

Liberty House Clinic Limited

Quality Report

220 Old Bedford Road
Luton
Bedfordshire
LU2 7HP
Tel: 01582731190
Website: www.libertyhouseclinic.co.uk

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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

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:

- Staff had access to radios and mobile phones during 1:1 and group sessions, meaning they could contact other staff for support during an emergency if required. Staff gave clients who were detoxing from substances a radio to contact staff.
- The service had recently been decorated; furnishings were clean and well maintained. All communal areas were clean and in good order. The clinic room was clean and tidy.
- Overall, 100% of staff had completed mandatory training.
- All clients had a risk assessment and a risk management plan.
- Medical assessments completed by the medical team were comprehensive, there was a clear medicines management process in place, all medication was stored appropriately. Physical health checks were completed by the medical team before initiating a treatment and detoxification plan. Staff completing blood pressure checks, breathalysing, and urine drug testing were fully trained.
- The service reported incidents effectively, and learning from incidents was shared through various meetings.
- Care plans were personalised, recovery orientated, holistic and looked at strength areas for each client.

- Clients had access to a range of therapeutic groups and activities to support treatment.
- All staff, including bank staff had received a thorough induction, were regularly supervised and all eligible staff had an appraisal.
- Clients we spoke with told us staff were helpful, caring, approachable and they felt safe using the service.
- Family members received support and learnt how to offer encouragement to their loved one on discharge through attending weekly family groups.
- Clients formulated their own discharge plans which included arrangements for unplanned exit from the service. On occasions where a client would want to disengage from treatment, the service would ensure that the client was able to get home safely and the client's family would be informed.
- The service held weekly community meetings where clients were encouraged to raise any issues with staff.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded within their roles; staff said they all worked well together as a team.

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

- Some clients we spoke with felt they could have been more involved with their care plan.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		

Summary of findings

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Liberty House Clinic Limited

Services we looked at

Substance misuse/detoxification;

Summary of this inspection

Background to Liberty House Clinic Limited

Liberty House Clinic opened in February 2016 and is a 20 bedded residential drug and/or alcohol medically monitored detoxification and rehabilitation facility based in Luton, Bedfordshire.

Liberty House Clinic provides ongoing abstinence based treatment, which focuses on the 12- step programme. Liberty House Clinic is registered to provide accommodation for persons who require treatment for substance misuse.

The location was registered with the CQC in June 2015. At the time of inspection, the service had a registered manager and a nominated individual.

At the time of inspection 16 people were accessing the service for treatment. Length of stay for clients in treatment was between one and twelve weeks. The service provides care and treatment for male and female clients, Liberty House Clinic takes self-referrals from privately funded individuals.

Liberty House Clinic was last inspected in January 2017, following the last inspection; we told the service that it must take the following actions:

- The provider must ensure client privacy and dignity is maintained whilst attending to personal hygiene.

- The provider must ensure that staff are able to raise the alarm in the case of a medical emergency.

- The provider must ensure that equipment is appropriately maintained and calibrated.

- The provider must ensure that clinic room temperature is being recorded.

- The provider must ensure that risk assessments are regularly updated to reflect any changes in risk.

- The provider must ensure that staff receive training in monitoring physical health such as using the blood pressure machine.

- The provider must adhere to a robust recruitment policy that ensures that staff the service employs are qualified and competent to work with the service user group.

- The provider must ensure that staff are supervised in line with the providers policy.

During the current inspection we noted all areas above had been effectively managed and risks mitigated. Further details can be found within the report.

Our inspection team

The team that inspected the service included CQC inspector Hannah Lilford (inspection lead) and two other CQC inspectors.

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.

Summary of this 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?

During the inspection visit, the inspection team:

- Visited the location, looked at the quality of the environment, and observed how staff were caring for clients

- spoke with 10 clients
- spoke with the registered manager and the nominated individual
- spoke with six other staff members employed by the service provider
- collected feedback using comment cards from eighteen clients
- looked at eight care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with ten clients, collected feedback using comment cards from 18 clients and looked at 22 feedback comments from family members.

