The Recovery Lighthouse Worthing

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had enough trained and experienced staff to care for this number of clients and their level of need. Staff put into practice the service's values, and they had contact with managers at all levels, including the most senior.
- The service had safe policies and practice in line with national guidance to support people undergoing detoxification programmes.
- Clients were highly complementary about the support and care they received during their detoxifications.
- There were policies in place to manage risk including for clients who wanted to terminate their detoxification early.
- The service had strong links with community services to support clients during and after their detoxification programmes.However, we also found the following issues that the service provider needs to improve:

Summary of findings

- Although toilets and bathrooms had signs on doors indicating which gender they were for, men and women used all toilets and bathrooms regardless.
- Staff did not monitor the temperature in the room where the controlled drugs were stored.
- Staff searched clients' belongings when they were admitted to the service, however there was no search procedure in place and clients were not told this would take place prior to admission.
- It was not easy to follow the medicine reduction regime for some clients as medicine administration was not clearly recorded across all medicine recording documents.
- There was no system in place to service the service's digital blood pressure monitor.
- The service did not use treatment outcome tools to measure the effectiveness of the treatment they provided.
- There were no leaflets offering information about advocacy or treatments available in the service.
- The service did not set key performance indicators to measure their performance.

Summary of findings

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Summary of this inspection

Background to The Recovery Lighthouse Worthing

The Recovery Lighthouse Worthing (Recovery Lighthouse) is part of a group of nationwide substance misuse services owned by UK Addiction Treatment Centres. Recovery Lighthouse is a private residential detoxification and rehabilitation service where clients fund their own treatment.

The service has been in operation since February 2016. Prior to this, the service was called One40 Worthing and was owned by One40 Limited who have since deregistered from the CQC.

Recovery Lighthouse is registered to provide a seven – ten day detoxification and a 28 day rehabilitation programme to support 13 clients over the age of 18 with substance misuse issues including alcohol and/or opiate dependency. If clients are opiate dependent, they are detoxified using buprenorphine which is an opiate substitute medicine. Clients who are alcohol dependent are detoxified using chlordiazepoxide which is a benzodiazepine. The service also offers treatment to people who are not dependent on any substances, for example people who need support for gambling or sex addiction. The therapeutic approach used at the service is a combination of person centred therapy, cognitive behavioural therapy and the 12 step recovery approach. There were 11 clients receiving treatment at the time of our visit.

Recovery Lighthouse is registered to provide:

Accommodation for clients who require treatment for substance misuse; and treatment of disease, disorder or injury.

There is a registered manager for the service.

Recovery Lighthouse has not been inspected before.

Our inspection team

The team that inspected the service comprised CQC inspector Linda Burke (inspection lead), one other CQC inspector, and one specialist advisor with experience working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the GP linked to the service
- spoke with the registered manager
- spoke with four other staff members employed by the service provider, including a senior therapist, a counsellor, a senior support worker and a member of administrative staff
- looked at nine client treatment records, including medicines records
- looked at supervision and disclosure and barring service paperwork for all 11 members of staff
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three clients. They said staff were kind, respectful, hard-working and supportive.

Clients said that staff understood their needs and ensured their physical and emotional health was supported. They also told us staff ensured there were varied activities available throughout the week and that they had regular one to one meetings and group sessions. Clients also told us they got a lot of support from each other throughout their treatment.

Clients told us that they were very happy with the choice and quality of food.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for the number of patients and their level of need.
- The building was clean and well-maintained. All clients had their own bedrooms which had locks on the doors.
- The service worked with a GP from a local practice to prescribe detoxification medicine.
- The service followed best practice in administering and monitoring medicine.
- Staff assessed risks to clients' health and wellbeing at admission using a risk assessment tool.
- Staff developed plans for clients' unexpected exits from treatment.
- Clients were permitted to have visits from family members, including children.
- The service had a good track record on safety and had no adverse events or serious incidents recorded since February 2016.

