

Charterhouse Clinic

Quality Report

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Date of inspection visit: 05 February 2018

Date of publication: 13/04/2018

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Environmental risk assessments were completed and up to date and there was a ligature risk audit in place which provided adequate mitigation. The provider had undertaken internal building works to fill in open beams which had previously been identified as ligature risks.
- We reviewed five care records. All clients had a pre admission assessment and an up to date risk assessment. All risk assessments were detailed and records contained a plan for unexpected exit from treatment.
- Staff provided a holistic, bespoke service and treatment plans were written to support all areas of the client's life. Staff encouraged clients to establish links with support services in the community. Prior to discharge staff made referrals to services which were local to the clients home area.
- All of the staff responsible for the administration of medication had received medication management training. The psychiatrist followed National Institute for Health and Care Excellence guidelines in prescribing and reviewing medication.
- All of the clients that we spoke with told us staff were compassionate, kind and supportive and they felt very safe within the service.
- The doctor attended the service on the day of admission and weekly thereafter. There were additional skype meetings and telephone calls as required.
- There was access to groups throughout the day and during the evenings on week days, and there were activities and some groups held at the weekend
- An aftercare group was provided for clients who had completed their treatment and they could also phone for support.
- There was an up to date risk register and the manager accessed this to submit and update risks. Environmental risk assessments, including ligature risk audits had been introduced and were up to date.
- The service used key performance indicators to measure performance against a range of objectives. These included food standards, room standards, staff numbers and medication audits.
- Staff knew where to access the whistle blowing policy and how to use it. There had been no whistle blowing cases in the last twelve months prior to inspection. Staff told us that they enjoyed working at the service and that morale was high.

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

- The sharps bin was stored in the clinic room and was full at the time of inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		See overall summary

Summary of findings

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Charterhouse Clinic

Services we looked at : Substance misuse/detoxification services

Summary of this inspection

Background to Charterhouse Clinic

Charterhouse clinic opened in May 2015 and provides a range of residential rehabilitation, detoxification, and therapy programs for clients who are self-referring and self-funding.

The clinic accommodates males and females in 13 individual ensuite rooms on the ground floor and first floor.

Charterhouse clinic is registered with the CQC to provide accommodation for persons who require treatment for substance misuse. There is a registered manager on site.

CQC has inspected Charterhouse clinic once previously in July 2016. The provider was required to make improvements in the following areas following that inspection:

- The provider must ensure they complete their plans for improving governance arrangements, including a review of all policies and procedures to include an equality impact assessment. The provider must ensure they have an up to date risk register, and ensure staff know how to add issues to the register.
- The provider must consider formulating an environmental risk assessment and audit, including identification and mitigation of risk of ligature.

We also asked the provider to identify a local advocacy service which clients could access.

During the inspection we found the provider had addressed all of these issues.

Our inspection team

The team that inspected the service comprised one lead CQC inspector, two other CQC inspectors and a specialist substance misuse nurse.

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.

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, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

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

Summary of this inspection

- spoke with five clients
- spoke with the registered manager
- spoke with the psychiatrist
- spoke with five other staff members employed by the service provider, including counsellors and support workers
- looked at five care and treatment records, including medicines records, for clients
- carried out a specific review of eight incidents
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients that we spoke with told us that staff were kind, compassionate and knowledgeable about their role. Clients also said that they felt very safe within the service and that they were treated with respect.

All of the clients that we spoke with reported that there was a wide range of therapeutic interventions and they had some choice in which groups they would access.

Some of the clients said that they had taken part in family therapy and that it had been very effective in supporting their recovery and learning about the impact of substance misuse on their loved ones.

There was positive feedback on the food provided as all clients told us that it was well cooked and there was a wide variety of menu options.

No clients had used the complaints process.