Clients we spoke with told us staff were interested in their wellbeing and that staff were helpful, compassionate and caring. Clients said they felt safe while using the service, and were happy with the treatment they received. Clients said they were involved in their discharge plans. However, some clients felt they could have been more involved with their care plans.

Clients told us group therapy and activities were varied and good quality. Clients particularly enjoyed sound therapy and yoga.

Clients we spoke with said the food served at Liberty House Clinic was varied and fresh, clients were able to make suggestions of meals they would like which would be cooked by the onsite chef. All clients we spoke with told us they spoke with the chef on arrival to discuss any dietary requirements.

Families could be involved in treatment with client agreement. The service facilitated weekly family groups. We looked at 22 family feedback forms, all were positive. Family members said they benefitted from sharing experiences and understanding the rehabilitation 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:

- Staff had access to radios and mobile phones during 1:1 and group sessions, meaning they could contact other staff in an emergency if required. The service had a procedure that staff followed if an alarm was raised. Staff gave clients who were detoxing from substances a radio to contact staff.
- The service had recently been decorated; furnishings were clean and well maintained. All communal areas, including the clinic room were clean and in good order.
- Staff completed regular environmental risk assessments.
- Staff absences were planned for in advance and able to be managed effectively within the staffing team.
- Overall, 100% of staff had completed mandatory training.
- All clients had a risk assessment and a risk management plan.
- Medical assessments completed by the medical team were comprehensive.
- There was a clear medicines management process in place, all medication was stored appropriately.
- The service reported incidents effectively, and learning from incidents was shared through various meetings.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All assessments were completed thoroughly prior to clients being accepted for treatment.
- Physical health checks including blood pressure checks, breathalysing and urine drug screening were completed by the medical team before initiating a treatment and detoxification plan. Staff completing checks were trained.
- Care plans were personalised, recovery orientated, holistic and looked at strength areas for each client.

Summary of this inspection

- Clients had access to a range of therapeutic groups and activities to support treatment.
- Support staff were on site 24/7 for support.
- All staff, including bank staff had received a thorough induction, were regularly supervised and all eligible staff had an appraisal.
- Staff held twice daily handovers and weekly team meetings.
- Clients formulated their own discharge plans which included unplanned exit from the service.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff interacting with clients in a caring, supportive and respectful manner. Clients we spoke with told us staff were helpful, caring, approachable and they felt safe using the service.
- All clients received a welcome pack on admission and were assigned a buddy to offer them support.
- Family members received support and learnt how to offer encouragement to their loved one on discharge through attending weekly family groups.
- Staff welcomed feedback from clients through community meetings, using the suggestions and comments box, by completing a week one satisfaction questionnaire or by completing the exit survey upon discharge.

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

- Some clients we spoke with felt they could have been more involved with their care plan.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Admissions could be accepted daily. The clinical team had flexibility in appointment times and were able to see urgent referrals as needed.

Summary of this inspection

- Unexpected discharges were managed by using the clients discharge sheet located within their file. On occasions where a client would want to disengage from treatment, the service would ensure that the client was able to get home safely and the client's family would be informed.
- Clients we spoke with said the food served was fresh and varied.
- Clients had the opportunity to go out in groups at weekends and enjoy free time.
- The service held weekly community meetings where clients were encouraged to raise any issues with staff.
- All clients we spoke with knew how to make a complaint.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a robust recruitment process which they adhered to.
- All staff had completed mandatory training. The service manager could identify any training that was due using the training database. All staff had regular supervision. Counsellors received monthly group supervision as well as management supervision. All eligible staff had an appraisal.
- Staff holidays were offered to existing staff to cover. Bank staff could be used if required.
- All staff were involved in audits within the service.
- The senior management team held quarterly meetings, information was fed back to managers at the monthly managers meeting, and relevant information and learning was then disseminated to staff through team meetings.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded within their roles; staff said they all worked well together as a team.
- Staff felt able to input into developments within the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