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

- Although toilets and bathrooms had signs on doors indicating which gender they were for, men and women used all toilets and bathrooms regardless.
- Staff did not monitor the temperature in the room where the controlled drugs were stored.
- Staff searched clients' belongings when they were admitted to the service, however there was no search procedure in place nor were clients told this would take place prior to admission.
- It was not easy to follow the medicine reduction regime for some clients as information was written in different sections of the book without reference.
- There was no system in place to service the service's digital blood pressure monitor.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients had assessments prior to and on the day of their admission to the service.
- The GP linked to the service carried out physical health checks on all clients before they began their detoxification treatment programmes.
- Staff completed up to date and holistic care plans for clients on the nine client records we reviewed.
- Co-existing conditions, such as mental health support needs, were generally identified at the admission and risk assessment stages prior to admission.
- Staff followed national guidance for people undergoing alcohol and opiate detoxifications.
- The service offered a structured group programme and individual counselling sessions.
- All staff received annual appraisals and separate six weekly clinical supervision and managerial supervision sessions.
- The service had strong links to local recovery groups such as alcoholics anonymous and narcotics anonymous.
- All staff were trained in and had a good understanding of the Mental Capacity Act.

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

- The service did not use treatment outcome tools to measure the effectiveness of the treatment they provided.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff being kind, supportive and caring. They were polite and treated clients with dignity and respect.
- The three clients we spoke to were consistently positive about the staff.
- All clients received a client handbook and induction on admission.
- Clients were involved in their care. They planned their detoxification with the GP and this was reviewed throughout their admission.
- Clients were referred to other services such as individual counselling, the local gym, and day treatment if appropriate, following treatment completion.
- The service offered a range of treatments for alcohol and opiate detoxification.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was rarely full which meant that people were admitted promptly following initial assessment.
- There was a range of rooms for meetings, one to one sessions, group sessions and family visits and socialising.Clients had free access to the garden and smoking area.
- Clients were able to make hot drinks and snacks day and night and had access to their own kitchen next to the communal lounge area.
- Clients were invited to personalise their bedrooms and could safely store their valuables during their treatment.
- The service had a range of activities seven days per week.
- The chef prepared food to meet dietary requirements of all clients.
- The service received no formal complaints since February 2016.

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

- There were no leaflets offering information about advocacy or treatments available in the service.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a clear definition of recovery which was based on the core values of respect, honouring human values, rights and dignity
- The service had effective systems in place to ensure the service was adequately staffed, incidents were recorded, and staff received mandatory training, regular supervision and appraisals.
- Staff we spoke to felt good about their jobs, told us they were a happy team and that they had good working relationships with senior staff.
- Staff understood the service's whistleblowing policy. No whistleblowing concerns were raised with the CQC for the period February 2016 to July 2016.

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

- The service did not set key performance indicators to measure their performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff were trained in and had a good understanding of the Mental Capacity Act. This training was part of their mandatory training programme.

Staff assumed clients had capacity and the team assessed this throughout their detoxification. They did this with the support of the visiting GP. The service was not suitable for clients who lacked capacity so ongoing assessment was important to ensure clients were in the right treatment setting to meet their needs.

