

Liberty House Clinic Limited

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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 Liberty House clinic as outstanding because:

- Staff took a truly holistic approach to assessing, planning and delivering care and treatment to people who used the service. Staff reviewed, and updated care plans regularly and looked at each individual's strengths. Clients had access to their care plans and care plans reflected their own words. Staff supported clients with issues relating to their substance misuse, including developing specific pathways for people to access support with blood borne virus testing, sexual health screening and education around such topics. The range of treatment options included those recommended by national guidance and the 12-step approach. Managers and staff focused on ways in which safety and outcomes for clients could be improved, including the use of a capacity and intoxication test when people began treatment.
- The continuing development of staff skills, competence and knowledge were recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. All staff had completed their mandatory training, received regular supervision and had received an annual appraisal.
- Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. People said that staff went the extra mile and the care they received exceeded their expectations. Clients felt empowered in their treatment. Clients told us their treatment was individualised, and that staff listened to their choices. We observed staff interacting with clients and family members in a respectful, kind and supportive manner.
- Managers had an inspiring shared purpose and motivated staff to succeed. Members of the senior management team were visible within the service, the service manager had clear direction to further improve treatment and client experience at Liberty House Clinic. Staff felt positive and passionate about their roles and the client group they were supporting. Staff felt valued, positive and proud about working for Liberty House Clinic.
- There were consistently high levels of constructive engagement with staff. Staff had access to team meetings, additional 'flash' meetings to discuss any issues requiring immediate attention, such as medication errors and carried out weekly, monthly and quarterly internal and external audits, which covered all aspects of service provision.
- The service had recently implemented a new easy to use electronic case management system which had been specifically developed for addiction treatment facilities and could be customised to suit the individual service.
- Staff completed medication management to a high standard. Physical health checks were completed prior to initiating treatment and detoxification and throughout treatment.
- Staff referred clients who had successfully completed treatment to become part of the alumni. UKAT organised recovery events for the alumni group to keep the recovery momentum ongoing after treatment. Clients who had completed treatment were supported at their local UKAT centre for a year following treatment, family members also had the opportunity to receive support for a year following treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Outstanding	

Summary of findings

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Outstanding



Liberty House Clinic

Summary of this inspection

Background to Liberty House Clinic Limited

Liberty House Clinic is one of a group of substance misuse services owned by UK Addiction Treatment Centres (UKAT). 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. The service provides care and treatment for male and female clients.

Liberty House Clinic provides ongoing abstinence-based treatment, which focuses on the 12- step programme and integrates cognitive behavioural therapy and dialectical behaviour therapy.

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, 19 people were residents at the service for treatment. Length of stay for clients in treatment was up to 28 days. The service provides care and treatment for male and female clients, Liberty House Clinic takes self-referrals from privately funded individuals and can also offer a bursary.

The Care Quality Commission carried out a comprehensive inspection of Liberty House Clinic in May 2018 and found no breaches of regulation.

Our inspection team

The team that inspected the service included two CQC inspectors; one of whom had a background in substance misuse.

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?

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 seven clients who were using the service and two clients who were accessing aftercare support;
- spoke with seven staff members including the registered manager, support workers and the senior therapist;
- spoke with three family members of clients;
- observed part of a group session;
- looked at 10 care and treatment records of clients;
- looked at three staff files;

Summary of this inspection

- carried out a specific check of the medication management; and
- 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 spoke with seven clients who were in treatment and two clients who had completed treatment and were returning for aftercare support.

Clients we spoke with told us there were plenty of activities to keep them occupied throughout treatment, including at weekends. Clients said they particularly enjoyed meditation and reiki and groups had never been cancelled.

Clients told us the quality of food was excellent and the chef was always available to discuss food preferences. Clients said the service manager brought additional cakes and biscuits in day to day as well as to celebrate a client graduating from treatment.

Clients said staff were always available for support and visible throughout the service, clients said that staff were passionate and treated them with dignity, respect and compassion.

Two clients fed back that they felt the kitchen and self-service hot drinks area could benefit from a deep clean.

Some clients we spoke with felt they would benefit from more access to physical activity, as the gym that clients had to self-fund to attend was expensive. Clients had access to 30 minutes daily exercise at a park across from the service and two opportunities per week to access a local gym and swimming pool.