- Overall, 100% of staff had completed training on Deprivation of Liberty Safeguards.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- Staff had access to radios and mobile phones during 1:1 and group sessions if required. The service had a procedure that staff followed if an alarm was raised. Staff gave clients who were detoxing from substances a radio to contact staff should the need arise. CCTV was in use throughout the building.
- The service did not have designated bathrooms for males and females. Sleeping areas were not segregated. Individual risk assessments included risk of mixed sex accommodation and were regularly updated. At the time of inspection there was one female client who had access to a radio to contact staff. Clients accessed their bedrooms using personal pin codes and could keep bedrooms locked.
- The clinic room was clean and tidy. Urine drug screening was carried out in the separate toilet, maintaining client privacy and dignity. The clinic room had a working fridge for storing medication. The clinic room temperature was recorded daily.
- The blood pressure machine and alcometer (used to measure level of alcohol in breath) had been calibrated and recorded.
- The service had completed a ligature audit. Ligature audits identify points where clients are able to tie something to if they intend to self-harm. Risk was mitigated by using individual risk assessments, the preadmission assessment and daily handovers.
- The furnishings were clean, well maintained and the service had recently been decorated to a high standard. All

communal areas were clean and well maintained. Staff and clients were expected to keep areas clean and tidy. A housekeeper was employed to clean daily and support clients with laundry. Cleaning records were all up to date.

- Staff completed environmental risk assessments, including fire risk assessments, water temperature checks, weekly health and safety checks, training audits, policy and procedure audits, controlled drugs audits and a ligature audit.
- A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- The service did not have access to naloxone (used to reverse the effects of opioids) or a defibrillator.
- Staff adhered to infection control principles including handwashing. Handwashing posters were visible above all sinks.
- There was evidence of portable appliance testing (PAT) on all electronic equipment throughout the service.

Safe staffing

- The Liberty House Clinic daily staffing team consisted of a registered manager, three counsellors, two support workers working on a shift pattern, a housekeeper and a chef. The medical team consisted of three doctors who were on site daily on a rota basis. The service was staffed 24/7.
- Staff absences were planned for in advance and able to be managed effectively within the staffing team. The manager had access to bank staff if required.
- The service had enough staff to ensure that clients had regular 1:1 sessions with their named counsellor. Clients could request additional 1:1's if required.
- Staff and clients told us that they had no experience of activities or groups being cancelled due to staff shortages.

Substance misuse/detoxification

- Between February 2017 and January 2018 there were no unauthorised absences and 23 sickness days were taken by staff.
- Between February 2017 and January 2018, five staff left the service.
- Overall, 100% of staff had completed mandatory training. Mandatory training included safeguarding children and adults, safeguarding vulnerable adults, Mental Capacity Act, boundaries training, diversity, equality, inclusion and Human Rights and medication recording and management training.

Assessing and managing risk to patients and staff

- We reviewed eight care records during the inspection. All clients had an initial risk assessment and all risk assessments had been updated within the timescales indicated within client records. Risk management plans were in place for all clients and included the risk of mixed sex accommodation.
- Staff said that if they noticed deterioration in client's physical health they would seek guidance from the medical team or call 111. Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients. Staff discussed client's physical health during daily handovers.
- The doctor reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. We saw comprehensive doctors' assessments. Staff requested client GP records in advance of admission.
- The service had a clear medicines management process in place, all medication was stored appropriately. Only suitably trained staff members were able access to the medications safe. The service held daily controlled drugs handovers which were signed off by two staff members. The quality and compliance manager also conducted an internal audit to ensure compliance.
- Overall, 100% of staff were trained in safeguarding children and safeguarding vulnerable adults. Staff we spoke with knew when and how to make a safeguarding referral.
- The service had a child protection policy in place; children were not permitted to enter the service.