Notes

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service had current health, legionella, and safety and fire risk assessments. All actions were up to date.
- Four out of eleven members of staff were trained fire wardens and five out of eleven were trained in first aid. Rotas were designed to ensure one first aider and one fire marshal were always on duty. Fire equipment was maintained and available throughout the building.
- The drugs cupboard was in order. It was situated in the office on the ground floor and was locked. The medicines administrators on duty had the key and a spare was held by the clinic manager at all times. The room had a room thermometer, however staff did not monitor the room temperature where the controlled drugs cupboard was situated. This meant that staff did not ensure that medicines stored there were kept below the manufacturers' required maximum temperature
- The service had a digital blood pressure monitor, Alco meter for detecting and measuring alcohol use, and thermometer. However, there was no system in place to service or recalibrate the digital blood pressure monitor. We brought this to the attention of the clinic manager during our inspection. There was no resuscitation equipment in the service as there was no medical staff to use it. Staff called the local emergency services when required.
- The medicines fridge was unlocked and stored in a locked office on the 2nd floor where only staff had access. The only medicine stored there was for a client's physical health issue. Staff checked the fridge's temperature daily and recordings showed it was within range.
- All clients had their own bedrooms. Even though clients often did not stay longer than 38 days, the service allocated bedrooms on one side of the house for women, and men used bedrooms on the opposite side wherever possible. Two bedrooms had en-suite toilets and the service allocated these to female clients whenever possible to provide additional privacy.
- Bathrooms and toilets around the service had signage designating them for male or female use, however the clinic manager told us that they were all used by both men and women. The client handbook stated that clients were requested to be fully clothed when walking between their bedrooms and bathing areas to protect their privacy and dignity.
- There were three bedrooms on the ground floor. These were sometimes used for clients who were in the early days of detoxification and may experience difficulties using the stairs to the bedrooms on the first floor.
- Bedrooms were clean, well-furnished and were personalised by clients with photos and personal belongings. All clients had codes to lock their bedroom doors and they stored their valuables in secure lockers in the staff office on the second floor.
- All areas of the service were clean and well maintained including the rear garden. The service had a full time cleaner who worked Monday to Friday. Clients were responsible for keeping their bedrooms tidy. At the time of our inspection the service had interviewed a weekend cleaner to meet the increasing cleaning needs due to higher levels of clients accessing the service.
- The entrance to the site was unlocked. Closed circuit television was used inside and outside the buildings and was monitored by staff in the main staff office.
- The service had a comprehensive contingency plan outlining the process to ensure service continuity if the site could was closed in an emergency. This included which medicines and equipment to take to another site.

Safe staffing

Substance misuse/detoxification

- The service employed 11 full time members of staff including a clinic manager, support workers, counsellors, administrative staff, a housekeeper and a chef.
- The service worked with a GP from a local practice to prescribe detoxification medicine.
- The clinic manager scheduled two support workers and two counsellors on each day shift and one member of staff on each night sleep in shift. This meant there was a ratio of one staff to three clients during the day.
- The service had two bank workers who were known to the service and who covered sickness, holidays and unexpected absences as required.
- The clinic manager could bring in extra staff when needed and recently had received approval from the service director to hire an additional counsellor to meet demand.
- The service was not short staffed and did not have any staff absent or sick at the time of our inspection.
- All staff had completed their mandatory training. The training included subjects such as medicines administration, infection control, safeguarding, and equality and diversity.

Assessing and managing risk to clients and staff

- The service followed best practice in administering and monitoring medication, for example, medicine was stored in a locked cupboard and all documentation detailing medicine that was administered to clients was witnessed by a second member of staff. All staff were trained in medicines management, understood the therapeutic use of the medicines they administered and identified the clients they administered medicine to by attaching their photos to medicine cards.
- When we reviewed medicine records and the controlled drugs book, it was difficult to track individual clients who were on reducing doses of detoxification medicine. For example, a quantity of medicine remained listed for one patient, however staff told us they had left the treatment programme. Staff showed us that they had written notes about the client's discharge in a different section of the controlled drugs book. We pointed this out to staff and they agreed they will improve how they link sections in the controlled drug book so the reader can track a client's medicine reduction regime through to discharge.
- Staff assessed risks to clients' health and wellbeing at admission using a risk assessment. They addressed risk areas such as suicidal ideation, harm to self and others, and stress. Identified risks were detailed in clients' risk management plans which were used to monitor risks throughout treatment.
- Staff developed plans for clients' unexpected exits from treatment. This included addressing difficulties experienced during previous treatment episodes and how clients could be better supported to remain in treatment. When clients wanted to leave before they had completed treatment, staff met with them to explore a safe exit, for example, where would they go to after leaving and offered relapse and overdose management advice.
- The service had a policy on managing aggression. There were signs displayed in the service reminding clients that aggression was not tolerated. This was also detailed in the client handbook and treatment contract which clients signed on admission.
- Clients' belongings were searched when they were first admitted to the service. However, there was no policy on searching and this was not mentioned at the assessment process, which took place prior to joining the treatment programme. The client handbook detailed a list of items which clients were not allowed to have, such as aerosol cans or sharp objects.
- Clients were permitted to have visits from family members including children.
- The service had child and adult safeguarding policies. All staff we spoke to were aware of safeguarding procedures and the process was displayed in the staff office. No safeguarding alerts were made since the service opened under the new provider in February 2016. Staff we spoke to told us they identified abuse by observing physical and emotional changes in clients.
- Staff used Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA) to monitor any discomfort experienced by the clients undergoing alcohol detoxification. This meant they could measure when to

adjust the reduction dose, in liaison with the GP, to ensure clients were comfortable. Staff used the Clinical Opiate Withdrawal Scale (COWS) to monitor clients' opiate detoxification symptoms.

