

# Broadway Lodge

## 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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

#### 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 rated Broadway Lodge as good because:

- Staff treated clients with kindness, dignity and respect. Staff demonstrated an understanding of the individual needs of clients.
- The provider had addressed the issues we raised at our last inspection. Records were accessible to all staff. The provider held records in paper and electronic format. The provider was in the process of moving to an electronic record keeping system with a completion date of end of this year.
- At our comprehensive inspection in 2016 we found that records were not accessible to authorised people as necessary to deliver clients care and treatment in a way that met their needs and kept them safe. During our focused inspection on 4 April 2018, we found that staff did not have access to records contain all relevant information that need to be aware of risk and in order to deliver clients care and treatment in a way that meets their needs and keeps them safe. This was a breach of regulation 17 (2)(c). At this inspection we found this requirement had been met; staff told us and we saw that records were accessible to all staff. The provider held records in paper formats and these records were also stored on computers. We were told the provider was in the process of moving to electronic record keeping system with a completion date of the end of this year.
- Staff screened clients prior to admission to ensure the service could meet their needs; they completed care plans with clients upon admission. Staff enabled clients to access physical healthcare including GPs, dentists and hospital appointments.
- All clients had a risk assessment. There was an initial risk assessment followed by a further ongoing one. The initial risk assessment was robust and comprehensive. The ongoing risk assessment was more standard with less details.
- The service was fully staffed. Staff received regular supervision and they attended team meetings and handovers. Staff told us morale was very good, they worked well as a team and supported each other.
- Staff ran a weekly house meeting for clients to raise concerns and complaints informally. Clients knew how to complain. Staff actively sought the opinions of clients. There were systems to record, review and discuss complaints and incidents in place and there was evidence of change in response to these.
- The service had a range of facilities for clients including an art room, a chapel, extensive grounds, table tennis and yoga equipment. There were a range of activities for clients to take part in including art, gardening, games, meditation, reiki, acupuncture and shopping trips. The provider supported clients to access community based substance misuse support groups.
- The provider followed national best practice guidelines treatment such as National Institute for Health and Care Excellence guidelines (NICE). Staff we spoke with told us they used the Department of Health drug misuse and dependence UK guidelines on clinical management (also known as the 'Orange Book').
- The provider had established systems and processes to monitor and improve the safety of the environment. The provider completed regular risk assessments of the environment and action plans were developed based on the risks identified.
- The provider had effective systems and processes in place to ensure its workforce were equipped to deliver treatment. Staff had an annual appraisal and six-monthly reviews.
- The service had a dedicated registered manager. The registered manager had been working in this role for several years. Leaders and managers were visible and experienced in working in substance misuse.

However:

- Not all clients had a discharge plan and were involved in the planning of their discharge.
- Staff did not monitor the temperature of the clinic room environment where they stored medicines to ensure they were kept within the correct range.

# Summary of findings

## Our judgements about each of the main services

### Service

**Substance  
misuse/  
detoxification**

### Rating

**Good**



### Summary of each main service

Broadway Lodge offers a number of treatment programmes that include detoxification, residential rehabilitation and recovery support for people living at home.

# Summary of findings

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Good 

# Broadway Lodge

**Services we looked at**

Substance misuse/detoxification;

# Summary of this inspection

## Background to Broadway Lodge

Broadway Lodge is a non-profit making organisation and registered charity established in 1974. The service provides residential addiction treatment, counselling and support services for adults. Broadway Lodge offers several treatment programmes that include detoxification, residential rehabilitation and recovery support for people living at home. It provides accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

Broadway Lodge offers a range of services that include aftercare and a structured residential day programme seven day a week. Clients attend these as part of their recovery. The service had 35 clients admitted at the time of the inspection.

Statutory organisations fund the majority of clients but it also accepts those who wish to fund themselves.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage a service and they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations. Broadway Lodge is part of Broadway Lodge Limited.

We previously inspected Broadway Lodge from 5 to 7 April 2016. We issued five requirement notices following this inspection and told the provider it must:

The provider must ensure that people admitted for detoxification from opiates have an individual care plan detailing the care and treatment staff must provide to ensure risks to their health and safety are managed appropriately.