The two clients who had completed treatment praised the staff and the support they had received post discharge.

We spoke with three family members during inspection, who said they felt that Liberty House Clinic was well run, they benefitted from the family support groups and the team were excellent.

During inspection we were also shown 43 thank you cards from previous clients and family members which thanked staff for their care, support and guidance.

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 service was clean, tidy, well maintained and recently decorated throughout.
- Emergency equipment was available which staff had been trained to use.
- Staff had access to two-way radios and mobile phones during 1:1 and group sessions to call for help if needed. Staff gave clients who were detoxing from substances a two-way radio to contact staff.
- Staff managed mixed sex accommodation effectively.
- Managers ensured that there were enough staff so clients had regular one-to-one sessions with their named keyworker.
- Managers ensured that staff received the relevant training for their role. Overall, 100% of staff had completed their mandatory training.
- Staff completed a thorough initial risk assessment for all new clients. Risk assessments were extensive, highly detailed and included what process to follow for a client who unexpectedly exits treatment. Risk management plans were comprehensive and updated weekly or more frequently when needed.
- The service implemented a new electronic case management system which had been specifically developed for addiction treatment facilities and could be customised to suit the individual service.
- Staff followed best practice in relation to medication receipt, administration, recording, storage and disposal. This was completed to a high standard. Clients and staff signed for medication at each medication administration. Staff undertook daily medication audits when administering medication. Managers completed weekly medication audits.

Good



Are services effective?

We rated effective as outstanding because:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to clients who used the service. Staff completed thorough and comprehensive assessments for clients before admission. Recovery plans were personalised and understood by staff.
- Staff undertook physical health checks for all clients prior to initiating treatment and detoxification. Staff also completed physical health checks at regular intervals throughout

Outstanding



Summary of this inspection

treatment. The service had recently engaged with a charity that provides services relating to HIV and sexual health. The charity had agreed to visit the clients on a regular basis to carry out blood borne virus testing and to promote awareness of blood borne viruses through workshops.

- Staff reviewed and updated individual care plans regularly. Clients' care plans were personalised, recovery orientated, holistic and looked at strength areas for each client. Clients were involved in and offered a copy of their care plan. care plans included clear care pathways to other supporting services.
- Staff provided a range of treatment interventions, delivered in line with guidance from the National Institute for Health and Care Excellence
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. All staff had completed their mandatory training, received regular supervision and had received an annual appraisal. Staff were proactively supported to acquire new skills and share best practice. Managers ensured that staff had the relevant training and access to specialist training for their role.
- Managers were committed to working collaboratively and had found efficient ways to deliver more joined up care for clients who use the service. Managers had ensured that effective communication processes were in place. Staff had access to twice daily handovers, weekly team meetings and quarterly clinical governance meetings. The service worked effectively with other agencies. Managers had good links with the dispensing pharmacy and local mutual aid groups.
- Consent practices and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. Staff recognised when a client lacked capacity. Overall, 100% of staff had completed training in the Mental Capacity Act. Staff completed a capacity and intoxication test with clients as part of the physical health assessment.

Are services caring?

We rated caring as outstanding because:

- Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. People said that staff went the extra mile and the care they received exceeded their expectations. Clients felt empowered in their treatment.

Outstanding



Summary of this inspection

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted dignity. Relationships between clients and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by managers.
- Staff treated clients with compassion and kindness. Clients said staff were caring, respectful, supportive and sensitive to their needs. Clients told us that their treatment was individualised, and that staff listened to their choices.
- Clients' emotional and social needs were highly valued by staff and were embedded in their care and treatment. Staff were discreet, and responsive to clients' needs. We observed staff interacting with clients and family members in a respectful, kind and supportive manner.
- Staff took clients' personal, cultural, social and religious needs into account. Staff had an awareness of clients' individual needs and preferences. Staff knew clients on a first name basis and were able to discuss clients in depth. Staff showed a high degree of understanding of clients' emotional, psychological and spiritual needs.
- The service had systems and processes in place for client feedback. The service held weekly community meetings where clients could raise any issues for discussion. Clients could also provide staff with suggestions. Staff encouraged clients and family members to give feedback about the service through various routes.
- All clients we spoke with said they were involved with and offered a copy of their care plan. Care plans included client's personal goals throughout treatment. All care plans reviewed were written in the client's voice.