- If patients brought medicine to the service, for example, insulin for the management of diabetes, the GP linked to the service was alerted to this. Staff held the medicine for the GP so they could check for any contraindications with the detoxification medicine they prescribed during clients' treatment. The GP also checked the medicine dates and if it belonged to the client carrying it.
- The service had a code of conduct for clients to read in the client handbook and in the treatment contract. It referred to issues such as remaining fully clothed when moving around the building, keeping communal areas clean and reading only recovery focussed books while in treatment.

Track record on safety

- The service had a good track record on safety and had no adverse events or serious incidents recorded since February 2016.

Reporting incidents and learning from when things go wrong

- The clinic manager was responsible for reporting incidents to the operational manager, however staff are trained to do this in his absence. The clinic manager told us that recently there was a medication error where medicine was administered but the staff member forgot to record the action. This was reported using the service's internal incident template which was sent to the operational manager. The clinic manager circulated an email detailing the incident to all staff and gave them a copy of the service's operational procedure to ensure the team understood what to do when dealing with medicine. The team de-briefed after incidents in daily handovers.

Duty of candour

- There was no policy related to duty of candour, however all staff we spoke to had a clear understanding of how this related to their work. There was evidence that the service was being transparent to clients and their families as issues arose. We heard of an incident where the service was not appropriate for a client who had been admitted after they became unwell. The clinic manager and staff met with the family and client to discuss what happened and where the client could be referred on to.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Clients had a telephone assessment to assess their suitability for treatment by the admissions team. The assessment covered issues such as substance misuse history, physical health, mental health, and forensic history. The assessment also identified additional support needs relating to spiritual needs, numeracy and literacy.When the assessment team was unsure if a person was suitable for treatment, they discussed it with the clinic manager and GP linked to the service. For example, recently a person referred themselves and the team identified a significant risk to the client and others during the assessment process. The assessor passed this information to the clinic manager for further guidance and it was being reviewed by a multi-disciplinary team at the time of our inspection. The service also invited prospective clients to visit the service to further assess their suitability for the programme. This assessment process was in line with National Institute for Health and Care Excellence (NICE) guidance.
- The service had clear entry criteria and accepted clients who were assessed as being able to psychologically engage in the treatment programme, were able to self-care, and had mobility in regard to using the stairs and moving around the building.
- Client assessments were sent to the GP linked to the service for review prior to their physical examination and admission. The GP carried out a physical examination of all clients prior to admission. The assessment included a blood test, and weight and

blood pressure checks. The GP indicated to staff if clients' health needed to be monitored and fed back to the GP, for example weight. Details of these assessments were on the client files we reviewed.

- The social needs of clients, such as families, hobbies and accommodation, were assessed by the assessment team and again following admission by their allocated counsellor. These needs were used to develop the clients' care plans. These assessments were in line with NICE guidance.
- Staff completed up to date and holistic care plans for clients on the nine client records we reviewed. All care plans were signed by clients. A standard care plan format was used for each client. The plans focussed on areas such as completing detoxification, achieving abstinence from drugs and alcohol, and what the client needed to focus on recovery. This was in line with NICE guidance.
- Co-existing conditions, such as mental health support needs, were generally identified at the admission and risk assessment stages prior to admission. When clients were assessed by the GP on their first day of treatment, they also carried out assessments to identify co-existing conditions. There was one occasion when a client displayed a co-existing condition early in treatment which had not been detected at assessment stage. Staff identified this during their ongoing observation and support with the client. An external professional was invited to assess the client and it was agreed that they should leave the programme as it was no longer suitable to meet the client's emerging support needs. This decision was reached with the involvement of the multi-disciplinary team, the client and their family members. Staff also used cross addiction worksheets to identify any emerging dependencies throughout treatment with clients so these issues were also addressed.
- The service had links to their local GP to address clients' physical health needs. Clients' mental health needs were addressed by the local GP and local mental health pathway where appropriate. Staff linked clients into local networks, for example peer support and counselling to meet their social needs, where required.
- Staff monitored clients' changing social needs, and physical and mental health needs during daily observation in the group and individual sessions, during clients' free time and by regularly asking clients how they were. This was in line with NICE guidance. Clients told staff if they experienced discomfort during their detoxification so staff could administer medicine to ease their symptoms. Evidence of this was recorded in medicine charts we reviewed. Clients were invited to complete daily significant event sheets which they shared with peers in sessions or with their counsellor. Clients used these sheets to note positive and negative changes in how they were feeling during treatment. Evening staff also monitored clients' needs and were able to alert the GP if someone was unwell or update staff the next day if that was more appropriate.