The provider must ensure risk assessments relating to health, safety and welfare of people using the services are completed and reviewed regularly by people with the qualifications, skills and competence to do so. Risk assessments should include plans for managing risk

The provider must ensure incidents are reviewed and thoroughly investigated by competent staff and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.

The provider must ensure records are accessible to authorised people as necessary to deliver clients care and treatment in a way that meets their needs and keeps them safe.

The provider must ensure policies and procedures are in place for anyone to raise concerns about their own care and treatment or the care and treatment of people they care for or represent. The policies must be in line with current legislation and guidance and staff must follow them.

The provider must ensure staff receive regular appraisals of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported

On the 4 April 2018 we carried out a focussed inspection to follow up on the previous requirement notices. Following that inspection, we were satisfied that the above requirement notices were met apart from Regulation 17(2) (c). Therefore, we issued another requirement notice which was as follows:

The provider must ensure staff have access to records contain all relevant information that need to be aware of risk and to deliver client care and treatment in a way that meets their needs and keeps them safe.

# Summary of this inspection

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, one of whom had experience of delivering substance misuse services.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

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

- spoke with 21 clients who were using the service in a focus group
- spoke to the chief executive
- spoke to the head of finance
- spoke with the registered manager
- spoke with nine staff members; including a nurse prescriber, a nurse, support workers and counsellors
- spoke to one psychiatrist
- observed a therapeutic group meeting
- attended one handover meeting
- looked at six clients care and treatment records
- looked at eight staff records
- looked at medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We held a focus group attended by 21 clients who were receiving treatment at Broadway Lodge. All clients we spoke with said they felt safe. Clients described a quiet, calm and homely environment. Clients told us that the

service had a community spirit, and that everyone looked out for each other. Clients also said that the service was very structured. Four clients we spoke with said they had few restrictions placed on them.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The provider ensured the environment was safe. There were no obstacles to fire exits and trip hazards were marked. Hazardous cleaning products were locked away.
- The service was fully staffed.
- Staff screened clients prior to admission to ensure they could provide for their needs and to assess their suitability for the service.
- All clients had a risk assessment. There was an initial risk assessment followed by a further ongoing one. The initial risk assessment was robust and comprehensive. The ongoing risk assessment was more standard with less details.
- Staff knew how to identify abuse and understood the principles of safeguarding. Staff knew how to raise a safeguarding concern with the local authority.
- Equipment used to measure alcohol consumption, weight and blood pressure were calibrated.
- All information needed to deliver client care was available to all staff.

However:

- Staff did not monitor the temperature of the clinic room to ensure the medicines kept in the cupboard were kept within the correct temperature range.

Good



### Are services effective?

We rated effective as good because:

- Staff completed care plans with clients shortly after their admission.
- Care plans were kept up to date.
- Therapeutic groups addressed the needs of the clients and supported them in their recovery journey.
- The provider followed national best practice guidelines treatment such as National Institute for Health and Care Excellence guidelines (NICE). Staff we spoke with told us they used the Department of Health drug misuse and dependence UK guidelines on clinical management (also known as the 'Orange Book').
- Staff demonstrated an understanding of the individual needs of clients

Good





# Summary of this inspection

- Staff enabled clients to access physical healthcare including GPs, dentists, physiotherapists and hospital appointments.
- Staff had regular supervision and appraisals.
- Staff attended weekly team meetings.
- Staff had been trained in and understood the Mental Capacity Act.
- The provider had provided specialist training for staff to enable them to deliver therapeutic interventions such as, cognitive behavioural therapy, harm reduction, family therapy and motivational interviewing.

## Are services caring?

We rated caring as good because:

- Staff attitudes and behaviours when interacting with clients were discreet and respectful. Staff provided appropriate practical and emotional support.
- Staff treated clients with dignity and respect.
- The service enabled families and carers to be involved in the care of clients if indicated.
- The provider had introduced a weekly care plan review involving the clients which enabled them to set appropriate goals and review their progress.

