Oasis Runcorn

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Oasis Runcorn as good because:

- The service had up to date health and safety assessments. The environment was clean and mostly well maintained. We saw staff adhering to infection control principles.
- Staff were trained and there were sufficient numbers to meet clients' needs.
- Risk assessments were comprehensive and up to date. There were plans in place for clients who decided to leave the programme before its completion. Staff administered and managed medication effectively. All staff knew how to report incidents, and understood the duty of candour.
- Care records were comprehensive, holistic, and completed in a timely manner. All relevant information pertaining to the client and the treatment programme was outlined in the records, and included input from the client. The service was following best practice and national guidance with relation to treatment. Care records were up to date and had been amended according to events involving the client. All staff had completed mandatory training, were up to date, and records were maintained in personnel files. Multi-disciplinary team approach was evident, with input from care managers external to the service. Staff were trained in the Mental Capacity Act.
- We saw good interaction between staff and clients at the service, with respect being shown to all parties. Clients felt comfortable with staff at the service, and felt they could talk to them as many staff members were former clients in treatment programmes. Clients told us they felt supported and safe at the service. Care records showed that clients could understand and knew what treatment they were getting and why. Client consideration to change treatment path was available. We saw evidence of family involvement. Client forum minutes and client interviews indicated that clients were happy with the service.
- The referral and assessment process for the service was comprehensive. Clients who entered the service and found that the treatment was not suitable could change their treatment option, with possible transfer to another service if deemed necessary. Discharge planning started on admission to the service, with plans in place for possible unexpected exit from the programme. Clients were encouraged to contact families and try to integrate them into their treatment programme. Equality and diversity was promoted at the service. There had been 19 formal complaints in the 12-month period prior to the inspection, and 300 compliments had been received in the same period.
- Managers at the service provided key leadership, with the skills, knowledge and experience required. There was a clear definition of recovery within the model followed at the service, and staff were aware of it. Staff said they felt valued and supported, they were happy working in the service. Staff survey results were very positive. Staff appraisals indicated career development and consideration of training courses that might be helpful. Leadership training was available to all staff at the service. Key performance indicators were used to identify and promote good practice, and to identify aspects that required action. The provider actively arranged conferences and learning opportunities for staff.

However:

The environment did not fully cater to clients' needs. There was no separate lounge area for female clients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

Contents

Good

Oasis Runcorn

Services we looked at
Substance misuse services

Summary of this inspection

Background to Oasis Runcorn

Oasis Runcorn is a substance misuse and detoxification service offering two treatment programmes, allowing for tailored treatment and client choice. Detoxification is medically monitored, not medically managed. A 12-step programme and Oasis Strengths programme are both delivered within the therapeutic environment. Oasis Runcorn provides primary and secondary treatment which consists of community process, process groups, therapeutic activities, one to one counselling, house meetings, workshops, groups and worksheets. The service has 22 bedrooms and can accommodate up to 34 clients.

The service operates under the regulated activity of accommodation for persons who require treatment for substance misuse. There was a registered manager in place at the time of inspection. The service registered with the CQC in August 2015. The service was last inspected in March 2017, at which time independent standalone substance misuse services were not given ratings.

Our inspection team

The team that inspected the service comprised two inspectors and one inspection manager.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- toured the service, looked at the quality of the service environment and observed how staff were caring for clients
- spoke with nine clients
- spoke with two carers
- spoke with the registered manager
- spoke with five other staff members including therapists and operations managers
- attended and observed one reading group meeting
- looked at six clients' care and treatment records
- carried out a specific check of the medication management at the service, including the review of all 30 client medication records, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with nine clients. All were happy with the service and felt that it met their needs. Clients felt safe and described how the programme allowed them to progress through their treatment with positive results. Clients said that the choice of treatment at the service helped them improve in a more involved manner. Clients said they felt fully involved in their treatment plan. However, some clients said that their beds were uncomfortable, although all mattresses had been changed within the previous six months. Female clients told us that they would like a lounge to be able to socialise in the evenings.

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?

Good

We rated safe as good because:

- The service had a full, up to date health and safety environment check history.
- The service environment was clean and staff followed infection control principles.
- Staffing was appropriate for the service, with protocols in place to manage any absence.
- Physical health monitoring was taking place for all clients at the service.
- Medication management was well documented and followed policy.
- Incidents were reported and dealt with, lessons learned were shared.

However:

There was no separate lounge area for female clients.

Are services effective?