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:

- All of the areas that clients had access to were visibly clean, well decorated and maintained to a very high standard.
- Environmental risk assessments were completed and up to date and there was a ligature risk audit in place which provided adequate mitigation. The provider had undertaken internal building works to fill in open beams which had previously been identified as ligature risks.
- We reviewed five care records. All clients had a pre admission assessment and an up to date risk assessment. All risk assessments were detailed and records contained a plan for unexpected exit from treatment.
- Managers estimated the number of staff on a ratio of one staff member to every one and a half clients. We reviewed the last three months of staffing rotas and found that all shifts were adequately covered.
- All incidents and actions were reviewed by the manager before being signed off. All incidents were reviewed at a senior staff meeting every two weeks and learning was discussed at the monthly staff meeting. Staff received a debrief following an incident
- The service had a safeguarding policy and staff. All staff had completed the safeguarding vulnerable adults training. Staff were able to give us examples of the sorts of issues that would require a safeguarding referral. Children were not generally permitted to visit the service and clients were encouraged to see their children in the local community.

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

- The sharps bin was stored in the clinic room and was full at the time of inspection.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Of the five records reviewed, all contained up to date holistic, personalised recovery orientated care plans. Clients' strengths

Summary of this inspection

and goals were identified and progress in those areas was recorded. Observation levels were recorded, reviewed and updated as clients worked through their treatment plans and were linked to risk assessments.

- The psychiatrist completed an assessment of physical health and on going monitoring of physical health was provided by a qualified nurse and senior staff. This included monitoring of pulse and temperature. Clients with on going physical health concerns, such as diabetes were monitored by staff.
- Client files were stored securely and were locked away to protect client confidentiality. Staff had access to all of the information required to provide care to clients.
- Staff provided a holistic, bespoke service and treatment plans were written to support all areas of the client's life. Staff encouraged clients to establish links with support services in the community. Prior to discharge staff made referrals to services which were local to the clients home area.
- All of the staff responsible for the administration of medication had received medication management training. The psychiatrist followed National Institute for Health and Care Excellence guidelines in prescribing and reviewing medication.
- The service provided a range of psychological therapies recommended by the National Institute for Health and Care Excellence.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All of the clients that we spoke with told us that staff were compassionate, kind and supportive and that they felt very safe within the service.
- The provider offered family therapy and group meetings as part of the service. Families could visit the clients on Sundays and at other times by arrangement. Clients had access to their mobile phones to maintain contact with families and carers but visits were not permitted during the first week of admission.
- The provider had identified local advocacy services and we saw posters displayed on the notice board. Clients were aware of the service and were supported to access it if required.
- There was a weekly community group at which clients could discuss issues and make suggestions about the service.
- Clients could provide feedback about the service by completing a questionnaire when they were due to leave or by using a suggestions box.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had admissions criteria and could accept clients with some minor mobility issues. There was a robust admission process whereby the admissions lead completed a pre admission form and staff ensured that they were able to meet the needs of the client.
- The doctor attended the service on the day of admission and weekly thereafter. There were additional skype meetings and telephone calls as required.
- There was access to groups throughout the day and during the evenings on weekdays and there were activities and some groups held at the weekend
- An aftercare group was provided and clients who had completed their treatment and they could also phone for support.
- There had been no complaints received in the last 12 months prior to inspection. The service had received eight compliments during that time.
- There was a complaints policy in place and complaints posters and leaflets were displayed in communal areas. Clients told us that they knew how to complain and that staff had informed them about the complaints process on admission.

Are services well-led?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- The vision and values were linked to team objectives and staff provided a bespoke service to maximise clients' recovery.
- The service provided mandatory training which all staff had received. Supervision and appraisals were provided in line with policy and the service was fully compliant with the policy.
- There was an up to date risk register and the manager accessed this to submit and update risks. Environmental risk assessments, including ligature risk audits had been introduced and were up to date.
- The service used key performance indicators to measure performance against a range of objectives. These included food standards, room standards, staff numbers and medication audits.