Are services responsive?

We rated responsive as good because:

- The service had clear admission and discharge criteria. The doctor assessed all clients on admission.
- Staff referred clients who had successfully completed treatment to become part of the alumni. UKAT organised recovery events for the alumni group to keep the recovery momentum ongoing after treatment.
- Liberty House Clinic had a range of rooms available. These supported client privacy, dignity and confidentiality. Clients accessed their bedrooms using personal pin codes and could keep bedrooms locked.
- Staff issued each client with a welcome pack on admission.

Good



Summary of this inspection

- The service offered a full range of treatment groups and activities seven days a week. Clients told us that these were never cancelled.
- Facilities were available so that clients could make hot or cold drinks and snacks when they wanted to. Lunch and dinner were prepared by an on-site chef. Clients we spoke with praised the quality of food available.
- Liberty House Clinic provided follow on support for clients who had completed their treatment programme, including access education and work opportunities where appropriate. Clients who had completed treatment were supported at their local UKAT centre for a year following treatment
- The service operated an effective complaints process. Clients and staff we spoke with knew the complaints process. We saw evidence that complaints were being dealt with thoroughly and appropriately.

Are services well-led?

We rated well-led as Outstanding because:

- Managers within the service were highly skilled, knowledgeable and experienced to effectively lead and manage the service. Managers had an exceptional understanding of the service, the skills, knowledge and experience to perform their roles. The registered manager was based at the service and was visible and approachable for all staff and clients.
- Staff were aware of the service's visions and values. Liberty House Clinic had a clear definition of recovery and this was shared, understood and demonstrated by all staff. Staff felt positive and passionate about their roles and the client group they were supporting. Staff felt valued and fully supported by managers within the service and spoke highly of the culture.
- There were effective communication processes in place. Staff attended daily handovers and regular team meetings. Staff also had access to additional 'flash' meetings to discuss any issues requiring immediate attention, such as medication errors, to ensure learning was shared promptly.
- Managers monitored the quality of the service. Staff carried out weekly, monthly and quarterly internal and external audits which covered all aspects of service provision. Audits were sufficient to provide assurance and staff acted on results when needed.
- The service managed risk effectively. The service had a corporate and local risk register in place which included emerging or possible risks as well as ongoing risks.

Outstanding



Summary of this inspection

- The service had recently implemented a new easy to use electronic case management system which had been specifically developed for addiction treatment facilities and could be customised to suit the individual service.
- Liberty House clinic had effective joint-working arrangements with external partners. Managers had recently sourced a charity to provide in-house services relating to blood borne viruses and sexual health education and testing.
- Members of the senior management team were visible within the service, staff and clients knew who they were and said they visited regularly.

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.
- The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.
- Staff discussed and checked capacity to consent to treatment with all clients on admission which included a capacity and intoxicification test as part of the physical health assessment.
- Overall, 100% of staff had completed training in Deprivation of Liberty Safeguards.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding

Residential substance misuse services

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

Are residential substance misuse services safe?

Good 

Safe and clean environment

- The service was clean, tidy and well maintained. The service employed cleaning staff who ensured all areas were cleaned regularly and to a high standard. Staff followed infection control protocols including hand washing and the provider displayed information above the sinks.
- Staff used two-way radios and mobile phones during 1:1 and group sessions to call for help if needed. Staff knew the procedure to follow if an alarm was raised. Staff gave clients who were detoxing from substances a two-way radio to contact staff should the need arise. closed-circuit television was in use throughout the building.
- The manager had completed a ligature risk assessment and had identified actions to mitigate risks. A ligature is anything which could be used to attach a cord, rope or other material for hanging or strangulation. Staff had completed environmental risk assessments, including fire risk assessments, water temperature checks and weekly health and safety checks.
- Managers were managing mixed sex accommodation effectively. The service did not provide designated bathrooms for males and females and sleeping areas were not segregated. However, individual risk assessments included risk of mixed sex accommodation and were regularly updated, and all corridor areas were covered by CCTV. Clients accessed their bedrooms using personal pin codes and could keep bedrooms locked.

