

Good 

# UK Addiction Treatment Limited Sanctuary Lodge

## Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-1402426271	Sanctuary Lodge	Sanctuary Lodge	CO9 2EA

This report describes our judgement of the quality of care provided within this core service by UK Addiction Treatment Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by UK Addiction Treatment Limited and these are brought together to inform our overall judgement of UK Addiction Treatment Limited.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

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 / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We rated Sanctuary Lodge as good because:

- The ward environment was safe, clean well equipped, well furnished, well maintained and fit for purpose. The manager had completed a risk assessment highlighting any ligature anchor points. Managers kept clear records of environmental risk assessments, incidents, complaints and safeguarding concerns.
- The service had enough nursing and medical staff, who knew the service and staff had completed their mandatory training. The service had a system in place to monitor mandatory training and supervision compliance. The service employed a range of staff disciplines who worked together as a team to benefit clients. The service had effective working relationships with external organisations.
- Staff kept detailed records of clients' care and treatment. Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. Staff knew how to protect clients from abuse and the service worked well with other agencies to safeguard them. Senior managers engaged with staff and clients on how to improve the service through surveys and staff meetings.
- The service had appropriate arrangements in place for managing medicines. The nurse completed medication audits each month and discussed errors with the team. Staff followed National Institute for Clinical Excellence and Department of Health guidance for treating alcohol and drug dependency. The service utilised complementary therapies and improvements to the environment to support recovery.
- The service treated concerns and complaints seriously. Managers investigated all complaints and they shared learning from these with all staff. The service had received a high number of compliments. Managers measured the performance of the service and collected data to inform service development. Staff knew which incidents to report, how to report them and shared learning from incidents in meetings.
- Staff treated clients with compassion and kindness and supported clients to make decisions on their care for themselves. Clients told us staff supported them with activities outside the service, such as local visits and family relationships.
- Staff felt respected, valued and supported by the team and their managers. The provider was developing staff through extra training to provide a better service.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as good because:

- The environment was safe, clean well equipped, well furnished, well maintained and fit for purpose.
- The manager had completed a risk assessment highlighting any ligature anchor points and actions needed to mitigate risks to clients who might try to harm themselves.
- The service had enough staff from each discipline, who knew the service.
- Eighty-three per cent of staff had completed their mandatory training and the manager monitored training rates.
- Staff completed risk assessments for each client and used these to understand and manage risks individually. Staff updated risk assessments regularly and after incidents.
- Staff knew how to protect clients from abuse and the service worked well with other agencies to safeguard clients and others.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had appropriate arrangements in place for managing medicines. A nurse audited medicines management each month and fed any errors or discrepancies back to the team for actions.
- Staff knew which incidents to report and how to report them. Managers shared learning from incidents in team meetings.

Good



### Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all clients on admission.
- Staff followed National Institute for Clinical Excellence and Department of Health guidance for treating alcohol and drug dependency.
- The service employed a range of staff disciplines. This included a registered nurse, support workers, and therapists. Managers ensured the service employed staff with skills needed to provide high-quality care.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.

Good



# Summary of findings

- The service had effective working relationships with outside organisations.
- Staff supported clients to make decisions on their care for themselves. They understood the principles of the Mental Capacity Act 2005 and assessed and recorded clients' capacity clearly.

## Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity, and supported their individual needs.
- Staff involved clients and those close to them in decisions about their care, treatment and changes to the service.
- Staff gave clients opportunities to make requests and raise issues at a weekly community meeting.
- Staff provided regular updates to family members and involved them in the planning of their relative's care with the client's consent.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- Waiting times from referral to treatment and arrangements to admit, treat and discharge clients were in line with good practice.
- Staff supported clients with activities outside the service, such as local visits and family relationships.
- The service had arrangements for people requiring physical mobility access. There were ground floor bedrooms and a lift to allow clients to access upstairs therapy rooms. The manager could request an interpreter or have written documentation translated into another language to meet the needs of clients whose first language was not English.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service had received a high number of compliments.

Good



## Are services well-led?

We rated well-led as good because:

- Managers measured the performance of the service and collected data to inform service development.