Track record on safety

- The service reported one serious incident in the 12 months leading up to the inspection. The incident involved the key to the controlled drugs medication cabinet going missing.
- Managers disseminated learning from the incident to staff and a new process was put in place for signing keys in/out following the incident.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of what constituted and how to report an incident. Staff received feedback from incidents during daily handovers and weekly team meetings. The manager held brief 'flash' meetings with staff following an incident to discuss learning and to offer support.
- Between April 2017 and April 2018, nine minor incidents and 11 accidents were reported. We saw clear learning from the incidents and accidents discussed in handovers, team meetings and flash meetings. Staff gave an example of a faulty paving slab being replaced outside the building following an incident of a client tripping on an uneven paving slab.
- Staff told us they could not recall any incidents which required a debrief but should they need support they could speak to the medical team or the service manager.

Duty of candour

- Managers and staff of the service were aware of the duty of candour. Managers and staff told us they were supported to be candid with clients.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- We looked at eight client care records and found that all full assessments were completed thoroughly prior to clients being accepted for treatment.
- The medical team undertook physical health checks including blood pressure checks, breathalysing, and urine drug screening before initiating a treatment and detoxification plan. This included appropriate medication

Substance misuse/detoxification

regimes to support the first few days of the detoxification programme. Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals thereafter.

- Staff reviewed and updated individual care plans regularly. All eight care plans viewed were personalised, recovery orientated, holistic and looked at strength areas for each client.
- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service was in the process of transitioning to an electronic recording system.

Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary (BNF) recommendations.
- Staff told us that the medical team prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. An alcohol and opioid detox protocol was in place which followed national guidance.
- Staff assessed all clients on a detox using clinical institute withdrawal assessment of alcohol scale (CIWAar) or the withdrawal scale (COWS).
- Interventions and daily activities included sound therapy, daily walks, art therapy, yoga and meditation alongside the 12-step treatment programme. Clients were able to access a gym and mutual aid groups externally.
- Staff supported clients to attend for blood borne virus testing and vaccination and advice or treatment for sexual health if required.

Skilled staff to deliver care

- The multi-disciplinary team consisted of a registered manager, counsellors, support workers, HR and operational support, a housekeeper and a chef. The medical team consisted of three doctors who were on site daily on a rota basis.
- Staff were available at the service when required for support. The medical team attended the service

dependent on need and were available for phone call and face to face support. A manager was on call 24/7 by phone or in person. Support workers staffed the service on a 24/7 basis.

- Staff were inducted to the service appropriately. Induction records were completed for all staff members, including bank staff.
- All staff working within Liberty House Clinic were regularly supervised, all eligible staff had a recent appraisal completed. Counsellors also received external supervision.
- Staff had access to specialist training for their role; all staff who were required to carry out health checks for clients on a detox regime had received medication recording and management training. Staff we spoke with told us they could ask for additional or specialist training to support their ongoing professional development.
- We saw evidence of staff performance being managed effectively within staff supervision files.

Multi-disciplinary and inter-agency team work

- Staff had access to bi-weekly team meetings; minutes were stored in a file located within the staff office.
- Staff attended handovers twice daily. They included discussion around any client issues or risks, the timetable for the day, risk management and care plans due for review, incidents and detox update.
- Staff told us they had good links with the dispensing pharmacy, community mental health teams, local mutual aid groups and clients local GP's.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the Mental Capacity Act

- Staff discussed and checked capacity with all clients on admission. A copy of the capacity assessment was located in each client's file.
- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

Equality and human rights

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- The service had an in place. Staff we spoke with were able to tell us about the policy and how it impacted on their work. Overall 100% of staff had completed Diversity, Equality, Inclusion and Human Rights and Equality Act 2010 training.
- Clients were able to have weekend visits after they had been in treatment for seven days. Clients had restrictions on personal phone calls made whilst they were in treatment and were required to hand their phones in to staff at the beginning of treatment for one week. After the initial week clients were allowed their phones in the evening outside of daily treatment activities. Clients signed a treatment agreement on admission to agree they would comply with the service rules.
- The service supported people with protected characteristics under the Equality Act 2010 and was accessible for people requiring disabled access.