Summary of this inspection

- Staff knew where to access the whistle blowing policy and how to use it. There had been no whistle blowing cases in the last twelve months prior to inspection. Staff told us that they enjoyed working at the service and that morale was high.
- We saw evidence of team working and staff told us that the team were supportive of each other and the management were available and supportive.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had a policy on The Mental Capacity Act. All staff had received training on the Mental Capacity Act and Deprivation of Liberty safeguards. Staff that we spoke with had a good working knowledge of the Mental Capacity Act and were able to describe the five statutory principles.
- The psychiatrist discussed clients' capacity on admission to the service and we saw evidence of this in the records.
- Staff sought guidance from the manager and the psychiatrist if they had concerns about capacity issues. Staff also contacted the community mental health team for advice and guidance on mental health and capacity issues.
- There had been no applications for Deprivation of Liberty Safeguards between November 2016 and October 2017.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- All of the areas that clients had access to were visibly clean, well decorated and maintained to a very high standard.
- There was disabled access and ensuite rooms at ground floor level for any clients with minor mobility issues.
- The provider had up to date records of fridge temperature monitoring in the kitchen and up to date cleaning records.
- The provider complied with guidance on mixed sex accommodation. The provider had clients of mixed gender and consideration was given to managing this effectively by having designated separate male and female areas. Staff took clients' gender into account when allocating bedrooms. There was provision of separate gender specific support groups.
- The clinic room was clean tidy and well organised. Cleaning records were available and up to date. Staff checked and recorded clinic room fridge temperatures.
- Stock medication was kept in the clinic room and controlled drugs were kept in a locked cabinet. Medication was dispensed by trained staff only. The controlled drugs were signed for by two staff and records of this were up to date.
- Medical equipment had been tested to ensure that it was working correctly. There was a blood pressure machine which had been calibrated and equipment to monitor blood sugar levels for diabetic clients. The sharps bin was stored in the clinic room and was full at the time of inspection.

- Urine testing was completed in the toilets which protected clients' privacy and dignity.
- There was an infection control policy and staff adhered to this. We saw handwashing signs and hand wash throughout the service.
- Environmental risk assessments were completed and up to date and there was a ligature risk audit in place which provided adequate mitigation. The provider had undertaken internal building works to fill in open beams which had previously been identified as ligature risks.
- There was fire safety equipment at the service and we saw records of up to date maintenance monitoring. There was an evacuation plan in place and fire risk assessments were completed. The service had a designated fire officer and there were smoke alarms throughout the buildings.

Safe staffing

- There were 16 staff in post at Charterhouse Clinic and no vacancies at the time of inspection. Five staff had left the service over the last 12 months. The team at Charterhouse Clinic comprised a registered manager, psychiatrist, one part time qualified nurse, support workers, therapists and counsellors. There was an administrator, two housekeepers and two chefs. Additional therapists who worked on a consultancy basis provided tai chi, yoga and massage.
- The service did not use agency or bank staff as cover was always provided from within the existing staff team.
- The shift pattern was nine am until five pm and five pm until ten pm on days. The night shift was ten pm until eight am.

Substance misuse/detoxification

- Managers estimated the number of staff on a ratio of one staff member to every one and a half clients. We reviewed the last three months of staffing rotas and found that all shifts were adequately covered.
- There was no staff sickness between November 2016 and October 2017.
- At night there were two support workers on shift and on call rota was in place for staff to seek guidance in emergencies. Staff knew who to phone and where the contact numbers were located.
- Staffing absences were planned for in advance and this was managed effectively by staff covering from within the team.
- All staff had completed mandatory training. Mandatory training included safeguarding vulnerable adults, safeguarding children, basic life support, health safety and welfare at work, infection control, food safety awareness, fire safety awareness, information governance, conflict resolution and lone working, equality, diversity and human rights, moving and handling and safe administration of medicines.

Assessing and managing risk to clients and staff

- We reviewed five care records. All clients had a pre admission assessment and an up to date risk assessment. All risk assessments were detailed and records contained a plan for unexpected exit from treatment.
- There was no emergency equipment at this service as this was not required. Staff monitored clients' physical health. If a sudden deterioration occurred, staff consulted the psychiatrist, assisted clients to attend the medical walk in centre, GP surgery or telephoned the emergency services.
- The service had a safeguarding policy all staff had completed the safeguarding vulnerable adults training. Staff were able to give us examples of the sorts of issues that would require a safeguarding referral. Children were not permitted to visit the service and clients were encouraged to see their children in the local community.
- A controlled drug register was completed in accordance with the provider's policies and procedures. The provider used a local pharmacist. Medication received from pharmacy was logged in administered and

recorded with two signatures. Surplus medication was returned to the pharmacy for safe disposal and was logged as such. A stock audit of medication was carried out and recorded in accordance with procedure.

