

# Somewhere House

## 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:

- Somewhere House provided a safe and supportive environment for clients undergoing treatment for substance misuse and addiction. Clients were empowered to develop as individuals and to build important life skills. Staff helped to arrange funding extensions for clients when they needed a longer stay.
- Clients remained actively involved with the service following the completion of their treatment and supported others. Both current and former clients were overwhelmingly positive about their experience at the service.
- The provider managed risk by building good relationships with clients, gaining a comprehensive understanding of their needs and ensuring good lines of communication. Conflict was managed well.
- Staff were committed and sought to involve clients in their recovery at every opportunity. We found positive

# Summary of findings

leadership at the service. The provider made good use of information technology such as tablet computers to aid the efficient delivery of the service and the involvement of clients in their care.

- Staff were trained in the Mental Capacity Act and demonstrated knowledge and awareness of how to use this in practice.

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

- It was noted that some internal fire doors on the ground floor in communal areas such as the entrance to the kitchen and office were wedged open. This practice presented some increase in the risk of fire spreading and the provider did not have appropriate fire door release mechanisms in place.

# Summary of findings

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# Somewhere House

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Somewhere House

Somewhere House provides a residential rehabilitation service based in a Victorian house in Burnham-on-Sea. The service was able to provide mixed sex accommodations for 14 clients. Clients could be funded through local authorities, private or charitable funding.

The service is registered to provide accommodation for persons who require treatment for substance misuse and there was a registered manager in post.

Somewhere House was last inspected in October 2013. The service was compliant with the standards inspected at that time.

Somewhere House also manages some shared rented accommodation in the local area which the provider referred to as 'move-on' houses. Clients could choose to locate there following their residential treatment. Aftercare support was offered to those who lived in the houses. This accommodation was not subject to registration with CQC and therefore not inspected on our visit.

## Our inspection team

The team that inspected the service comprised CQC inspector Kate Regan (inspection lead), one specialist

advisor, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

## Why we carried out this inspection

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. This inspection was an announced inspection.

## How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- were given a tour of the house by a current client
- spoke with five clients of the service in a structured one to one interview and spoke more briefly to the other clients and some previous clients.
- spoke with the registered manager
- spoke with eight other staff members employed by the service including addictions workers

# Summary of this inspection

- attended and observed one hand-over meeting, a daily meeting for clients and one therapeutic group
- looked at four care and treatment records, including medicines records, for clients
- analysed the information provided in 19 comment cards
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients told us that staff were kind, warm, approachable, respectful and professional. They told us that staff were consistently firm, fair and always very caring and interested. Clients described the house as being run like a household with a nurturing family atmosphere and positive peer relationships.

We received 19 comment card responses from current clients of the residential service and former clients who still maintained links and received ongoing support from the service. All were very positive about the service and the care they had received.

Clients were involved in the development of, and monthly reviews of care plans and had copies. Their families were involved if appropriate.

# 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 standalone substance misuse services.

We found the following areas of good practice:

- The house that clients received treatment in was pleasant, clean, homely and well maintained. Clients took pride in helping to keep the environment clean and tidy.
- The service had enough staff to care for the number of clients and their level of need. All posts were filled, there had been one staff leaver, and no sickness absence in the previous 12 months. The staff team worked well together. Existing staff covered any shifts that needed to be filled.
- The provider had a comprehensive set of rules that the clients had been involved in developing, known as the 'client handbook'. The rules were intended to help clients remain abstinent, get the most from their treatment, and gain important life skills. Staff were consistent in their approach and had created a harmonious atmosphere at the service. Clients told us that they felt safe in the service.
- Staff communicated well with each other about the progress of clients and any concerns that may arise. Staff met as a group several times a day. There was a twice daily meeting between three clients and a member of staff for clients to handover any problems or concerns they had picked up in the house. Staff made good use of technology to keep records up to date.