- The clinic room was clean and tidy. The clinic room had a working fridge for storing medication. The clinic room temperature and fridge temperature were recorded daily. Staff were aware of what action should be taken if either the fridge or room temperature went out of range.
- The provider had installed emergency equipment which staff had been trained to use. This was in date, regularly tested and ready for use.

Safe staffing

- There were enough skilled staff to meet the needs of clients. The Liberty House Clinic staffing team consisted of a service manager, a senior therapist, two therapists, a senior support worker, two support workers working on a shift pattern, a human resources manager and operations administrator, a cleaner and a chef. The medical team consisted of two doctors who were available to visit at short notice and available for advice at all times. The service was staffed 24/7.
- Management had estimated the number, grade, and experience of staff required based on client need and the programmes in place at any given time. Staff absences were planned for in advance and able to be managed effectively within the staffing team. The service had access to bank staff if required.
- The service had enough staff to ensure that clients had regular one-to-one sessions with their named keyworker. Clients could request additional one-to-one sessions if required.
- Staff and clients told us that they had no experience of activities or groups being cancelled due to staff shortages.



Residential substance misuse services

- Overall, 100% of staff had completed their mandatory training. Mandatory training included health and safety, Mental Capacity Act, medicines administration, child and adult safeguarding, diversity, equality, inclusion and human rights and first aid awareness.
- Between December 2017 and November 2018 three staff members left the service. At the time of inspection there was a vacancy for a part-time chef and a support worker.
- Between December 2017 and November 2018 there were no unauthorised absences or sickness days taken by staff.

Assessing and managing risk to clients and staff

- We reviewed 10 care records during the inspection. All clients had a thorough initial risk assessment which had been updated within the past two weeks. Risk assessments were extensive, highly detailed and included what process to follow for a client who unexpectedly exits treatment. When clients wanted to leave treatment early, staff discussed harm reduction with them. This included where they would go, relapse advice and overdose management advice. This was captured in a checklist and present in all care records we reviewed.
- Staff completed individualised risk management plans for all clients where risks had been identified in the risk assessments. Risk management plans were comprehensive and updated weekly or more frequently when needed.
- Staff said that if they noticed a deterioration in client's physical health they would phone NHS 111 or seek guidance from the doctor. Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration. Staff also used clients' daily diary sheets to determine client mood.
- The provider had a lone working policy to help staff to remain safe when working alone and to request assistance. Staff had access to an emergency phone and two-way radios, which they used.

Safeguarding

- Staff knew how to protect clients and family from abuse. The service had a child protection policy in place; which included protecting any children that visited the service.
- Staff could give examples of how to protect clients from harassment and discrimination.

- Staff knew how to identify adults and children at risk of, or suffering, significant harm. The service had a safeguarding lead in place.
- Overall 100% of staff had completed child safeguarding and safeguarding of vulnerable adults training.

Staff access to essential information

- Staff used a mixture of electronic and paper records. The service had recently implemented a new electronic case management system which had been specifically developed for addiction treatment facilities and could be customised to suit the individual service. This was detailed and easy to use.
- Staff recorded most client treatment information on the electronic case management system. Medicines management was completed on paper records with plans to transfer all information on to the electronic system.
- All staff had access to a desk and a computer to update electronic case notes when needed.

Medicines management

- The doctor reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The doctor advised staff on medication administration and was available for consultation when needed. The care records contained comprehensive doctors' assessments.
- Medication receipt, administration, recording, storage and disposal, was compliant with regulations within the 1968 Medicines Act and medicines management within the National Institute for Health and Care Excellence guidelines.
- We looked at 15 medication cards. All were completed to a high standard and included any client allergies and a photo of each client. All medication was signed for by both the client and staff member at each medication administration.
- The service had access to a lockable bag for staff to transport controlled drugs between the pharmacy and the service to ensure safety of staff and controlled drugs.
- Medication audits were carried out once daily by staff administering medication and weekly by the service manager. Any medication errors were recorded appropriately and discussed at daily handovers, team meetings and during staff supervision.
- Controlled drugs were stored in a locked controlled drug safe, keys were signed in and out by staff members



Residential substance misuse services

at shift handovers. Booking in and access to controlled drugs included the completion of a controlled drug record book for each administration, which was carried out and witnessed by two staff members.