Good



# Summary of findings

- Staff knew who senior managers were and said they visited the service.
- The provider was developing the staff to provide a better service with additional training.
- Staff felt respected and valued and supported by their team and managers.
- The service had a system in place to monitor mandatory training and supervision compliance.
- Staff knew which incidents to report and how to report them.
- The provider audited staff compliance against organisational policy on topics such as medicines and client files.
- Managers kept clear records of environmental risk assessments, incidents, complaints and safeguarding concerns.
- Senior managers engaged with staff and clients on how to improve the service through meetings and surveys.
- The service utilised complementary therapies and improvements to the environment to support recovery.

# Summary of findings

## Information about the service

Sanctuary lodge is a detoxification and rehabilitation service which can support up to 25 clients requiring a medical detoxification and rehabilitation programme. All clients are funded privately. The provider admits both male and female clients. At the time of the inspection the service had 21 clients.

The service is registered for the following CQC regulated activities:

- Accommodation for persons who require treatment for substance misuse.
- Treatment of disease, disorder, or injury.

The Service has a registered manager.

We last inspected this service on 3 October 2017. Following this inspection, we issued the following requirement notices:

- Regulation 10 HSCA (RA) Regulations 2014. Dignity and respect. Clients were unable to lock their bedrooms to maintain their privacy and dignity.
- Regulation 12 HSCA (RA) Regulations 2014. Safe care and treatment. The provider had not ensured the environment was safe for clients presenting with a risk of self-harm or suicide. The provider had not assessed the risks posed to clients by providing mixed sex accommodation or put in place plans to manage these risks. Staff did not have access to an appropriate alarm system to summon assistance in an emergency.
- Regulation 18 HSCA (RA) Regulations 2014 staffing. The provider had not ensured staff were up to date with mandatory training and did not have sufficient processes to monitor compliance.

We inspected the service on 27 November 2018 and found there were no breaches of these regulations.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, an inspection manager and a specialist advisor with experience of working in a substance misuse service.

## 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

We carried out an announced visit to the service to review the quality of care and treatment delivered to clients. The inspection team visited the hospital on 27 November 2018.

Before the inspection, we reviewed information that we held about this service.

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:

- toured the premises.



# Summary of findings

- spoke with six clients who were using the service
- spoke with the registered manager
- spoke with seven other staff members; including doctors, nurses, and therapists
- looked at five care records and six sets of notes for clients; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

- We spoke with six clients who said that staff treated them with kindness and respect. Clients felt supported in their recovery and were positive about the staff and managers at the service They said they were involved in planning their treatment and they felt the therapeutic programme was excellent.
- We spoke with two family members who agreed that staff were kind and respectful and felt staff involved them in their relative's care.

# UK Addiction Treatment Limited

# Sanctuary Lodge

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Sanctuary Lodge	Sanctuary Lodge

### Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. All staff had received training in the Mental Capacity Act.
- Staff assessed clients' capacity to consent to treatment prior to admission. If a client arrived intoxicated, therefore lacking capacity, staff would wait until the

- client was no longer intoxicated before completing paperwork or requesting payment. If a client was too intoxicated, staff could send them home and delay admission until it was possible to gain consent.
- Staff knew where to get advice regarding the Mental Capacity Act from managers and other staff.
  - The service had not made any Deprivation of Liberty Safeguards.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- The ward environment was safe, clean well equipped, well furnished, well maintained and fit for purpose. The ward area did not allow staff to observe all parts clearly however, the provider had installed closed circuit television in hallways to mitigate any risk.
- The manager had completed a risk assessment highlighting any ligature anchor points and actions to mitigate risks to clients who might try to harm themselves. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.
- Housekeeping staff completed weekly cleaning of the bedrooms and managers received a monthly report detailing the cleanliness and maintenance level of the ward environment. We reviewed three months of these reports and saw staff were taking the suggested actions.
- Since the previous inspection the provider had made appropriate arrangements to provide safe mixed sex accommodation. All client rooms were fitted with a lock on the door for client privacy. The provider had an option to use a quiet room as a female only lounge if necessary.
- The service had a fully equipped clinic room which included equipment used for monitoring physical health and for emergency resuscitation. The service did not keep emergency medicines on site. In medical emergencies, staff would call an ambulance.
- Staff did not carry personal alarms. However, the provider had given staff radios so they could communicate and summon help in case of emergency.