Good



## Are services responsive?

We rated responsive as good because:

- The service had clear admission criteria. Staff screened all referrals and conducted an assessment before admission to ensure all clients met the service criteria.
- Staff ran a weekly house meeting for clients to raise concerns and complaints informally.
- The service had a range of facilities for clients including an activity room, communal lounge and dining area, quiet lounge, chapel and extensive grounds.
- Clients had a choice of food and specific dietary requirements were catered for.
- The service was fully accessible with access ramps and walk in showers for people with limited mobility.
- There were a range of activities for clients to take part in including art, gardening, games, meditation, and shopping trips. The provider took clients to community based substance misuse support groups.
- Clients knew how to complain. Staff actively sought the opinions of clients.

Good



# Summary of this inspection

- There was information on display to inform clients how to complain or access an advocate. Staff gave clients a welcome pack on admission which included information about treatment and the service and information on how to complain was also provided.

However

- The provider did not ensure all clients had clear relapse prevention plans and discharge planning was not consistently done for all clients.

## Are services well-led?

We rated well led as good because:

- The provider had a clear aim and vision for the service.
- Systems to record, review and discuss complaints and incidents were in place and there was evidence of improvements made in response to these.
- Staff told us morale amongst the staff team was very good. They told us stress levels were low.
- Staff told us they worked well as a team and supported each other.
- The director and managers had the right skills and knowledge to effectively lead the service. Staff told us the managers, the directors and the chief executive officer were approachable and were positive influence on staff morale.
- There was a commitment towards continual improvement.
- The service was responsive to feedback from clients, staff and external agencies.
- Staff evaluated the effectiveness of treatment and clients' progress by using an in-house tool called entry and exit questionnaire. These were reviewed to inform improvements.

Good



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed training in the Mental Capacity Act.

Staff had a good level of understanding of the Mental Capacity Act and the guiding principles.

The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards that staff could refer to.






Staff recorded if clients gave informed consent to assessment and treatment as part of the assessment and admission process. However, this was not regularly reviewed.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse/detoxification

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are substance misuse/detoxification services safe?

Good 

### Safe and clean environment

- Staff worked closely with each other and communicated well to maintain safety. There was always a member of staff available to respond in an emergency. However, staff did not carry personal alarms. These were available for use if circumstances required it to be used.
- The provider completed fire risk assessments and carried out drills. They had assessed each client's ability to exit the building unassisted in the event of a fire. Smoking was only permitted in the designated smoking area in the garden.
- All areas of the site were clean. Furnishings were well maintained.
- Staff completed environmental risk assessments quarterly. There were several trip hazards that could not be removed but had been mitigated to lower the risk posed to clients and staff.
- Cleaning records were up to date and showed that all areas of the service were cleaned regularly.
- Toilets did not display hand washing posters and were no hand sanitizers available. However, water and soap were available for hand washing procedures.
- The provider completed a comprehensive ligature risk assessment which was included in the environmental and health and safety risk assessment. A ligature point is anything that could be used to attach a cord, rope or other material for hanging or strangulation. The

assessment was last conducted in August 2018 to identify and mitigate potential anchor points. Identified risks were appropriately managed by staff through observation and individual risk assessment of clients.

- There were no call systems for clients in their bedrooms. However, clients we spoke with knew how to access help and support from staff.
- The detoxification room within the medical department has a call bell system installed.
- Room one on the ground floor was used for clients with mobility issues. This room had a telephone installed to which can be used to call the medical room or reception area.

### Safe staffing

- The service had a full complement of staff which comprised of eight nurses, eight counsellors and eleven support staff. The staff turnover rate for the last twelve months were 13.5%. The provider had over established on staffing levels to ensure safe staffing numbers in the case of unexpected sickness or absence.
- The rate of sickness for the period from August 2017 to July 2018 was 4%. The provider managed sickness by offering bank shifts to staff.
- There was always sufficient staff on duty to provide regular one to one time with their clients. In the absence of the key worker another member of staff would cover.
- Staff escorted clients on trips and during activities where appropriate. Visits, appointments and activities were never cancelled due to a lack of staff.
- The service provided 24-hour nursing cover, which meant that there were always nursing staff available in

# Substance misuse/detoxification

case of any emergencies. If there was a medical emergency, staff called 111 or 999 depending on the severity. All clients were registered with a local GP practice.

- We looked at training records and all staff were up to date with their mandatory trainings. There was a system in place for identifying when this training was due.