Track record on safety

- The service reported one serious incident in the 12 months leading up to the inspection.

Reporting incidents and learning from when things go wrong

- The service managed incidents well. We reviewed incidents which the service had internally reported between December 2017- November 2018 that were not CQC notifiable. We saw evidence of thorough discussions held with staff around lessons learnt, additional training needs and actions taken following incidents. Staff updated client risk assessments following incidents.
- Staff were aware of what constituted an incident and how to report an incident. Staff told us they could discuss an incident with the service manager or senior therapist prior to submitting an incident report.
- Staff met regularly to discuss any incidents and learning from incidents. Staff received feedback from incidents during twice daily handovers, supervision and team meetings and clinical governance meetings.
- Staff we spoke with said they could not recall any recent incidents that required a debrief. However, they felt they could discuss any concerns or issues with management, during a handover, supervision or team meetings.
- We saw learning outcomes from incidents discussed as part of team meetings, learning included staff not using mobile phones for personal use whilst in the medication room to reduce medication errors.

Duty of Candour

- Managers and staff were aware of the duty of candour. Duty of candour is a legal duty to inform and apologise to clients if there have been mistakes in their care that have led to significant harm. Managers and staff told us they were supported to be candid with clients. The provider had a duty of candour policy in place which staff were aware of. We saw evidence in complaints records of transparency and accountability to clients and their families.

Are residential substance misuse services effective?

(for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

- We reviewed 10 client care records. We found that all pre-admission assessments had been completed thoroughly by the admissions team prior to accepting clients for treatment. Staff then completed a further comprehensive assessment with clients on admission, using specialised and recognised assessment tools.
- Staff undertook a range of physical health assessments. Physical health checks including blood pressure checks, breathalysing, and urine drug screening were completed prior to initiating treatment and detoxification. This included appropriate medication regimes to support the first few days of detoxification. Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals thereafter.
- Staff reviewed and updated individual care plans regularly. All 10 care plans viewed were personalised, recovery orientated, holistic and looked at strength areas for each client. All clients we spoke with said they were involved in and offered a copy of their care plan. Client's goals throughout treatment and upon discharge were discussed and clearly recorded.
- Staff had developed a personalised comprehensive risk management plan for all clients identified as being at risk, this included a plan for unexpected exit from treatment.

Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary recommendations.
- Staff told us, and we saw during inspection 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 policy was in place which followed national guidance.



Residential substance misuse services

- Staff provided a range of treatment interventions, delivered in line with guidance from the National Institute for Health and Care Excellence. These included art therapy, sound therapy, yoga, mindfulness, dialectical behaviour therapy and cognitive behavioural therapy - types of talking treatment - and key work sessions and relapse prevention alongside 12 step treatment.
- The service supported clients to live healthier lives by offering two sessions of either gym or swimming per week to improve physical health. This was self-funded by clients.
- Staff used the clinical Opiate Withdrawal Scale to rate common signs and symptoms of opiate withdrawal and The Clinical Institute Withdrawal Assessment for Alcohol, a ten-item scale used in the assessment and management of alcohol withdrawal.
- The service had recently engaged with a charity that provides services relating to HIV and sexual health. The charity had agreed to visit the clients on a regular basis to carry out blood borne virus testing and to promote awareness of blood borne viruses through workshops.
- Staff supported clients to access the dentist and opticians. Where clients had a healthcare need staff used the NHS 111 service or the local walk-in centre.
- Overall, 100% of staff had completed mandatory training.
- Overall, 100% of staff at the service had regular supervision. We saw evidence of identified learning areas being managed effectively within staff supervision files. Therapy staff also received external supervision. Overall, 100% of eligible staff had received an annual appraisal.
- The service was in the process of recruiting a peer support worker.
- Staff had access to specialist training for their role; all staff who were required administer medication to clients on a detox regime had received appropriate training. Some staff had completed DBT training and more staff had been identified to undertake DBT training.

Skilled staff to deliver care

- Managers ensured that the service had staff with the skills, competency and knowledge to provide high quality care. The multi-disciplinary team consisted of a service manager, a senior therapist, therapists, a senior support worker, support workers working on a shift pattern, a human resources and operations administrator, cleaners and a chef. The medical team consisted of two doctors, with a background working in substance misuse, who could access the service as and when required.
- 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. The service had a 24/7 on call rota for staff. Two waking night staff members staffed the service overnight.
- We looked at three staff files. Staff were inducted to the service appropriately. Induction records were completed and located within staff files. Staff we spoke with confirmed they had received a thorough induction.