Best practice in treatment and care

- National Institute for Health and Care Excellence (NICE) guidance was followed for people undergoing alcohol and opiate detoxifications and the service had policies for these. The GP administered methadone and buprenorphine (subutex) for the management of opioid dependence. This was in line with NICE guidance.
- The GP administered chlordiazepoxide (librium) for assisted alcohol withdrawal. This was in line with NICE guidance.
- The detoxification policy was reviewed annually and covered aspects such as assessment, medical emergencies, prescribing regimes, vitamin replacement, monitoring and review.
- The service offered a structured group programme and individual counselling sessions using the 12 step approach, cognitive behavioural therapy, person centred counselling and mindfulness. These psychological treatment approaches were in line with NICE guidance.
- Staff engaged in weekly client record audits to ensure all client paperwork was up to date and signed appropriately. Staff fed their audit findings back to the team verbally in daily handover meetings. Completed audit forms where in all nine client records we reviewed.
- The service did not use any outcome measuring tools to measure the effectiveness of their treatment programme for clients.

Skilled staff to deliver care

Substance misuse/detoxification

- Staff engaged with relevant professionals involved in client's care and treatment, especially those who were more vulnerable. For example, during our inspection the staff involved a patient's physical health professional to ensure their needs were met during treatment.
- The service's staff team included support workers, counsellors and a visiting GP. All staff were experienced and appropriately qualified.
- Staff and bank staff received appropriate induction when they began working at the service.
- Staff had access to specialist training, for example dialectical behavioural therapy. Staff also had Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA) and Severity of Alcohol Dependence Questionnaires (SADQ) training. This meant they could use these tools in the assessment and management of clients' alcohol withdrawal. Staff were also trained to use the Clinical Opiate Withdrawal Scale (COWS) to monitor opiate withdrawal in relevant patients.
- All staff we spoke to were knowledgeable about prevention of blood borne viruses, overdose prevention and prescribing practice for different types of substance misuse detoxifications.
- All staff received annual appraisals and six weekly clinical supervision and managerial supervision sessions. This was in line with NICE guidance. Information discussed relating to clients in clinical supervision sessions was updated in the relevant client records.
- All staff received training in equality, diversity and human rights and this was part of their mandatory training programme.
- The clinic manager addressed staff performance issues in supervision and followed the internal capability procedure where necessary. There were no staffing issues requiring the capability procedure at the time of our inspection.

Multidisciplinary and inter-agency team work

- All staff on the shift rota attended daily morning and afternoon handovers. The night workers wrote up night handover notes and these were shared the following morning to update staff on any issues.
- Staff attended monthly multi-disciplinary meetings. Minutes were distributed by email to all staff members. Information from non-attending relevant professionals, for example the GP, was gathered via email for use in the meetings.
- The service had good links with external local services such as GPs, local pharmacy, emergency dentist, social services, and criminal justice services.
- The service made contact with relevant services for clients who lived out of the area by telephone and sometimes by attending meetings. For example, a recent meeting held at the service included professionals from out of area to discuss the social needs of a client undergoing treatment.
- The service had strong links to local recovery groups such as alcoholics anonymous and narcotics anonymous. The service had used the support of another local recovery support group in the past for a client who requested it.

