to which was apparent throughout our inspection.

Good governance

- Staff told us that the merge with Partnerships in Care was very positive and had given them access to more up to date systems and processes. There were clear plans in place that showed how Partnerships in Care intended to integrate The manor Clinic into their organisation.

- Training records showed not all staff were up to date with their mandatory training, there was a new on line training system in place, however, the manager did not have access to it, therefore we could not identify if the outstanding training had been booked.

- Staff had not been appraised in the past twelve months, staff told us this had not impacted on service delivery as they were receiving clinical supervision.

- We saw evidence that the centre manager, clinical lead and team manager had booked onto appraisal training in March 2016.

- The centre manager did not have access to staff supervision records, this was not in line with Partnership in Care supervision policy., However, following discussion records were moved to a locked cabinet she had access to. Staff confirmed they received supervision regularly.

- Shifts were generally covered by sufficient numbers of staff with the required skills and experience. Patients were in group therapy every day 9am to 4pm, staff were available for additional support in the evening.

Substance misuse/detoxification

- We saw a robust environmental risk assessment that included ligature work. However, there were no timescales for completion. The centre manager told us they were in the process of formulating this to fit in with the Partnerships in Care corporate strategy.

- Staff participated actively in clinical audits. Incidents were reported appropriately, and the investigation process following incidents allowed staff to learn and improve without feeling blamed or victimised. The centre managers were highly thought of by their staff teams and were able to lead with appropriate authority.

Leadership, morale and staff engagement

- Staff held the centre manager with respect and high regard, there were low sickness rates, and no record of any bullying or harassment cases.

- Staff we spoke with knew what the whistle blowing process was and felt able to raise concerns without fear of victimisation.

- Staff told us there was high morale and extremely high enthusiasm within the team.

- Patients told us staff were professional and felt their needs were of the highest priority.

- The centre manager had implemented lead roles within the team, for example one staff member had become the safeguarding lead another had responsibility for health and safety.

- Staff had been promoted into senior roles. There was a mutual support for each other's roles and staff we spoke to felt the merge with Partnerships in Care had also opened up opportunities for leadership development.

- We saw records that confirmed staff were offered the opportunity to give feedback on services and input into service development.

- We saw records of a community meeting held with patients weekly where staff deliver on their duty of candour, achieving a transparent culture and being open about the care and treatment they receive.

Outstanding practice and areas for improvement

Outstanding practice

We found the following good practice:

- Staff treated patients with dignity and respect.
- A wide range of facilities and activities were available for patients to support their rehabilitation.
- Staff supported patients to devise their own activities and scheduled regular time for these activities to take place. This empowered patients to be involved in the planning of their recovery.
- The service supported patients to raise ideas and concerns directly with staff via weekly meetings. This took place before the clinical governance meetings allowing issues to be put immediately to managers.
- The service was very responsive to patients' complaints, acting promptly whenever they were raised and taking appropriate steps where necessary. Staff ensured that they met with patients to discuss their complaints and the outcome of any investigation
- There were systems and procedures in place to ensure that staff were well managed.
- The service worked well with external agencies including a local GP practice to ensure effective monitoring of patients' physical health.
- The service was very supportive of independent advocacy ensuring that patients could raise issues concerning their care and treatment.

Areas for improvement

Action the provider SHOULD take to improve

- The manager should have an out of hours on call procedure in place that can respond to emergencies in a timely manner.
- The manager should ensure process such as personnel, training and supervision records are better monitored and recorded.