Multi-disciplinary and inter-agency team work

- Staff had access to twice daily handovers, weekly team meetings and quarterly clinical governance meetings. The service manager attended regular meetings with managers from other UKAT sites.
- Staff told us they had good links with the dispensing pharmacy and local mutual aid groups.
- Staff ensured client care plans included clear care pathways to other supporting services including a local drug and alcohol service which provided aftercare to support clients in their recovery.

Adherence to the MHA and the MHA 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 MCA

- 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.
- The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.
- Staff supported clients to make decisions about their care. Staff discussed and checked capacity to consent to treatment with all clients on admission which included a capacity and intoxicification test as part of the physical health assessment.
- Overall, 100% of staff had completed training in Deprivation of Liberty Safeguards.



Residential substance misuse services

Are residential substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with kindness and compassion. Clients we spoke with told us they felt empowered in their treatment. Clients said staff were caring, respectful, supportive and sensitive to their needs. Clients told us that their treatment was individualised, and that staff listened to their choices.
- We observed staff interacting with clients and family members in a respectful, kind and supportive manner.
- We looked at 10 care records, all care records contained a plan of care which offered interventions aimed at maintaining and improving the clients' social networks and provided support to attend community resources following discharge.
- Staff worked closely with clients, including facilitating regular one-to-one sessions to support them to engage fully in treatment. Staff showed an understanding of clients' individual needs.
- All client electronic files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract. Staff ensured that clients had full capacity prior to signing these agreements.
- Staff and clients knew each other on a first name basis. Staff had an awareness of clients' individual needs and preferences and were able to discuss clients in-depth. Staff showed a high degree of understanding of clients' emotional, psychological and spiritual needs.
- The service held weekly community meetings where clients could raise any issues for discussion. Clients were allocated as house leaders on a weekly basis to raise any concerns from other clients at the meeting and allocate tasks.

Involvement in care

- Staff ensured all clients were aware of the treatment contract, boundary guidelines, compliments, complaints and advocacy information.

- All clients we spoke with said they were involved with and offered a copy of their care plan. Care plans included client's personal goals throughout treatment. All care plans reviewed were written in the client's voice.
- Care plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend community resources such as mutual aid groups.
- All clients had a named key worker and clients knew who their key worker was. All clients in treatment received regular 1-2-1 sessions with their named keyworker.
- Staff encouraged clients to give feedback about the service by completing a questionnaire on completion of treatment. We looked at client feedback from March 2019 which showed 83% of clients felt their needs were met through their care plan and 94% of clients would recommend the service to family or friends. Clients who fed back said that the service was safe, professional and helped them to prepare for their future.
- Staff encouraged family members to feedback about the service via a family feedback questionnaire. Family groups were facilitated weekly and family were able to return to the service for up to a year following completion of treatment to engage in family groups. Staff also offered family members additional 1-2-1 sessions.
- We looked at family feedback from January 2019 to March 2019, all 15 family members who fed back said they found the family group very helpful.
- Staff gave family members a contact sheet detailing best times to contact the service for updates and contact details.

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

Good



Access and discharge

- The service had clear admission and discharge criteria. Prospective clients were assessed prior to admission by a central admissions team to assess suitability. Admissions staff then decided which UKAT treatment centre would be most suitable to meet the client's



Residential substance misuse services

needs. The clients referred on to this service were deemed to be low risk. All clients were further assessed upon admission by the doctor. The doctor had flexibility and could see urgent referrals as needed. The service had no waiting list at the time of inspection.