Management of transition arrangements, referral and discharge

- The service had clear admission and discharge policies. Prospective clients were initially assessed using a preadmission questionnaire to identify if they were suitable. The service did not have a waiting list for new admissions.
- New clients were allocated a buddy who had been at the service for a few weeks to offer them support.
- All clients were privately funded and self-referred. Clients were able to visit the service prior to admission but most did not. Clients were allocated to the most suitable service during the telephone pre-admission assessment which would not always be the service most local to them.
- Clients formulated their own discharge plans which included support the client would access upon discharge. All client files had emergency contacts for who to contact should a client unexpectedly discharge.
- Clients who did not have suitable accommodation on discharge were offered the opportunity to access local follow on housing which another local rehabilitation provider managed. Funding was supported by housing benefit.

- Clients who had completed treatment were offered ongoing support and could return to the service for 1:1 sessions and groups for up to a year. If a client was not local to the area they were able to go to another of the clinic locations for ongoing support.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a caring, supportive and respectful manner.
- Clients we spoke with told us staff were helpful, caring, approachable and attentive and they felt safe using the service. Clients said care and treatment was high quality.
- Staff knew clients on a first name basis and were able to discuss clients in depth. Staff had an awareness of clients' individual needs.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract.

The involvement of people in the care that they receive

- Staff gave all clients a welcome pack on admission. The welcome pack included a treatment contract, compliments, complaints and suggestions form, advocacy information, a treatment contract, common questions and answers and advice around local GP and dental services.
- Some clients we spoke with felt they could have been more involved with their care plan as care plans were typed for the client to sign, care plans were personalised and recovery focussed. Clients we spoke with told us they did not receive a copy of their care plan.
- Liberty House Clinic held weekly family sessions for family members to receive support and learn how to offer encouragement to their loved one on discharge. We looked at 22 family feedback forms, all were positive. Family members said they benefitted from sharing experiences and understanding the 12-step rehab process. Family members were given progress updates after two days, the first week and after three weeks with client agreement.

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- Clients were able to give feedback on the service during community meetings, using the suggestions and comments box, by completing a week one satisfaction questionnaire or by completing the exit survey upon discharge.
- Clients were able to access independent advocacy, details were located in the lounge area.

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

Access and discharge

- Between January 2017 and January 2018, 334 clients were discharged from the service. The length of stay ranged from seven days for detoxification to 12 weeks for the treatment programme.
- At the time of inspection 16 clients were accessing the service.
- A central admissions team assessed clients by telephone prior to admission. Clients were then allocated to the service that would be most suitable to support their needs.
- The clinical team assessed clients upon admission. Management told us admissions were able to be accepted daily as the clinical team could attend the service daily to carry out a full physical assessment. The clinical team had flexibility and were able to see urgent referrals as needed. The service had no waiting list at the time of inspection.
- Liberty House clinic was a privately funded detoxification and rehabilitation service which accepted self-referrals.
- Managers told us that unexpected discharges were managed by using the clients discharge sheet located within their file. On occasions where a client would want to disengage from treatment, the service would ensure that the client was able to get home safely and the client's family would be informed.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had adequate group rooms, which were also used as quiet rooms or one-to-one rooms, the service also

had a dedicated clinic room. Clients had access to a quiet lounge and TV lounge. Clients accessed their bedrooms using personal pin codes and could keep bedrooms locked.