Adherence to the Mental Health Act.

- The Mental Health Act was not relevant to this service as they did not accept clients detained under the Mental Health Act. However, staff understood the importance of clients' capacity to consent to treatment and to understand their rights while they were in treatment.

Good practice in applying the Mental Capacity Act

- All staff were trained in and had a good understanding of the Mental Capacity Act. This training was part of their mandatory training programme.
- Staff assumed clients had capacity and the team assessed this throughout their detoxification. They did this with the support of the visiting GP. The service was not suitable for clients who lacked capacity so ongoing assessment was important to ensure clients were in the right treatment setting to meet their needs.

Equality and human rights

- The service had an equal opportunity policy.
- All staff completed mandatory training in equality and diversity. Assessment paperwork showed evidence of identifying diverse needs such a spiritual and language needs. The service engaged people with support needs relating to parenting, drug and alcohol use, and mental health needs.

Substance misuse/detoxification

- The service's therapeutic agreement and client handbook stated that discrimination or abuse to any clients in regard to difference and diversity was not acceptable.

Management of transition arrangements, referral and discharge

- Counselling staff completed continued recovery plans with clients including discharge plans. These included details about how clients continued their recovery and where they would live after treatment. The assessment also identified support clients needed, for example, counselling, group work, training, volunteering work, and local mutual aid such as alcoholics anonymous (AA).

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff being kind, supportive and caring. They were polite and treated clients with dignity and respect.
- The three clients we spoke to were consistently positive about the staff. They reported that staff were very supportive, attentive and increased the clients' confidence to recover. The clients praised the staff for their dedication, care and professionalism.
- When we interviewed staff, they spoke about clients with respect and consideration and discussed how they always took time to resolve issues with them.
- Clients told us that staff treated each of them as individuals and ensured that all clients had a recovery programme which suited their needs.

The involvement of clients in the care they receive

- Clients were involved in their care. They planned their detoxification with the GP and this was regularly reviewed.Clients developed their continued recovery plans with their key worker which was reviewed weekly throughout their treatment and included areas they wanted to focus on to support their treatment.
- Staff assessed clients' strengths they developed their recovery plans with clients. The plans included aspects such as developing other interests and maintaining abstinence from drugs and alcohol.
- Clients were referred to other services such as individual counselling, the local gym, and day treatment elsewhere if appropriate following treatment completion.
- The service offered a range of treatments such as opiate detoxification using subutex and methadone in line with National Institute of Health and Care Excellence (NICE) guidance. The service also offered a range of 12 step, person centred, one to one and group work for clients to attend.
- All clients had the opportunity to access advocacy, although this was not advertised well and there were no leaflets on display. Advocacy people to self-advocate. This meant that clients could find out about their rights to make the right decisions for themselves.
- Feedback about the service was gathered in clients' daily diaries which they shared with their counsellors, weekly community meetings, and exit questionnaires.
- Clients were involved in deciding themes for some groups, for example the weekly music group theme.

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

Access and discharge

- The service was rarely full which meant that people were admitted quickly following initial assessment, sometimes on the same day as their assessment was completed.
- Clients were discharged during the day so they could travel home or on to their next stage of treatment as appropriate. Weekly aftercare sessions were available to clients requiring support following discharge.