- Staff ensured that risk management plans reflected the diverse and complex needs of clients including clear care pathways to other supporting services such as dentists and medical care.
- The service had no recent appointments or groups cancelled due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.
- Clients were assigned key workers at the point of admission. Staff supported clients to formulate their own leaving plans leading up to discharge. This included an unexpected exit from treatment. Staff also supported clients with housing and employment.
- Between December 2017 and November 2018, 261 clients were discharged from the service. Clients were invited to attend weekly aftercare for up to one year at any UKAT service following successful discharge.
- We looked at 73 exit surveys for clients discharged between January 2019 and April 2019, all were positive, clients said they felt safe, staff were professional, and treatment helped them to prepare for their future.
- We looked at feedback from 21 clients attending the aftercare group between January 2019 and March 2019. Overall, 18 found the group very helpful and three found the group somewhat helpful.
- Staff referred clients who had successfully completed treatment to become part of the alumini. UKAT organised recovery events for the alumini to keep the recovery momentum ongoing after treatment. Events included fun days, bowling, summer barbeques, seminars and guest speakers. We looked at data from 129 clients who were part of the alumini between January 2018 and March 2019. Overall, 67% of clients had remained drug and alcohol free since leaving treatment with support from the alumini group.

The facilities promote recovery, comfort, dignity and confidentiality

- Liberty House Clinic had a range of rooms available, including group rooms, one-to-one rooms a clinic room, seating areas for lunch and two lounges. Clients who were undergoing detoxification had the opportunity to

stay in their bedroom throughout the day, if they felt unwell and could not engage in treatment. 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, advocacy information, treatment philosophy, expectations, rules and regulations, the process for leaving treatment and a weekly timetable.
- The service offered a full range of treatment groups and activities during the day Mondays to Fridays. At weekends, staff provided therapy and workshops on a reduced timetable, so clients could have visits or enjoy free time in the afternoon.
- Facilities were available so that clients could make hot or cold drinks when they wanted to. Fresh fruit, cereals, toast, biscuits and a selection of cakes were always available for clients to enjoy.
- Clients we spoke with praised the quality of food available. The chef discussed allergies, dietary requirements and dislikes.
- Clients handed in money, phones and any valuables at the start of treatment. Staff completed a signed log outlining all items handed in.
- Clients had the opportunity to go out at weekends in groups of three. Family visits were held weekly and were facilitated outside of the treatment centre.

Clients' engagement with the wider community

- Liberty House Clinic provided follow on support for clients who had completed their treatment programme, including access education and work opportunities where appropriate. Clients who had completed treatment were supported at their local UKAT centre for a year following treatment and were offered the opportunity to become part of the alumini.
- Staff supported clients to build relationships with families and develop positive support networks. Staff assisted clients in breaking negative connections to old associates.
- Participation in external fellowship meetings, such as Alcoholics Anonymous and Narcotics Anonymous, was a compulsory part of the treatment contract. Staff encouraged and supported clients to engage fully with this.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning and laundry to aid them with their rehabilitation.



Residential substance misuse services

- The service held weekly community meetings where clients were encouraged to raise any issues with staff.

Meeting the needs of all people who use the service

- The service had downstairs bedrooms and a wet room offering full disabled access.
- Information in other languages was available on request, due to the verbal nature of 12-step therapy; treatment at Liberty House Clinic would be unsuitable for someone who could not speak English. The admissions team could identify a more suitable UKAT service for clients who could not speak English. Clients could receive additional support with reading or writing.
- Special dietary requirements, allergies and client preferences were catered for.
- Clients had access to a courtyard area for people to relax in and an area where clients could smoke. The service had a further garden area, during the summer months clients could play badminton in the garden.
- Clients could access religious and spiritual support in the local community.

Listening to and learning from concerns and complaints

- Between December 2017 and November 2018, the service received 178 compliments and 16 complaints.
- Information about how to complain was included in the welcome pack, and clients we spoke to were aware of how to complain. 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 we spoke with knew the complaints process. Staff told us that clients were encouraged to speak to staff or feedback in community meetings with any issues.
- Complaints were dealt with by service managers at other UKAT sites. We looked at a sample of four complaints. All were dealt with appropriately and the complaints policy was adhered to. We saw evidence in complaints records of transparency and accountability to clients and their families.

Are residential substance misuse services well-led?

Outstanding



Leadership

- Managers had the right skills and abilities to run a service that provided a high level of care. Managers within the service had a good understanding of the service, the skills, knowledge and experience to perform their roles.
- The registered manager was based at the service and was visible and approachable for all staff and clients.
- Liberty House Clinic had a clear definition of recovery and this was shared, understood and demonstrated by all staff.
- Managers could explain clearly how the team was working to provide high quality care.