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

- It was noted that some internal fire doors on the ground floor in communal areas such as the entrance to the kitchen and office were wedged open. The provider told us that the doors were wedged open during the daytime due to clients' preference, and that they had discussed this with a fire adviser. This practice presented some increase in the risk of fire spreading and the provider did not have appropriate fire door release mechanisms in place.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

# Summary of this inspection

- Staff undertook comprehensive assessments to determine what support a client needed. Clients were involved in developing their care plans which were individualised and regularly reviewed by staff together with the client. Clients contact with their children was supported appropriately.
- Staff were trained and experienced. Counselling staff were qualified in “person-centred” counselling. Staff received regular and appropriate supervision and an annual appraisal.
- There was good liaison between staff working at the service, partner agencies and with those referring clients to the service. There were good arrangements in place on admission to and discharge from the service.
- The provider made appropriate use of therapeutic house rules that clients had been involved in writing, that applied to all clients and which the clients consented to.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had worked hard to develop and maintain a relaxed and harmonious atmosphere at the service. We observed staff treating clients with respect and reflecting on client’s progress and needs. Clients were overwhelmingly positive in their feedback.
- Clients were involved in their care and contributed to their care plans and care note recording.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients could continue to access aftercare once they had left the main house. The provider had some accommodation that clients could rent and where some support was offered. Clients kept in touch with the service and many were involved in peer-mentor roles, providing support and encouragement to clients in Somewhere House.
- Clients had emergency plans should they disengage with treatment.
- The provider kept a log of concerns and was proactive in resolving issues. There had been no formal complaints in the 12 months before the inspection.

## Are services well-led?

We do not currently rate standalone substance misuse services.

# Summary of this inspection

We found the following areas of good practice:

- The manager provided strong leadership and maintained regular involvement in the day to day running of the service. Clients were able to speak to the manager directly should they wish.
- The provider carried out an annual audit covering many aspects of the performance of the service which was published on it's website.
- There were regular directors' meetings and a monthly team meeting where feedback from the directors occurred and staff could raise concerns. There were daily team meetings to discuss all clients, concerns and the schedule for the day.
- All staff were engaged in the management and delivery of the service. All staff could be involved in recommending and considering possible improvements to the service. The provider placed importance on the emotional needs of staff when undertaking the work and ensuring they had regular de-briefing sessions during the day.

# Detailed findings from this inspection

## Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. Staff were aware of the signs and symptoms of mental health problems.

If the mental health of a client were to deteriorate, staff were aware they could contact the mental health services and GP's for support.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated knowledge and awareness of how to use the Mental Capacity Act (MCA) in practice. The provider had an MCA policy.
- Staff had been trained in the MCA and Deprivation of Liberty Safeguards. All staff received some training on

the MCA and a test as part of their induction to the service. Ten members of staff (70%) had completed a distance learning module and external training at NVQ level two, and the remaining four members of staff were in the process of undertaking distance learning.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe and clean environment

- Somewhere House was located in a large Victorian semi-detached building over three floors. We observed the house to be very clean and spacious throughout. Clients cleaned the house on a rota system as therapeutic duties were part of the service's recovery philosophy. Staff cleaned the staff areas of building.
- Clients used colour coded mops, buckets and cloths for different areas such as bathrooms and the kitchen to prevent cross-infection.
- The environment appeared very well-furnished, maintained, homely and comfortable. There was access to a television, a payphone and a good supply of books to read in clients' free time. DVDs were allowed but not with a content of horror or abuse of any kind. There was a well maintained garden area with a covered smoking shelter.
- Clients that we spoke with reported feeling safe in the service due to staff's attitude, their open and structured approach, and support from other residents. One client told us that whenever there was an issue it was handled really well.
- Client bedrooms were spacious and were set up to be shared by two or three clients of the same gender. The registered manager told us that clients benefitted from the support of a more senior peer when entering the service and that outcomes from treatment were improved. Somewhere House did have two single bedrooms which were allocated to clients nearing the end of their time in the house to prepare them for move-on accommodation.
- The service had an up to date fire risk assessment completed in June 2016. All staff had completed fire training in August 2016, and were qualified to act as fire wardens. The fire alarms were tested weekly; staff took

turns to carry out a practice evacuation monthly and fire safety was discussed at the monthly staff meeting. A copy of fire evacuation plan was kept in the clients' signing in book, and a floorplan of the building displayed for the benefit of the fire brigade.