### Safe staffing

- The service had enough nursing and medical staff, who knew the clients. The service had a staff establishment of seventeen whole time equivalent staff, including a registered mental health nurse, recovery support workers and therapists. At the time of the inspection the service had three vacancies. However, managers filled any gaps in the rota using bank staff who were previously employees of the service.

- Managers had a rationale for the number of staff they needed to run the service safely, this was based on the number and needs of the clients at the service. They reviewed this with regional managers quarterly. The nurse completed the rota weekly and considered the skill mix of the staff to ensure safe care and treatment for clients.
- The service had a sickness rate of 2.4% for the reporting period for the inspection. Bank staff covered sickness or substantive staff completed extra hours.
- The service had a turnover rate of 53% for the reporting period for the inspection. The provider had recruited nine new staff during this time and had plans to recruit to fill the additional three vacancies in the coming months.
- Clients had weekly time with their designated staff member. All six clients we spoke with were positive about this time and said that they could speak to a staff member when they needed to.
- Staff and clients told us they had not had activities cancelled due to short staffing. Sometimes staff had to move activities to a different time if a specific staff member was unavailable.
- The service had adequate medical cover. Staff contacted the doctor during the day by email or phone. The doctor visited the service each evening. Staff, clients, and their families told us that the doctor was very responsive to their needs, if they needed a consultation the doctor could see them on the same day.
- Eighty-three per cent of staff had completed their mandatory training. This had improved since the last inspection. We reviewed records held by the manager about the training that staff had completed. Staff who had not completed training were on long term sick leave.

### Assessing and managing risk to patients and staff

- Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. We reviewed five care records, all clients had received a thorough risk assessment on admission, staff updated these risk assessments every two weeks or after an incident. Staff used a risk assessment tool which included risks of self-harm and suicide. Staff ensured

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

that clients' rooms were checked for potential ligatures if clients posed risks of self-harm or suicide. Staff created a crisis plan with clients on admission if there was a deterioration of their mental health or a relapse of treatment.

- Staff were trained in de-escalation techniques and did not use restrictive interventions to manage client behaviour. Staff used a buddy system to help clients to become familiar with the service and chose buddies to match the clients' needs.
- The provider had a policy for staff to observe clients on an hourly basis for the first 24 hours of their admission, to ensure their safety and comfort during detoxification. Staff were aware of this policy and placed clients in a room close to night staff if required.
- The service had a list of banned items which clients were not allowed to bring into the building. This was to support their recovery and protect the safety and confidentiality of all clients. Staff searched clients' belongings on admission in accordance with the provider's policy. Clients told us this was done in a respectful way and that they had consented to the practice.
- Staff attended a staff handover twice a day where they discussed factors which might affect a client's mood and if they needed any extra support.

## Medicines Management

- The service had appropriate arrangements in place for managing medicines. The nurse audited medication and informed the team of any errors. We reviewed audit records and saw there were actions taken. The nurse completed training and re-training for any staff who needed it.
- Staff stored and managed controlled drugs appropriately. Staff kept records of administration of controlled drugs and we saw that staff reported when medicines in stock did not match records.
- Clients received their medicines when they needed them and we saw evidence that staff acted to prevent a shortage of medicines by contacting the doctor urgently when a new prescription was needed.
- Staff helped clients to understand the medicines they were taking. Staff had access to leaflets providing information on medication and possible side-effects. The provider could have these leaflets translated if required.

- Staff kept a clip board where they recorded if a client was experiencing any side effects from their medicines. Staff reported this information to the doctor for review.
- The provider did not have an appropriate system in place to account for prescriptions once they had left the building. We raised this with the provider during the inspection and they responded by implementing a way of recording who was in possession of the prescriptions each day.

## Safeguarding

- Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse. The registered nurse offered staff additional safeguarding training.
- Staff sought advice from the provider's safeguarding lead when needed. Safeguarding concerns were also discussed during the handover each day.
- Managers kept a safeguarding log to monitor reported concerns. The log detailed the outcomes of any referrals and any joint work staff had done to support the person. Staff gave examples of times when they had worked with the local authority to protect a client or child.
- The service had safe procedures for children visiting the service. The service did not allow children onto the main ward area. However, there was a family room which clients could utilise if needed.