Vision and strategy

- Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that. Visions and values were displayed in the staff office. We saw how staff embodied these values throughout their work.
- All staff had a job description located within their staff file.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

- Staff felt respected and supported by managers. Staff told us how they could raise any issues with the service manager who had an open-door policy and was highly visible.
- Staff we spoke with felt positive and passionate about their roles and the client group they were supporting. Staff felt valued by the managers within the service. Staff felt proud about working for Liberty House Clinic and their team.
- Staff were recognised for the hard work they put in to the service. The manager supplied cakes and biscuits to staff regularly to recognise staff success and commitment.



Residential substance misuse services

- Overall, three members of staff had left the service over the past year and sickness levels were under one percent.

Governance

- Governance policies, procedures and protocols were embedded within the service and were regularly reviewed at managers meetings quarterly.
- Team meetings, handovers and clinical governance meetings had a clear framework of what must be discussed. This ensured that essential information, such as learning from incidents and complaints, was shared and discussed and learning was disseminated to staff.
- Staff had access to additional 'flash' meetings to discuss any issues requiring immediate attention, such as medication errors.
- Staff carried out weekly, monthly and quarterly internal and external audits. These covered all aspects of service provision including recruitment, training, accidents and incidents, retention rates, complaints and responses, medication and audits on the electronic case management system. The service manager followed up on any actions from audits with staff as needed.
- The service had a whistle blowing policy in place which staff were aware of.

Management of risk, issues and performance

- The service had a corporate and local risk register in place which included emerging or possible risks as well as ongoing risks. Staff could escalate concerns when required.
- The provider had a business continuity plan in place in case of adverse events that would affect the running of the service.

Information management

- Staff had access to the equipment and information technology needed to do their work. The service had recently implemented a new easy to use electronic case management system which had been specifically developed for addiction treatment facilities and could be customised to suit the individual service. Staff gave positive feedback about the new system.
- Information governance systems included confidentiality of client records.
- The service manager had access to information to support them with their management role. This included information on the performance of the service, staffing and client's care.

- All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it
- Liberty House clinic had recently developed joint-working arrangements with a charity to provide in-house services relating to blood borne viruses and sexual health education and testing, the service also worked closely with a local drug and alcohol service and other UKAT centres.
- Liberty House Clinic ensured service confidentiality agreements were clearly explained and signed including in relation to the sharing of information and data.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used through the welcome pack and the provider website.
- Clients and carers had opportunities to give feedback on the service through feedback forms and using the Liberty House Clinic website.
- We looked at family feedback from the family groups held between January 2019 and March 2019, all family members who fed back said they found the family group very helpful.
- Members of the senior management team were visible within the service, staff and clients knew who they were and said they visited regularly.

Learning, continuous improvement and innovation

- Liberty House clinic had continued to develop and improve following our last inspection. Clients who had successfully completed treatment were encouraged to join the alumni for ongoing support, a new group room had been built and the service offered additional family sessions and support.
- The service had developed clinical governance meetings, allowing the service manager and clinical lead to discuss areas such as client admissions and discharges, hospital appointments, admissions and medication procedures.
- The service had evidence of initiatives to improve the service. The electronic case management system was being developed to incorporate medical admissions information.
- The service manager had clear direction to further improve treatment and client experience at Liberty House Clinic.



Residential substance misuse services

- Staff were encouraged to be creative and innovative and were utilised within the staffing team to make use of their existing skills.

Outstanding practice and areas for improvement

Outstanding practice

- The service had recently engaged with a charity that provides services relating to HIV and sexual health. The charity had agreed to visit the clients on a regular basis to carry out blood borne virus testing and to promote awareness of blood borne viruses through workshops.
- Staff completed a capacity and intoxication test with clients as part of the physical health assessment. This ensured that clients had full understanding and agreement in commencing treatment.
- Staff reviewed, and updated care plans regularly and looked at each individuals' strengths. Clients had access to their care plans and care plans reflected client's own words.
- Staff provided a range of treatment interventions and alternative therapy to support clients emotional and physical health alongside 12-step treatment. These included art therapy, sound therapy, yoga, mindfulness, dialectical behaviour therapy (DBT) and cognitive behavioural therapy (CBT), key work sessions and relapse prevention.