- It was noted that some internal fire doors on the ground floor in communal areas such as the entrance to the kitchen and office were wedged open. The provider told us that the doors were wedged open during the daytime due to clients' preference, and that they had discussed this with a fire adviser. This practice presented some increase in the risk of fire spreading and the provider did not have appropriate fire door release mechanisms in place.
- The service had a health and safety policy and health and safety reviews were undertaken by an external advisor. We saw up to date gas safety and electrical certificates. The water was tested weekly for legionella.
- The health and safety policy acknowledged risks around ligature points and actions to take if staff assessed that there may be a risk for an individual. Clients were reviewed by the staff team several times a day in meetings and de-briefing sessions. There was a twice daily feedback session from clients on any concerns they had regarding members of the house. Risk assessments were reviewed monthly as a minimum and by the team daily at the team meeting as required.
- Thermometers were in place in food fridges and freezers and the drugs fridge and one reading taken daily.
- There were two members of staff employed to oversee the maintenance of the house.
- The registered manager told us that she regularly walked around the environment to spot any issues that might need addressing.

### Safe staffing

# Substance misuse services

- Somewhere House provided information to show that at the time of the inspection the service had 14 substantive staff, with no posts unfilled. The majority of staff had worked with the service for many years.
  - On the day of the inspection, there were three addiction workers, one of whom was a deputy manager who were facilitating group work and conducting one-to-one sessions with clients. There was also one member of administrative staff, a student counsellor, and two further management staff on duty who were supernumerary. The staffing rota demonstrated that there were equivalent numbers of staff on other days which meant that the needs of the clients were well met by the staff team. The service aimed for four clients for each addiction worker.
  - The service was staffed overnight by a support worker and there was a management on-call system. During the day there were sufficient staff to facilitate medical visits, other professional appointments and stakeholder liaison work such as communication with social services and probation services.
  - The staff rota showed that all the shifts were covered by staff from the existing team; management and staff confirmed this and told us that and there was no need for bank or agency staff to be used. No activities had been cancelled.
  - We looked at three staff files which were kept electronically and saw that good recruitment practices were in place. We saw that the provider had sought references and undertaken Disclosure and Barring Service checks before staff started their employment. In addition we heard from managers that clients participate in the interview process for new staff, their views were taken into consideration when decisions were taken about offers of employment. This was good practice.
  - Staff said that they were pleased with the training on offer at Somewhere House. The training matrix demonstrated that 'mandatory' training such as first aid, fire safety, safeguarding, mental health, food hygiene, health and safety and equality and diversity had been delivered to all staff.
- in the comprehensive risk assessment prepared by staff at Somewhere House. The risk assessments contained information on triggers, early warning signs and risk management strategies. All those seen were signed by the service user to indicate their agreement and were reviewed at least monthly, or more frequently if circumstances changed.
- We observed a handover meeting on the morning of the inspection; staff reviewed risks in light of some information relating to a client. This information was discussed with the client and transferred to their file during the course of the day leading to a review of their risk assessment and management plan. The handover meeting was recorded electronically immediately which led to all staff being aware of the changes when they logged on to the system. This ensured that the risk assessment was regularly updated and communicated.
  - Clients were able to access support after they left the service as Somewhere House had a number of houses in the local area that clients could rent accommodation in known as move-on accommodation. These clients and others who had moved further afield maintained links with the service.
  - Clients who decided to leave before finishing their treatment were given harm minimisation advice and warned of the risk of overdose. The electronic recording system outlined the topics to be covered and there were regular sessions built into the programme where relapse prevention was discussed. In addition, former clients who were currently living in move-on accommodation operated by the company came to the service at regular intervals to share their experiences of recovery so that they could explain the risks of relapse and encourage current clients to be aware of coping strategies.
  - Staff we spoke with were aware of the safeguarding policy and procedure for both adults and children. We noted that some clients had children living in their home area; in these instances staff liaised with local authority social services departments appropriately to monitor any risk to children. Clients' contact with their children was supported and encouraged as appropriate. Clients could contact their children via social media, Skype, telephone or text every evening if appropriate.
  - Staff were required to be aware of all service policies, and all staff were up to date with mandatory training.
  - There was good medicines management practice, and an electronic system was used. Medicines were booked

## Assessing and managing risk to clients and staff

- All clients had been risk-assessed prior to admission. We saw a sample of four client files where risk assessments were initially outlined in the referral report from commissioners and then this information was included

# Substance misuse services

in to the service by two members of staff. Stock and administration records were checked three times daily by staff who had completed internal and external safe handling of medication training.