## Assessing and managing risk to clients and staff

- We looked at six care records, all clients had a risk assessment. There was an initial risk assessment followed by a further ongoing one. The initial risk assessment was robust and comprehensive. The ongoing risk assessment was more standard with less details. Clients were following treatment for detoxification in the service for approximately two weeks. Ongoing treatment could last up to twenty four weeks and during this period staff built an excellent relationship and detailed knowledge of the individual`s risks. Staff could demonstrate this when we asked about individual clients during care records scrutiny.
- Staff screened clients prior to admission to ensure they could provide for their needs and to assess their suitability for the service as well as assessing risks.
- Identified risks were appropriately managed by staff through observation and individual risk assessment.
- There were policies and procedures for the observation and searching of clients. Staff followed these policies, which included gaining written consent from clients to conduct searches.

## Safeguarding

- Staff were trained in adult safeguarding and safeguarding children. Staff knew how to raise safeguarding concerns with the local authority. They knew how to identify signs of abuse and understood the principles of safeguarding, for example, protecting those from harm.
- There were specific procedures in place when children visited the unit. These were followed by all staff.

## Staff access to essential information

- All staff had access to client records. During the comprehensive inspection in 2016 and the focused inspection in 2018 we saw that staff did not have access to records that contained all relevant client information.

This had now been resolved. The service kept paper records which were backed up on computers. Plans were also in place to move to electronic record keeping by the end of the year.

- Staff told us there were enough computers to allow staff to access the electronic notes each shift.
- Essential information was shared in handover meetings, team meetings and community meetings.

## Medicines management

- Staff ensured medicine were checked and audited and there were adequate medicine management procedures in place.
- The provider also had an external contract with a pharmacy service. Prescriptions were issued by GPs. Staff who administered medicines were qualified nurses or had completed appropriate training to develop competencies in medication administration. An external pharmacist visited the service and completed a comprehensive audit each year.
- There were two psychiatrists who each attended the service one day a week. They monitored clients with mental health needs and reviewed their psychiatric medication. The psychiatrists could review or prescribe medication for mental illness when required.
- Staff stored medicines in a cupboard and a fridge in accordance to the provider`s policy. They recorded the fridge temperature daily and this was in line with the temperature ranges set for safe management of medication by the provider.
- Staff did not monitor the temperature of the clinic room to ensure the medicines kept in the cupboard were kept within the correct temperature range.
- Naloxone was available for use if needed. Naloxone is an emergency medicine used to treat opiate overdose. If a client relapses onto opiates after detoxification, they are at higher risk of overdosing.

## Track record on safety

- The provider did not have any serious incidents requiring investigation in the previous 12 months.

## Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report. They had access to an electronic incident reporting system.

# Substance misuse/detoxification

- Incidents were recorded on clients' care records and the provider completed an audit every quarter for the governance group. Audits used a 'traffic light' approach to review the setting, trigger, action and results of an incident.
- The registered manager told us staff understood their duty of candour and would always explain to clients and families if something had gone wrong in their care.
- Learning from incidents was shared with staff at team meetings, reflective practice and handover. Managers also gave staff individual feedback where necessary.
- Managers ensured staff and clients had a debrief following an incident. This was usually part of handovers, supervisions, team meetings and reflective practice sessions.
- Staff reported incidents and learning from information was shared

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

Good 

## Assessment of needs and planning of care

- We looked at six care records. Staff completed care plans with clients shortly after their admission.
- Staff ensured that there were plans of care in place. These included recovery and medical care plans. The recovery care plans were personalised and holistic. The medical care plans described detoxification regimes, actions to take in an emergency and monitoring of withdrawal symptoms.
- Physical care plans were in place and were comprehensive and detailed. Staff took clients' physical health needs into consideration. We saw examples of physical health issues that had been planned for and were being monitored.

## Best practice in treatment and care

- The provider followed national best practice guidelines treatment such as National Institute for Health and Care Excellence guidelines (NICE). Staff we spoke with told us they used the Department of Health drug misuse and

dependence UK guidelines on clinical management (also known as the 'Orange Book'). The registered manager told us that two hard copies of the Orange Book were available for staff to refer to on site.