## Staff access to essential information

- Staff kept detailed records of clients' care and treatment. Staff ensured records were clear, up-to-date and easily available to all staff providing care. Staff had tablet computers which they used to access client information on the provider's electronic record system. Staff kept some paper records including terms and conditions and safeguarding forms. Staff provided clients with paper copies of their care plan.
- The service had a dedicated team who triaged clients by phone prior to admission to the service. Staff stored the assessment on the electronic record, which a doctor reviewed on admission.

## Track record on safety

- The service had one serious incident in the reporting period.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

## Reporting incidents and learning from when things go wrong

- Staff knew which incidents to report and how to report them. We reviewed incidents covering the year prior to the inspection. Staff reported five incidents in this time. We saw managers investigated incidents and identified actions they needed to take. All learning was shared with the team through team meetings.
- Staff discussed incidents and near misses in handovers and identified what went well, as well as any learning

- points identified. We saw evidence from incident reports that staff had highlighted lessons learned. The provider had changed their procedures following an incident relating to an early discharge of a client.
- All staff we spoke with told us they would be honest with a client if something went wrong and understood their responsibilities under duty of candour. We saw evidence in incident reports that staff spoke to clients and family members during and after incidents.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Staff assessed the physical and mental health of all clients on admission. They developed individual care plans and updated them when needed.
- The provider's team triaged clients on the phone prior to admission. The doctor completed a physical examination on admission and decide if further monitoring was required. The service had access to a full range of equipment to monitor clients' physical health. Clients registered temporarily with a local GP to support their physical health needs.
- The nurse completed a medicines reconciliation when clients arrived ensuring that they recorded all regular medicines.
- Staff completed a thorough assessment of client needs when they admitted them to the service. They used recognised rating tools to measure people's support needs, such as Severity of Alcohol Dependence Questionnaire. We reviewed six client records, five clients had a care plan. The client who did not had been admitted that day. All care plans were holistic and recovery orientated. Staff updated clients care plans with them every week.

### Best practice in treatment and care

- Staff followed National Institute for Clinical Excellence and Department of Health guidance for treating alcohol and drug dependence. The service offered psychological therapies as recommended by Department of Health guidelines on drug misuse and dependence. The service employed a team of therapists who provided cognitive behavioural therapy and group therapy. Therapists were training in the use of dialectical behavioural therapy.
- Clients followed a 12-step process to support their recovery. Staff monitored clients undergoing detoxification using nationally recognised rating scales. For alcohol withdrawal staff used the Clinical Institute for Alcohol Withdrawal assessments, this is a 10-point rating scale used in the management of alcohol withdrawal. For opiate withdrawal staff used Clinical Opiate Withdrawal Scale.
- Staff encouraged clients to live healthier lives. The service had a gym on site where clients could exercise in

their free time and staff organised walks. The service employed a chef who discussed nutritional needs with clients when they arrived and helped accommodate any dietary requirements.

- The services had arrangements with a charity to provide screening for blood borne viruses. The service was also planning to begin screening for Hepatitis C, but this had not been implemented at the time of the inspection.
- The service provided a range of supportive therapies such as ear acupuncture, yoga, meditation and audio therapy to support clients' recovery.
- Staff participated in clinical audits for client records and medication.

### Skilled staff to deliver care

- The service employed a range of staff disciplines. This included a registered nurse, support workers, and recovery support therapists.
- Managers ensured they employed staff with the skills needed to provide high-quality care. Managers supported staff with appraisals, supervision, and opportunities to update and further develop their skills. All staff received an induction which included training on how to support clients through their care and a nine-month probation period. Managers conducted reviews with staff on probation every three months and regular supervision meetings.
- Managers gave staff opportunities to develop by completing new qualifications such as National Vocational Qualifications and Institute of Leaders and Managers training. The provider had funded training for therapists to attend dialectical behavioural therapy courses.

### Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. Staff attended handover meetings twice a day and shared incidents and information about clients' presentation throughout the day.
- The service had effective working relationships with outside organisations. Staff worked closely with the local authority, police, local GP and charities which supported the clients.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

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

- There were no clients in the service detained under the Mental Health Act.

## **Good practice in applying the Mental Capacity Act**

- Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. All staff had received training in the Mental Capacity Act.