- Medicines that could be mood altering or misused were stored in a locked medication cabinet in the locked office alongside home remedies. Both the staff member and client signed to indicate when medicines had been administered. Medicines that staff risk-assessed as suitable for self-administration were given to the client to store if a medicines risk assessment indicated this was appropriate. The provider was able to ask a local pharmacist, GP prescriber or named GP for advice if required.
- There was a lone working policy to ensure staff were safe. They were able to ring the on-call duty system if necessary. All staff were trained to act as first aiders.
- In order to participate in treatment clients needed to agree to total abstinence from drugs and alcohol, and to random drug testing.

## Track record on safety

- There were no incidents recorded within 12 months of this inspection.

## Reporting incidents and learning from when things go wrong

- The manager showed us the concerns book and told us that in the 10 years that the service had been running that there had been virtually no aggression, damage to property, no other serious incidents, and three safeguarding referrals that had been made.
- The daily handover meeting recorded any concerns about the behaviour of clients which needed monitoring or some intervention such as warnings. These warnings were seen to be issued where house rules such as non-smoking, breach of boundaries or failure to comply fully with the treatment programme occurred. Staff felt that by intervening at an early stage they were able to prevent issues escalating to the point where they became serious incidents. The system for recording concerns meant that there was a method of tracking themes and responding appropriately to them.
- Monthly team meetings were held for the whole staff team. Feedback from the directors' meeting was received by staff and lessons learned from incidents or concerns were formally fed back to staff.

## Duty of candour

- Duty of candour is a legal requirement which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- We spoke with staff who understood the need to be open and transparent when things went wrong. They said that they would support clients and significant others where there were issues which were of concern and ensure that they were put in touch with people who could help them further.

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

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

- Client records contained a comprehensive assessment form which included details of their substance misuse history, treatment history, social circumstances and any mental health history. If it was indicated clients were referred to the local community mental health team (CMHT) and any support they received was recorded in the client files.
- All clients were registered with a GP and dentist on admission and supported to address any physical health needs. We saw written evidence of hospital, GP and physiotherapy appointments to follow up specific health issues experienced by clients during their stay at Somewhere House. Blood-borne virus testing was promoted and staff supported clients to attend the local hospital clinic or GP for this when they were ready.
- Clients were involved in developing their own monthly care or treatment plans which were discussed in one-to-one sessions with counsellors on a weekly basis and also reviewed with a peer group on a twice monthly basis. Clients agreed their goals with their counsellors and kept a copy in their rooms to ensure that they were regularly reminded of their treatment issues. These discussions with counsellors and peers meant that clients had regular feedback on their progress through treatment and were able to constantly review how they were managing in meeting their treatment goals.

# Substance misuse services

- Clients that we spoke with told us their care plans were individual. One client told us of the support she was being given in relation to child contact issues.

## Best practice in treatment and care

- Psychosocial therapies were delivered in line with UK guidelines on drug and alcohol misuse and recording practices were in line with National Treatment Agency for Substance Misuse (NTA) Care planning practice guide (August 2006). The NTA was the government agency responsible for the oversight of drug treatment in England; its functions are now exercised by Public Health England (PHE) which has adopted NTA guidance.
- Somewhere House described its philosophy as 'person-centred' and its documentation illustrated this approach in that all care and treatment plans were orientated towards the issues which each individual had identified and agreed as requiring attention whilst in residential treatment.
- There was a structured therapeutic programme in place which was a condition of residence. Staff ensured that the treatment delivered was comprehensive, including a balance of group work, individual sessions, optional complementary therapies and leisure pursuits.
- Somewhere House produced an annual audit which was published on its website. The report incorporated feedback from clients, family and funders.