Track record on safety

- There had been no serious incidents between November 2016 and October 2017.

Reporting incidents and learning from when things go wrong

- The service had an incidents policy, which all staff were familiar with. Staff gave us examples of incidents which had occurred, including trips and falls. Incidents were recorded by all staff on an incident form and a copy was stored centrally with another copy placed on the client's file.
- During the inspection we reviewed eight incidents. All incidents were adequately recorded with follow up actions documented. Staff were open and transparent and were encouraged to explain to clients if something went wrong.
- The manager reviewed all incidents. All incidents were reviewed at a senior staff meeting every two weeks and learning was discussed at the monthly staff meeting. Staff received a debrief following an incident
- The service had implemented a change in procedure to ensure client safety in the pool and the gym by introducing a signing in and out procedure and staff supervision whilst these facilities were in use This was due to a serious incident which had occurred however this was prior to the twelve months before this inspection.

Duty of candour

- Managers and staff were aware of the duty of candour. Staff told us that they were encouraged to be open and honest with clients and examples were given of when things had gone wrong. This had been explained to clients with an apology when the service had been at fault.

Substance misuse/detoxification

Are substance misuse/detoxification 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)

- We reviewed the care records of five clients. We saw completed preadmission forms in each file and a full assessment was completed following admission.
- The psychiatrist completed an assessment of physical health and on going monitoring of physical health was provided by a qualified nurse and senior staff. This included monitoring of pulse and temperature. Clients with on going physical health concerns, such as diabetes were monitored by staff.
- Of the five records reviewed, all contained up to date holistic, personalised recovery orientated care plans. Clients' strengths and goals were identified and progress in those areas was recorded. Observation levels were recorded, reviewed and updated as clients worked through their treatment plans and were linked to risk assessments.
- Client files were stored securely and were locked away to protect client confidentiality. Staff had access to all information required to provide care to clients.

Best practice in treatment and care

- All of the staff responsible for the administration of medication had received medication management training. The psychiatrist followed National Institute for Health and Care Excellence guidelines in prescribing and reviewing medication.
- The service provided a range of psychological therapies recommended by the National Institute for Health and Care Excellence.
- Staff provided a holistic, bespoke service and treatment plans were written to support all areas of the client's life. Staff encouraged clients to establish links with support services in the community. Prior to discharge staff made referrals to services which were local to the clients' home area.

- Clients were given a physical health assessment by the psychiatrist prior to commencing treatment. This was reviewed and monitored by the psychiatrist and a part time qualified nurse. Staff had a clear understanding of the risks associated with substance misuse and alcohol withdrawal and knew what warning signs to look out for and act upon. Staff sought guidance from the psychiatrist, hospital manager, qualified nurse and the GP.
- We reviewed five care plans and risk assessments. Care plans and risk assessments took into account of physical, individual, social and cultural factors. Risk assessments were updated and observation levels were linked to clients' treatment progress and to the risk assessments.
- Senior staff participated in clinical audits. This included audits in medication, therapeutic programmes, health and safety and client records.

Skilled staff to deliver care

- The service provided a range of staff including a psychiatrist, one part time qualified nurse, therapists, counsellors and support workers. There was a manager present each day who provided an on call service out of hours. The psychiatrist was available during the day and he provided an on call service with support from an additional psychiatrist when he was on leave. In the event of an emergency staff were familiar with the process of contacting the emergency services if immediate medical attention was required. There was an administrator, maintenance staff, a chef and cleaners who supported the additional running of the service.
- We reviewed the personnel files of five staff. All had two references, Disclosure and Barring Service checks and evidence of the right to work in the UK documentation.
- Staff received training which was reflective of the Care Certificate standards and all eligible staff had completed this.
- All staff had received mandatory training which included training on the Mental Capacity Act and Deprivation of Liberty safeguards.
- In the last twelve months, all staff who were eligible had received an appraisal.

Substance misuse/detoxification

- The supervision policy stated that staff should receive supervision every eight weeks. We sampled the supervision records of six staff and found all were appropriately recorded and up to date. Staff also received group supervision monthly.
- Staff were expected to complete the specialist training necessary for their role. This included mandatory training and additional training on medication management.
- Poor staff performance was managed promptly by line managers through supervision and then performance management. Support was available to managers from the human resources department.
- Team meetings took place monthly and we saw minutes and a standard agenda with discussion on staffing, training, health and safety and lessons learned.