- Staff assessed clients' capacity to consent to treatment prior to admission. If a client arrived intoxicated, therefore lacking capacity, staff would wait until the client was no longer intoxicated before completing paperwork or requesting payment. If a client was too intoxicated, staff could send them home and delay admission until it was possible to gain consent.
- Staff knew where to get advice regarding the Mental Capacity Act from managers and other staff.
- The service had not made any Deprivation of Liberty Safeguards.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- Staff treated clients with compassion and kindness.
- We spoke with six clients, all said that staff treated them with kindness and respect. Clients felt supported in their recovery and were positive about the staff and managers at the service. We spoke with two family members who informed us that staff were kind and respectful and involved them in their relative's care.
- Staff were sensitive to client needs particularly during detoxification. The manager told us how staff placed clients near to their office if they felt they would need extra support.
- Clients had one to one time with their recovery support therapist weekly, which helped them to assess their needs.

### The involvement of people in the care that they receive

- Staff involved clients and those close to them in decisions about their care, treatment and changes to the service.

- Staff gave clients opportunities to make requests and raise issues at a weekly community meeting. They placed suggestions on a board and managers wrote responses and actions next to them so that clients could view progress in real time rather than waiting for the following week. The service operated a 'requests' box for clients to ask privately for support with anything they needed such as making a telephone call or attending a specific appointment not already included in their care.
- Staff provided regular updates to family members and involved them in the planning of their relative's care with the client's consent.
- We saw that clients had signed copies of their care plans, risk assessments and consented to treatment. Clients were involved in developing care plans. The service monitored how clients felt about their involvement in their care, 80% of clients had given positive feedback in June 2018.
- Clients had access to advocacy services and the details of contacts were displayed on a noticeboard.



# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Waiting times from referral to treatment and arrangements to admit, treat and discharge clients were in line with good practice. A team assessed clients by phone prior to admission. Clients also received a doctor and a therapist assessment. Usually the service could admit clients when needed. However, if there were not enough beds the service referred the client to another service within the provider's group.
- Staff discussed arrangements for unplanned discharge with clients on admission. All client records reviewed plans for how clients should be discharged if they wished to leave before the end of their treatment. Staff told us their belongings would be forwarded to this address separately along with a short-term prescription to avoid relapse. We saw an incident report of an occasion when staff used these arrangements after a client left the service. We saw the service had followed up with the client and had ensured they referred them to a GP and alerted a local mental health team.
- Clients we spoke with were positive about the aftercare arrangements following discharge. The service ran a monthly alumni group who followed up with clients who had left. Managers told us about an occasion where this service had helped a client who had relapsed return to treatment with another provider.

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

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. The service had a variety of rooms used for group therapy and one to one therapy. There were sufficient, equipped rooms for clinical procedures. There were sufficient areas where clients could be independent of staff.
- Clients had access to an outside space, which included a barbeque area and seating area. Clients could access a gym in their free time with cardiovascular equipment and some weights.
- Clients' valuable personal belongings were stored in an allocated locked room and signed in and out. Staff did not allow unlimited use of mobile phones, this was to aid recovery and participation in group activities. Clients could access their mobile phones within set times of the day.

- Staff ran a full activity programme which included group and individual therapies, complementary therapies, visits to the local area and family group and aftercare.
- The clients we spoke with told us the food was of good quality and staff went above and beyond to meet their nutritional needs and dietary requirements. Clients could access snacks and hot drinks at any time. Managers had reduced the number of sugary snacks clients consumed to help them live a healthier lifestyle.
- Staff supported clients with activities outside the service, such as local visits and family relationships.
- Clients could visit the local town weekly to go shopping. Staff supported clients to attend local meetings with support groups such as alcoholics anonymous and narcotics anonymous.
- Staff supported clients to maintain a relationship with family members as relevant. Families visited once a week on Sundays. Staff could facilitate a 'conjoint meeting', a mediated meeting designed to resolve an issue, with a client's family members and gave examples of times they had done so.

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

- The service had arrangements for people requiring disabled access. There were ground floor bedrooms and a lift to allow clients to access upstairs therapy rooms.
- The service did not employ an interpreter but many staff spoke a second language. The manager could request an interpreter or have written documentation translated to meet the needs of clients whose first language was not English.
- Staff helped clients access advocacy services. There was a notice board showing the contact details of advocacy services displayed in the ward area.

### Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. Managers shared lessons learned with all staff.
- The service had received 236 compliments within the reporting period from clients and managers monitored client satisfaction quarterly.
- The provider had received seven complaints within the year prior to the inspection. We reviewed complaints. We saw that the provider had resolved all the complaints and had sent a response to each of the

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

complainants. Records showed that managers had identified opportunities to learn from complaints and had shared this learning with staff. Managers used a white board to keep clients informed about any requests they had made at weekly community meetings.

- All the clients we spoke with knew how to complain. Staff gave clients information about the complaints procedure on admission to the service and clients were given the opportunity to complain in the event of an incident. Family members told us that the service was receptive to their feedback.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff were aware of organisational vision and strategy. Staff told us they were involved in developing strategy. Staff told us about recruitment campaigns which management had planned to support with vacancies. Staff felt able to approach their line managers and senior managers in the organisation to suggest changes to the strategy, such as treatment plans and new therapies.
- The provider developed staff to provide a better service. They were expanding the role of the Alumni service to follow up with clients monthly following discharge and were providing funds for staff to attend additional training.

### Good governance

- The service had a system in place to monitor staff's mandatory training compliance. The registered manager kept a computer based record which highlighted the training courses staff had completed and when they were next due. The manager could identify the staff who were overdue for training and the reason this had not been completed.
- The service had an appropriate system in place to monitor staff supervision compliance. The service had an appraisal rate of 59%, we reviewed records which showed this was because the remaining staff were either newly recruited or on long term sick leave. The manager kept clear records of the dates which staff had attended supervision, their appraisal date and dates for probation reviews for new staff. The provider had recently introduced group supervision for support workers. However attendance at this was low. The registered nurse, did not currently have a method of receiving clinical supervision to support their professional development.
- Staff knew which incidents to report and how. We reviewed six incident records from the two months prior to the inspection. We found evidence in these records that managers were investigating these incidents, had acted and had fed learning back to staff.
- Senior staff participated in clinical audits to ensure compliance with the provider's policy. These audits included: medication and client records. Managers completed audits covering human resources records,

- client files and environmental standards and shared results at compliance meetings. The registered mental health nurse audited medicines management standards each month and highlighted any errors at staff meetings.
- Managers had completed an environmental assessment to identify and mitigate any ligature risks.
- Managers audited the risk assessments which staff completed for clients. The registered nurse completed this assessment and identified any training needs for staff.
- Managers kept records of safeguarding concerns and the outcomes of investigations. We reviewed entries covering 10 months. Records detailed when staff had made referrals to the local authority.
- Managers collected data about their clients' backgrounds, whether they had received prior treatment and where they went after discharge. They used this data to inform service performance and improvements.

### Leadership, morale and staff engagement

- Managers monitored the performance of the service. The registered manager had access to data which showed how the service was performing. This data came from discharge surveys and a survey which clients completed a week after they were admitted to the service. Senior managers discussed these results in quarterly meetings.
- Staff knew who senior managers were and said they visited the service.
- The registered manager had support from regional managers and the senior leadership team. The provider had given the registered manager opportunities to develop and to represent the company nationally.
- Staff felt respected and valued and were positive about the support from their team and managers. Staff felt able to raise concerns without fear of victimisation.
- The provider encouraged staff to attend training and development opportunities. Staff had recently attended the International Conference for Addiction and Dependence. Staff told us that management had given them opportunities to progress in their career, by taking on additional responsibilities or allowing them to work flexibly so that they could study.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The service had a high turnover rate. In the reporting period nine out of 17 staff had left the service. There were three vacancies. Staff and managers told us that this was due to several staff leaving due to personal reasons rather than work-related issues.
- Senior managers engaged with staff on how to improve the service. Staff told us managers gave them opportunities to make suggestions on both a local and national level.
- Managers engaged with clients to gain feedback on how they could improve the service. They asked clients to give feedback seven days after commencing treatment and on discharge from the service. Survey questions covered a range of topics such as the admission and consent process, and the food.

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

- Managers maintained oversight of client feedback using surveys and used it to inform changes and improvement of the service.
- Managers were supporting staff to develop their skills. Staff told us that they were attending training in dialectical behavioural therapy and ear acupuncture so that they could better support their clients.
- The service had introduced a new non-smoking area with a barbeque for clients to use to support their wellbeing.
- The service offered several complementary therapies to support clients in their recovery. Weekly activities included yoga, gong therapy, meditation and group therapy.