## Skilled staff to deliver care

- Staff were experienced in the field of substance misuse. Counselling staff had relevant qualifications in person-centred counselling which was in line with the philosophy of the service. Staff said that they were supported to develop professionally, one person had recently completed a degree in counselling and another had undertaken specific management courses.
- There was a matrix of planned supervision times on a monthly basis for all staff. Professional staff also had a timetable of external clinical supervision. Staff said that they felt supported by this process. We also saw in supervision records that issues of concern had been raised with staff through this process.
- There was a programme of annual appraisals which included staffs own submission and a summary by the supervisor of issues which were going well and those

which would benefit from further development work during the year. Both supervisor and supervisee signed this document to show their agreement with the contents.

- Staff induction was arranged according to the Common Induction Standards. However, the Care Certificate had not yet been introduced to this process.
- Specialist training had also been provided for some staff in diabetes care, management of trauma, and end of life care. Staff records showed a wider level of specific training for individual staff members as identified in their annual appraisals and supervision sessions.

## Multidisciplinary and inter-agency team work

- Within Somewhere House there was evidence of good communication between team members such as counsellors, support workers, administrative staff and management. We observed a daily handover meeting which ensured that issues affecting each client were openly discussed.
- There was written evidence of good liaison with a variety of professionals such as probation officers, care managers, social workers, hospital doctors, GP's, physiotherapists and the local community mental health team. There was a local pharmacist that the provider was able to consult with as required.
- Staff told us that the local GP surgery had a non-medical prescriber who was especially aware of the needs of clients who are receiving treatment at Somewhere House and that this person was able to prescribe some straightforward medication such as epileptic rescue medication and antibiotics when needed.

## Good practice in applying the MCA

- Staff demonstrated knowledge of the MCA and an awareness of how to use this in practice. The provider had an MCA policy.
- Staff had been trained in the MCA and Deprivation of Liberty Safeguards. All staff received some training on the MCA and a test as part of their induction to the service. Ten members of staff (70%) had completed a distance learning module and external training at NVQ level two, and the remaining four members of staff were in the process of undertaking distance learning.

## Equality and human rights

# Substance misuse services

- Staff had had in-house and external training on equality and diversity issues. The annual audit for Somewhere House contained an analysis of the gender and ethnicity of clients assessed and admitted.
- Somewhere House had rules in place that applied to all clients and that clients had been involved in devising. Clients consented to these as a condition of treatment. These rules were in place to ensure the safety of the clients in their first weeks of admission, and that of other clients in treatment. For example, clients agreed not to leave the house alone, agreed to not enter into a personal relationship with any of their peers and surrendered their mobile phones. Clients understood the importance of these restrictions.

## Management of transition arrangements, referral and discharge

- The service required clients to be detoxed from alcohol and drugs on admission. If a client was also under the care of a community mental health team, Somewhere House would get the mental health team to do a temporary transfer of care to the local team to the service rather than discharging the client. If admitted from a medical detoxification ward, a medical detoxification discharge report was forwarded to the local GP.
- We saw client records which demonstrated that plans were made for clients when they transferred to move-on accommodation locally, or returned to their home area. The service worked with professionals such as commissioners, care managers, medical staff, probation officers and social workers to ensure a smooth transition of care and welcomed visits from professionals.
- When clients took an 'early discharge' there was evidence of good practice in terms of harm minimisation advice, and liaison with services local to the client in their area of origin or wherever they decided to locate after discharge.
- While clients lived at Somewhere House, a part of their therapeutic agreement was that they engaged in mutual aid meetings such as Narcotics Anonymous twice a month so that, on discharge, they would be able to seek support from these organisations in their new area.
- Staff and clients worked towards discharge by improving clients skills with issues such as relationships with others, employment and health and wellbeing to help them remain abstinent when they were discharged.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Staff were able to speak about their approach to clients which involved the values of a person-centred approach. These included unconditional positive regard, compassion, being non-judgemental, constructive feedback, empathy and congruence i.e. being able to be honest and genuine in relationships.
- Staff also spoke about care values such as treating people with respect and dignity and observing confidentiality.
- We observed a therapeutic group run by two staff in which all the clients participated. Staff displayed a person-centred and empowering approach in their interaction with clients and there was evidence of mutual respect in the interaction between staff and clients.
- We spoke with all clients living at the service either informally or for a structured interview. Client feedback gained both by talking with the inspection team and a large response from comment cards was overwhelmingly positive.