Multidisciplinary and inter-agency team work

- Staff discussed clients' care and treatment in detail each morning at the handover meeting. Care plans and risk assessments were discussed and updated at this meeting and documents reviewed supported this. Staff also discussed incidents, recovery groups and any physical health issues. There was a multidisciplinary meeting held every eight weeks. Staff used a communication book to hand over any additional information about clients.
- Staff liaised with the local police, the safeguarding team, mental health services and clients' GPs. There were strong links with local third sector support groups such as alcoholics anonymous.

Adherence to the MHA (if relevant)

- The service did not admit clients detained under the Mental Health Act..

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- The provider had a policy on The Mental Capacity Act. All staff had received training on the Mental Capacity Act and Deprivation of Liberty safeguards. Staff that we spoke with had a good working knowledge of the Mental Capacity Act and were able to describe the five statutory principles.

- The psychiatrist discussed clients' capacity on admission to the service and we saw evidence of this in the records.
- Staff sought guidance from the manager and the psychiatrist if they had concerns about capacity issues. Staff also contacted the community mental health team for advice and guidance on mental health and capacity issues.

Equality and human rights

- The provider had an equal opportunities policy and staff had received equality, diversity and human rights training. There was a culturally diverse staffing group.
- The provider could accommodate clients with disabilities as there was a ground floor bedroom with ensuite bathroom and therapy rooms on the ground floor.
- There were designated areas for female clients and gender specific groups were provided by the service.
- Staff were able to access interpreters and there were leaflets available in different languages on request.
- The catering staff met regularly with clients and provided a full range of meal options to meet their dietary needs.
- Clients were supported to access their chosen place of worship within the local community.
- Carers and families were not permitted to visit clients within the first week of treatment. Visiting was kept to Sundays only. This was included in the contract that clients signed on admission to the service.

Management of transition arrangements, referral and discharge

- The provider had admission criteria. There was no waiting list and clients could be admitted promptly following acceptance into the service. On admission clients were supported with orientation to the service and were asked to sign a contract in relation to their care and treatment and conduct within the service.
- Staff documented discharge plans which included early exit from treatment. Staff provided clients with verbal and written information on groups and services which supported harm reduction.

Substance misuse/detoxification

- The service had good links with local services and clients were encouraged and supported to access self-help groups in the community alongside the internal groups provided by staff. Staff made referrals to services for clients and supported them by escorting them to access physical healthcare such as sexual health clinics for blood born virus testing.
- When clients wanted to exit early from treatment staff researched services local to clients' homes and made referrals as required. Staff provided groups on harm reduction. There was an aftercare support service which clients could access in person or by telephone. Clients were encouraged to complete a questionnaire prior to leaving the service and there was a suggestions box which clients could use to provide feedback

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed that staff treated clients with kindness, dignity and respect.
- All of the clients that we spoke with told us staff were compassionate, kind and supportive and they felt very safe within the service.
- The staff demonstrated a holistic approach to clients care and treatment and created bespoke care plans in partnership with clients. Staff gave examples of the different needs of clients, including their parenting and employment responsibilities and worked towards meeting clients' needs fully.

The involvement of clients in the care they receive

- We reviewed the records of five clients. Of those records all of the recovery plans were up to date, personalised and holistic. Staff gave clients a copy of their recovery plans and clients confirmed that they had been written together with staff during key work sessions.
- The provider offered family therapy and group meetings as part of the service. Families could visit the clients on Sundays and at other times by arrangement. Clients had access to their mobile phones to maintain contact with families and carers but visits were not permitted during the first week of admission.

- The provider had identified local advocacy services and we saw posters displayed on the notice board. Clients were aware of the service and were supported to access it if required.
- There was a weekly community group at which clients could discuss issues and make suggestions about the service.
- Clients could provide feedback about the service by completing a questionnaire when they were due to leave or by using a suggestions box.