- The provider used the '12 step' model to support clients who were on detoxification treatment. The 12 step model is focused on interaction within a group support structure as opposed to individual counselling and medical intervention. Whilst counselling and medical intervention were also part of addiction recovery, it was the 12 steps model that participants go through that provided a bridge between past behaviours and an addiction-free future.
- The provider completed clinical audits to ascertain the effectiveness of the treatment model. Staff evaluated the effectiveness of treatment and clients' progress by using an in-house tool called entry and exit questionnaire. These were reviewed to inform improvements.
- Staff used the clinical institute withdrawal assessment of alcohol scale (CIWA-Ar) and clinical opiate withdrawal scale (COWS) to identify and monitor withdrawal symptoms. Staff were aware and able to identify withdrawal symptoms by observations and when reported by clients. Staff acted promptly by monitoring and administering medication as required (PRN) in such instances.
- Psychiatrists reviewed and prescribed psychoactive medication for mental health problems and kept people on psychoactive medication started in the community. Psychoactive medications are used to treat a variety of mental health conditions. Although Broadway Lodge followed a 12-step treatment model, which traditionally does not support medical treatment of mental health problems, this facility enabled clients to access support for their mental health problems and remain in residential treatment.
- The provider provided individual psychological therapy to clients. Staff offered daily groups based on cognitive behavioural therapy principles.
- Staff ran therapeutic groups five days per week for around an hour. We attended one of these groups and staff used cognitive behavioural therapy techniques which is appropriate for use with this client group. Clients appreciated the therapeutic groups as they said the groups addressed their needs and helped them in their recovery journey.

# Substance misuse/detoxification

- Records showed staff enabled clients to access the physical healthcare they needed including dentists, GPs, hospital appointments and other specialists such as physiotherapists. The provider also weighed clients weekly if they were concerned about weight loss.
- The service catered for clients who had specific dietary requirements. For example, one client was on a low sugar diabetic diet plan and staff were providing a diet plan to support the client.

## Skilled staff to deliver care

- The multi-disciplinary team comprised of nurses, nurse prescribers, counsellors, support workers, registered manager and psychiatrists.
- There were professionally qualified or registered staff working in the service such as qualified nurses and counsellors. The support workers had relevant qualifications and training for their role.
- Staff were provided with specialist training in approaches that were recommended for substance misuse rehabilitation providers, such as, cognitive behavioural therapy, relapse prevention, harm reduction and motivational interviewing.
- The provider gave training for staff in the treatment model and they were issued with a copy of the treatment model book.
- Staff had access to regular supervision and annual appraisals. Supervision was delivered by an external supervisor. Appraisals were conducted using a standard form and were delivered by the line manager. Staff were involved in their appraisals such as their six-monthly review and their yearly appraisal. In staff records we reviewed, staff had personal development plans. All staff had had an appraisal within the past 12 months.

## Multi-disciplinary and inter-agency team work

- There was a multi-disciplinary team meeting every week with individual clients reviewed every two weeks. The nursing and counsellor team attended the meeting. Staff always invited the clients care manager for clients who were from other areas and counties but they were not always able to attend.
- Clients records showed good joint working between the medical, nursing and counsellor teams.
- Staff attended weekly team meetings. These meetings were minuted and records of these were available during this inspection.

- Staff completed a handover at the beginning and end of each shift. An additional handover took place in the morning where the counsellors and nursing staff handed over and shared information.
- Managers told us they had effective working relationships with other organisations such as social services and a local GP practice.

## Good practice in applying the MCA

- All staff had completed training in the Mental Capacity Act.
- Staff had a good level of understanding of the Mental Capacity Act and the guiding principles.
- The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards that staff could refer to.
- Staff recorded if clients gave informed consent to assessment and treatment as per of the assessment and admission process. However, this was not regularly reviewed.

## Are substance misuse/detoxification services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with kindness, dignity and respect and made all efforts to maintain their privacy. We observed staff interacting with clients in a respectful, caring and appropriate manner, both individually and in groups.
- Staff were approachable and provided clients with help, emotional support and advice any time they needed it. The staff team knew the client group well and amended their approach to meet the needs of individuals. Staff understood the clients' needs, encompassing their different social and cultural needs including those with protected characteristics such people from the Lesbian, Gay, Bisexual and Transgender community.
- Clients we spoke with told us staff were professional, supportive and treated them with respect and dignity.