### The involvement of clients in the care they receive

- We saw that clients had written their own care plans and signed them along with the member of staff with whom they were working. We saw that each care plan was individualised.
- Clients took turns to prepare the house meals in pairs. Clients were able to personalise their bedrooms by displaying photographs and to bring personal items.

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

### Access and discharge

- The service was able to respond to a clients' needs quickly in response to requests for admission. Every client required a detailed assessment prior to admission and sufficient information from those referring the client

# Substance misuse services

to the service in order to make a decision about suitability for admission to the service. Clients would normally visit Somewhere House for the day as part of the assessment process unless they were unable to.

- Discharge plans were seen to incorporate vital areas such as plans to cease drug and alcohol misuse, risks of overdose, health management, accommodation plans, liaison with relevant professionals, mutual aid support groups, financial arrangements, family relationships, education and employment prospects.
- The service provided aftercare for up to two years following discharge if clients lived locally. The aftercare incurred a charge in most cases. Some clients had progressed to the move-on accommodation provided by the company and had regular access to counsellors and group work as required.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- The service focussed on recovery from addiction and all group and one-to-one sessions were provided to address this in a holistic way. Peer support in recovery was seen as a vital element of this process. There were sufficient rooms for group work, private rooms for one-to-one work and a lounge for leisure time. Some bedrooms were shared so that clients in the early stages of treatment could be supported by peers who were also in treatment. Clients we spoke with were very happy with this arrangement.

## **Meeting the needs of all clients**

- Somewhere House provided a wide range of groups, counselling, and voluntary work for clients which were tailored to individual needs. Clients were encouraged to attend college after three months. Clients were able to access the internet in the office on weekdays in their free time.
- Clients said that the food was of good quality. Food was prepared onsite by clients on a rota basis and dietary preferences could be met.
- Staff had access to interpreting services, and written material could be translated or produced in bigger print if required.
- The service had contacts with a range of local faith denominations.

## **Listening to and learning from concerns and complaints**

- The service had not received any complaints in the last 12 months. However, there was a record of concerns which demonstrated that staff and management were listening to clients concerns before they became complaints. There was a weekly house meeting where clients could raise issues with management and seek an early resolution.
- There was complaints procedure and every client had a handbook which outlined this procedure clearly.

## **Are substance misuse services well-led?**

### **Vision and values**

- Staff were aware of the vision and values of Somewhere House which was to promote recovery through abstinence in a person-centred way. The values of the service centred on belief in clients and change being possible.

### **Good governance**

- We saw records of directors meetings which were held approximately every six weeks. These meetings oversaw the running of the service and received reports on practice issues such as incidents, safeguarding matters, staffing, health and safety as well as occupancy, marketing and financial planning.
- The annual audit published on the company website reported on the proportion of clients completing treatment, analysis of clients assessed, the residential treatment and aftercare offered.
- The monthly whole team staff meeting was also a forum for staff to raise issues of concern. Minutes were kept of these meetings.

### **Leadership, morale and staff engagement**

- Staff described the leadership of Somewhere House as inspirational, knowledgeable and approachable. On the day of the inspection the registered manager was seen to be involved extensively in the day-to-day running of the service. The service maintained a full and stable staff team with low turnover.
- We observed that in meetings such as the handover and group debrief, staff were engaged in the management and delivery of the service.

### **Commitment to quality improvement and innovation**

# Substance misuse services

- There was evidence of a commitment to improvement and innovation at the service. The service sought feedback from service users and commissioners and completed an annual audit to drive improvement.

# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the provider SHOULD take to improve**

The provider should ensure that fire doors are kept closed at all times or that appropriate fire door release mechanisms are in place.