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

Access and discharge

- The provider had admissions criteria and could accept clients with some minor mobility issues. There was a robust admission process whereby the admissions lead completed a pre admission form and staff ensured that they were able to meet the needs of the client.
- There was no waiting list and following agreement on acceptance into the service clients could be admitted promptly. Risk assessments were completed prior to admission and reviewed within 48 hours following admission.
- Staff considered the existing client group when considering a new admission to the service. Any impact or possible risk was planned for and managed appropriately.
- The doctor attended the service on the day of admission and weekly thereafter. There were additional skype meetings and telephone calls as required.
- An aftercare group was provided and clients who had completed their treatment and they could also phone for support.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms available for the care and treatment of clients. This included counselling rooms, group rooms, gender specific quiet rooms and a clinic. There was a spacious lounge and dining room

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with adequate seating for all clients. Clients could also access a laundry as required. In addition to this there was a small gym and a heated swimming pool which clients could access with supervision.

- There was a clinic room for the storage and administration of medication.
- Clients were given a key to their room so their personal belongings were kept safe. Clients were able to make phone calls in private.
- There were ground and first floor bedrooms some of which were ensuite. These were away from clinical and group areas to ensure privacy and dignity.
- Outside there was a spacious courtyard area with a table and seating for clients.
- The service had two chefs who managed the weekly menus and prepared clients' meals. The service catered for vegetarian, vegan, gluten free, kosher and halal diets. The chef attended the weekly community meetings and clients told us that the menu was varied and meals were cooked to a high standard. Clients could access hot and cold drinks and snacks throughout the day.
- There was access to groups throughout the day and during the evenings on weekdays and there were activities and some groups held at the weekend. Activities were displayed on notice boards. These included a daily timetable covering aspects of addiction such as well-being, diet, a comprehensive treatment programme, trips out, and life skills. The service also provided recovery and harm reduction groups, gender specific support groups and one to one sessions with a keyworker. There were regular client reviews with the psychiatrist, staff, clients and carers.

Meeting the needs of all clients

- There were 13 bedrooms with some ensuite and adequate bathing facilities for those that were not ensuite. Some of the ensuite bedrooms were on the ground floor and there was flexibility to take clients' personal preference on size and location into account. Staff took into account clients' gender when allocating bedrooms.
- There were leaflets available in different languages on request and staff were able to access interpreters and signers if required.

Listening to and learning from concerns and complaints

- There had been no complaints received in the last 12 months prior to inspection. The service had received eight compliments during that time.
- There was a complaints policy in place and complaints posters and leaflets were displayed in communal areas. Clients told us that they knew how to complain and that staff had informed them about the complaints process on admission.
- Staff that we spoke with were familiar with the complaints process and explained that they supported clients with complaints at an informal and formal level

Are substance misuse/detoxification services well-led?

Vision and values

- The vision of the service was to provide the best possible treatment for the client group and to maintain this along with expanding services to other parts of the country.
- The vision and values were linked to team objectives and staff provided a bespoke service to maximise clients' recovery.
- Staff knew who the most senior managers in the organisation were. Senior managers visited the organisation twice a month.

Good governance

- The service provided mandatory training which all staff had received. Supervision and appraisals were provided in line with policy and the service was fully compliant with the policy.
- The service used key performance indicators to measure performance against a range of objectives. These included food standards, room standards, staff numbers, medication audits and quality of service.
- The manager had sufficient authority to make decisions and there was a full time administrator in post.

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- There was an up to date risk register and the manager accessed this to submit and update risks. Environmental risk assessments, including ligature risk audits had been introduced and were up to date.

Leadership, morale and staff engagement

- There had been no staff sickness between November 2016 to October 2017. There had been no bullying and harassment cases during the same time period.
- Staff knew where to access the whistle blowing policy and how to use it. There had been no whistle blowing cases in the last twelve months prior to inspection. Staff told us that they enjoyed working at the service and that morale was high.

- There was a training budget available for senior staff and managers for leadership training. Recently promoted senior support workers were booked onto leadership training.

- We saw evidence of team working and staff told us that the team were supportive of each other and the management were available and supportive.
- Staff gave feedback and made suggestions for service development during regular monthly team meetings, supervision or simply by approaching the manager.

Commitment to quality improvement and innovation

- There was nothing of significance to note.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that sharps boxes are disposed of promptly.