# Substance misuse/detoxification

For example, staff knocked on doors before entering bedrooms. Some clients said they appreciated ‘professional’ approach counsellors and support workers took when running groups.

- Staff demonstrated an understanding of the individual needs of clients. For example, staff supported one client to write their life story and they planned to use the story in one of the therapeutic groups. Staff showed a good understanding of the emotional impact this had on the client and offered 1:1 support.

## The involvement of people in the care they receive

- Clients were involved in their care. Each week they would review their recovery care plans with a counsellor. Staff ensured care plans were written in collaboration with the client. Clients could tell us about their care plans and how they were supported by staff to reach their goals.
- Staff did not record whether clients had been offered a copy of their medical care plans. Although they told us they did this. Clients told us they knew how to access or request their medical care plans.
- Clients could choose to involve their families and carers in their care. There was good communication between staff and family members. Families give feedback on the service and were invited in forums and functions hosted by the service.
- Clients told us they knew how to request an advocate if they needed one.
- Staff ran a weekly community house meeting for clients to raise concerns and complaints informally. This enabled staff to resolve issues before they became a formal complaint.

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

Good 

## Access and discharge

- The waiting time for the service was up to two weeks and there were eight available beds at the time of the

inspection. Managers told us that vacant beds were due to different factors such as the provider requiring further information at the point of referral, funding and the clients themselves.

- The service had clear referral criteria to ensure they could safely manage people’s care. Referrals were screened and assessed to check for suitability. Clients deemed appropriate for the service were interviewed prior to being offered a bed. Clients could visit the service before accepting a bed.
- Broadway Lodge was abstinence based and if clients relapsed they were automatically discharged from the service. This was agreed with the clients and is normal practice within many substance misuse services.
- Documentation of discharge (excluding unexpected exit) planning was inconsistent. Staff completed early discharge plans with some clients. Where these were in place, they were individual and shared with community teams. We looked at six care records during this inspection three of these had a discharge care plan and three did not have a discharge care plan.
- Staff told us that they supported clients to access ‘dry houses’ post discharge in the region if the client wanted to do so.
- The service had processes for clients who left treatment unexpectedly. Staff supported clients to access other agencies to find somewhere to live if they were homeless. If clients left the service unexpectedly, the provider informed the local authority safeguarding team if there were safeguarding risks.

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

- The service had a range of rooms for clients including an activity room which contained yoga equipment, game consoles and table tennis. There was also a communal lounge, a quiet room, multi-faith room and meeting room.
- Clients were not allowed to use their personal mobile phones. This was part of the treatment contract signed by clients when they entered the service. Clients were given the opportunity to make telephone calls in private when requested, these calls were regularly facilitated in private office space throughout the building. A private office also had a computer with the facility to Skype



# Substance misuse/detoxification

family members and friends. These skype calls were particularly important to clients who wish to have regular contact with children, grandchildren and families from overseas

- There was a choice of food and staff accommodated specific dietary requirements and had access to hot drink and snacks at all time
- Clients had their own bedrooms and access to communal bathrooms.
- Bedroom doors did not have locks on them. Clients could request their valuable belongings to be kept in a safe, however these were not located in their bedroom.

## Clients' engagement with the wider community

- Clients could access the local shop and amenities in the area. Staff told us they encouraged clients to access local facilities and services.
- Staff supported clients to access and attend external support such as Alcoholics Anonymous (AA).

## Meeting the needs of all people who use the service

- The provider made necessary adjustments for people needing disabled access. The doors and corridors were wide, the toilet had rails and there were walk in showers.
- Some information was displayed on a notice board for clients. There was information on display to inform clients how to complain or access an advocate.
- The provider had a calendar of activities that included life skills, computer classes, art, gardening, games, meditation, shopping and swimming trips. The provider took clients to community based substance misuse support groups. One member of staff was a fitness instructor who gave clients individual assessments and exercise programmes. There was a gym on site.
- Staff gave clients an introduction pack as part of the admission process. The pack included information about the complaints procedure and an alcohol induction pack that provided them with information about the effects of alcohol. Other leaflets were available on other substances and clients could access these by asking staff or from the communal lounge.
- Staff provided access to spiritual support. There was a chapel on site.