- Staff issued each client with a welcome pack on admission, which included the complaints procedure, treatment philosophy, expectations, rules and regulations, the process for leaving treatment and a weekly timetable.
- Hot and cold drinks, snacks and fruit were available for clients at all times.
- Clients we spoke with praised the quality of food available. The chef approached all clients when they first entered treatment to discuss allergies, dietary requirements and dislikes. Clients told us they could ask for certain meals and on their last day in treatment they were able to choose what the chef would cook for everyone at the service.
- Clients handed in money, phones and any valuables at the start of treatment; a signed log was located in each client's file outlining all items handed in to staff.
- Clients had the opportunity to go out at weekends for up to three hours in groups of three. Weekend activities were reduced for clients to enjoy free time. Family visits were held weekly and were facilitated outside of the treatment centre.

Meeting the needs of all people who use the service

- The service had a downstairs bedroom and wet room offering full disabled access.
- Information in other languages was available on request, due to the verbal nature of 12-step therapy; treatment would be unsuitable for someone who could not speak English. Clients could receive additional support with reading or writing.
- Clients had access to a courtyard area for smoking and a further garden area.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning and laundry in order to aid them with their rehabilitation.
- Special dietary requirements, allergies and client preferences were catered for.
- The service held weekly community meetings where clients were encouraged to raise any issues with staff.

Substance misuse/detoxification

Listening to and learning from concerns and complaints

- The service received nine formal complaints in the 12 months leading to inspection, one of these was upheld.
- The service received 81 compliments between September 2017 and January 2018, compliments were sourced from exit surveys completed by clients.
- Feedback received from clients who exited treatment between 1 January 2018 and 15 May 2018 showed that 100% of clients successfully completed treatment. Overall, 97% of clients rated the staff as good or excellent, 78% of clients said they met their goals and 89% said they would rate the programme as good or very good. Overall, 95% of clients said they would recommend Liberty House Clinic to a friend.
- All clients we spoke with were aware of the service complaints procedure. However, as no clients in treatment at the time of inspection had made a complaint they were unable to comment on the complaints process.
- Staff told us that complaints were dealt with by management. Staff we spoke with said they were not aware of any current complaints within the service. Staff told us that clients were encouraged to speak to staff 1:1 or in community meetings with any issues.

Are substance misuse/detoxification services well-led?

Vision and values

- Liberty House Clinic had a clear mission statement, visions and values, which staff were aware of and staff showed during their day to day work. These were also displayed on walls throughout the service.
- Staff knew who the most senior members of staff were and said that they visited the team on a regular basis.

Good governance

- The service had a robust recruitment process. Overall, 100% of staff had a current disclosure and barring service (DBS) check and all staff had two references located within their personnel files. There was a process in place to risk assess staff if issues were identified within the staff DBS record.

- Overall, 100% of staff had completed mandatory training. The service manager could identify any training that was due using the training database.
- Overall, 100% of staff had regular supervision. Counsellors received monthly group supervision as well as management supervision. All eligible staff had an appraisal.
- Staff holidays were offered to existing staff to provide cover. The manager had access to bank staff if required. Due to staffing shortages, staff from other services were seconded to Liberty House Clinic to offer cover.
- All staff were involved in audits within the service including training audits, policy and procedure audits, controlled drugs audits, client file audits and a ligature audit.
- The senior management team held quarterly meetings, information was fed back to managers from across all services at the monthly managers meeting, relevant information and learning was then disseminated to staff through local team meetings.
- Managers felt they had sufficient authority and administrative support to carry out their roles.

Leadership, morale and staff engagement

- Between January 2017 and January 2018, five members of staff left the service. During this period there was no unauthorised absences at 23 sickness days taken by staff. Recruitment was ongoing, one staff member had started and was supernumerary awaiting DBS checks. Other successfully recruited candidates were awaiting the relevant checks prior to being given start dates.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Managers were able to complete a Level 5 leadership and management NVQ.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded within their roles, staff said they

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enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other.

- Staff felt able to input into developments within the service, staff we spoke with told us they had been able to develop and implement new groups and ideas.

Commitment to quality improvement and innovation

- The provider did not participate in any national accreditation schemes.