The facilities promote recovery, comfort, dignity and confidentiality

Substance misuse/detoxification

- There was a range of rooms for meetings, one to one sessions, group sessions and family visits and socialising.All rooms were quiet and private and had signage to alert anyone passing to be aware of counselling or meetings taking place.
- Clients had free access to the garden and smoking area.
- Patients were not permitted to use their mobile phones throughout the first week of their stay. They were permitted to use their phones for a few hours in the evening for the remaining time of their stay. Staff stored patients' mobile phones in individual lockers for the duration of their treatment. Only staff had access to these lockers and obtained items for clients at their request. Clients were permitted to make emergency calls where necessary with the support of their counsellors. All calls made using the clinic phone were made in the where staff could listen to help protect people's recovery and safety. Clients agreed this as part of the therapeutic agreement.
- Food was prepared daily by the chef. Clients told us that the food was a very good standard.
- Clients were able to make hot drinks and snacks day and night and had access to their own kitchen next to the communal lounge area.
- Clients were invited to personalise their bedrooms in the client handbook.
- Clients stored valuable items, such as money, mobile phones, laptops and mp3 players, in secure lockers which were situated in a locked room only accessible by staff. Clients requested and accessed items as required, for example their mobile phones in the evenings. Clients had codes to lock their bedroom doors so they could keep other valuables in their rooms if they wanted to.
- The service had a range of activities seven days per week such as meditation, therapeutic groups, recovery assignment work, visiting time, and gym visits. Clients attended mutual aid groups throughout the week. These were groups led by people who were in recovery and offered support to other people in recovery or maintaining abstinence. This was in line with NICE guidance.**Meeting the needs of all clients**
- All clients received a client handbook on admission. The handbook included details on behaviour and boundaries, confidentiality, information sharing, admission procedure, care planning, treatment, and leisure activities.
- All clients received an induction to the service on their day of admission.
- There were no leaflets available explaining treatments available during the recovery programme. However, information was available for staff to print off for clients if they requested it.
- All clients received individual and group training regarding prevention of drug and alcohol related harm during their stay.
- There was no information available in the service about treatments offered, mental or physical health problems, and overdose prevention. However staff could print off information for clients if they requested it. Information on the complaint procedure was detailed in the client handbook which all clients received on admission.
- There was access to translators and signers if required.
- The chef prepared food to meet dietary requirements of all clients.
- Clients were supported to meet their spiritual needs. For example, prayer time was provided if requested and clients were escorted to attend church.

Listening to and learning from concerns and complaints

- Clients knew how to make complaints and pay compliments. The client handbook contained information about how to complain, however there were no complaints leaflets displayed around the service.
- The service received no formal complaints since February 2016, however did receive a small number of informal complaints regarding issues including number of tea towels in the client kitchen and changes made to the group programme. All responses were shared with clients and staff groups in weekly community and staff meetings.

Substance misuse/detoxification

Are substance misuse/detoxification services well-led?

Vision and values

- The service had a clear definition of recovery which was based on the core values of respect, honouring human values, rights and dignity. The definition was understood by all staff. The service's vision and mission statements were based on these values and outlined in the client handbook.
- Staff knew who the most senior managers were in the organisation and received frequent visits from the service director, operations and admissions managers.

Good governance

- The service did not use key performance indicators to gauge the team's performance or productivity. This meant there was no recorded evidence that it was achieving its business, team and client goals.
- The service had effective systems in place to ensure that the service was adequately staffed, incidents were recorded, staff received mandatory training, regular supervision and appraisals.
- The service manager had enough authority to do their job, had access to administrative support, and felt very supported by senior managers in the organisation.
- Staff had the ability to submit items to the organisation's risk register. At the time of our visit the service did not have any items listed on the register.

Leadership, morale and staff engagement

- Staff felt able to raise concerns without fear of victimisation.
- Staff we spoke to felt good about their jobs, told us they were a happy team and that they had good working relationships with senior staff. We observed this while we were in the service during our inspection.
- Staff understood the service's whistleblowing policy. No whistleblowing concerns were raised with the CQC for the period February 2016 to July 2016.

Commitment to quality improvement and innovation

- The service was a service for self-funding clients and did not participate in any local drug and alcohol reviews processes for drug and alcohol related deaths.
- The service did not have evidence of participation in innovative practice or research.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that clients use the toilets and bathing areas allocated to their gender.
- The provider should ensure that staff monitor the temperature in the room where the controlled drugs were stored.
- The provider should ensure that clients are aware that their belongings will be searched on admission and should develop a search policy.
- The provider should ensure that medicine administration is easily tracked across all medicine recording documents.
- The provider should ensure that there is a system in place to service the digital blood pressure monitor.
- The provider should ensure that the service uses treatment outcome tools to measure the effectiveness of the treatment they provide.
- The provider should ensure that there are leaflets offering information about advocacy or treatments available in the service.
- The provider should ensure that key performance indicators are developed to measure their performance.