## Listening to and learning from concerns and complaints

- There were no formal complaints in the 12 months prior to our inspection.
- Staff gave clients information on the complaints procedure on admission. Staff escalated complaints to the managers. The registered manager told us clients could choose to take their complaint to a GP, nurse or other professional in this instance.
- Clients told us they knew how to raise a complaint and that staff listened to and respond promptly.
- The provider enabled clients to give feedback about the service through 'client feedback form'. The provider also used a 'you said, we did' board for clients to complain or make suggestions to the service. The provider reviewed these complaints and suggestions were made in the weekly community meetings. We observed this on the day of inspection.
- Staff discussed complaints in their weekly staff meetings.

## Are substance misuse/detoxification services well-led?

Good 

### Leadership

- The service had a dedicated registered manager. The registered manager had been working in this role for several years. Leaders and managers were visible and experienced in working in substance misuse.
- Managers worked with the senior nursing staff to help develop their management skills.
- The service benefited from the support provided by two consultant psychiatrists who worked one day each. Staff felt the doctors had been a positive addition to the service. The psychiatrists and the manager worked closely together to ensure good care was delivered.

### Vision and strategy

- The chief executive officer (CEO) told us the vision was to provide treatment and support to people in their recovery from past or present substance or alcohol dependency. Staff were experienced and worked hard to deliver this vision.
- Staff reported that senior members of the organisation were approachable and supportive.

# Substance misuse/detoxification

## Culture

- Staff said they felt respected, supported and valued. Staff also said they felt proud working for the provider and within their team.
- Staff were aware of how to raise concerns including the whistle-blowing process and felt they could do so without fear of retribution.
- The registered managers told us that they dealt with poor performance when needed. We saw personal development plans and action plans in staff supervision and appraisal records.

## Governance

- The provider had mechanisms in place to ensure staff were appraised and received regular supervision. This ensured staff had received the necessary specialist training they needed to support the client group and deliver the treatment programme. The provider ensured staff updated their mandatory training.
- Staff evaluated the effectiveness of treatment and client progress by using an in-house tool called 'entry and exit questionnaire'. These were reviewed to inform improvements.
- Treatment outcome profiles (TOPS) were completed and submitted to National Drug Treatment Monitoring System (NDTMS) via electronic client records. The provider also gauged the effectiveness of the service through contacts they received from previous clients such as phone calls and Christmas cards.
- The provider had an emergency plan to mitigate potential obstacles to business continuity such as loss of amenities, infection control and adverse weather. The plan did not cover what the provider would do if all the staff were sick at the same time. When staff were on leave, other staff covered for them as extra bank shifts and there were no agency staffing arrangements.

## Management of risk, issues and performance

- The registered managers kept a risk register that included safeguarding referrals, environmental checks, a list they had made for slip and fall points and the layout of building.
- The risk register was discussed at the business meeting and agreed to escalate risks to senior management and board level if needed. We saw evidence of this in the minutes of these meetings.

## Information management

- The paper and electronic care records system was accessible to staff and helped to protect clients' confidentiality. The registered manager told us that they were in the process of moving to an electronic record keeping system for all records. There were enough computers and staff had access to equipment to help them provide care to clients.
- The managers had access to information relating to incidents, safeguarding referrals, sickness and complaints. Learning from these was shared with staff in team meetings, during supervision or to individual staff.
- The managers received regular performance updates. This allowed them to monitor and manage their team's performance.

## Engagement

- Staff told us feedback from clients were collected through satisfaction surveys.
- Clients had access to a "you said, we did" board to write comments about the service they received. During the community meeting we attended, we saw complaint raised in the previous week about the lack of tea spoons for patients at meal time which was written on the board. The provider addressed this by purchasing and providing extra spoons to the patients and this was highlighted in the meeting.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that all clients have a discharge plan and clients are involved in the planning of their discharge.
- The provider should monitor the temperature of the clinic room environment in which they store medicines in to ensure they are kept within the correct range.