Good

We rated effective as good because:

- Care records were comprehensive, holistic and up to date.
- The service followed best practice and relevant guidance for the treatment of substance misuse.
- Staff at the service had all completed mandatory training, with additional specialist training available to all staff.
- The multi-disciplinary team worked well, with input from external stakeholders and partners.
- Supervision and appraisals were taking place regularly, and were recorded in personnel files.
- Mental Capacity Act training was given to staff, and the importance of capacity and consent was evident in care records.

Are services caring?

Good

We rated caring as good because:

- Clients were positive about their experience at the service.
- We saw good interaction between staff and clients during the inspection.
- Clients told us they felt supported, and carers also told us of their involvement.
- Care and treatment was clearly explained to clients.

Summary of this inspection

- Each client had a recovery plan in place with clear pathways to other agencies.
- Engagement at the service was encouraged as part of the treatment programme.
- Families and carers could give input into the service.

Are services responsive?

Good

We rated responsive as good because:

- The referral and assessment process was thorough, and clients were fully informed of the restrictions in place at the service before they agreed to admission.
- Discharge planning started immediately on admission to the service.
- There was an unexpected exit plan in place to support clients who did not want to stay for the full treatment programme.
- Clients who felt they were not ready for treatment at that time were given 'treatment credit', meaning they could be re-admitted when they felt the time was right for them.
- The service ran an alumni service that maintained contact with clients up to 12 months after discharge.
- Equality and diversity were promoted at the service.
- Clients knew how to complain. There were 19 formal complaints at the service, and 300 compliments in the 12-months prior to inspection.

Are services well-led?

Good

We rated well-led as good because:

- There was a commitment towards continual improvement.
- Staff and client surveys were used to guide performance forward.
- Leadership training was available to all staff at the service.
- The service was responsive to feedback from clients, staff and external agencies.
- The provider ran regular conferences that staff could attend.
- Governance policies were in place and were followed.
- Key performance indicators were used to inform and guide the service to improve.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act training and Deprivation of Liberty Safeguards training was mandatory at the service, even though clients detained under Deprivation of Liberty Safeguards were not admitted to the service. Staff we spoke to were aware of the principles of the Mental Capacity Act, and records showed that capacity was considered both prior to admission and throughout a client stay at the service.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Substance misuse services

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

Are substance misuse services safe?

Good

Safe and clean environment

The service had a full environmental risk assessment, including ligature risks. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Each client admitted to the service was assessed for risks regarding self-harm and ligatures, and if deemed manageable this would be written into a risk assessment and risk management plan. Certificates relating to fire alarm and fire equipment checks were in date, as were checks to other required services including on legionella and gas and electrical safety.

Staff were not issued with personal alarms, they carried two-way radios that were used to ensure contact within the service. There were no call alarm buttons within the service. If a client was not feeling well, they would be issued with a two-way radio to alert staff should they be out of line of sight. A closed-circuit television system was employed at the service, focused on general areas outside of the service, and some office areas within the service.

None of the bedrooms were en-suite. There were 22 bedrooms that could accommodate 34 clients, each room had a separate shower or bathroom. There were 13 single bedrooms, those could be allocated for client personal reasons as well as simply being available for a new client. The number of bathrooms to bedrooms meant that no more than four bedrooms would be dependent on one shower or bathroom. Male and female sleeping areas were segregated. Flats for male clients had their own small TV lounge for the use of the clients in that area. The bedroom areas for female clients did not have separate lounge space, but the service had installed private televisions in each room for a female client, to give female clients some privacy. There was no separate lounge space at the service for female clients. The bathrooms were clean, and the cleaning schedule was up to date. Clients at the service were involved in the cleaning of the service, as part of their contract.

The service was clean and tidy, the outdoor spaces were well maintained. Furniture was mostly in good condition and comfortable. The dining room was well laid out. The clinic room was clean, tidy, and well maintained. There was no stock medication stored at the service, only medication directly prescribed for clients. This medication was checked and in date. There was a refrigerator in the clinic that had temperatures monitored and recorded, as well as room temperature recording. The controlled medication cabinet was secure, at the time of inspection there were no controlled drugs present. The register was checked and found to be correctly maintained. There was a controlled drugs officer at the service.

Infection prevention and control was in place and was audited. We saw staff washing hands and ensuring hygiene in the kitchen area and other areas of the service.

Safe staffing

At the time of the inspection, there were 15 substantive staff at the service, mostly comprised of counsellors and support staff. The sickness rate stood at 15%, this equated to two staff on sick leave. There was one vacancy for a counsellor and one vacancy for a support worker. This accounted for the two staff leavers in the previous 12-month period.

Good

Substance misuse services

There were sufficient staff on duty to meet clients' needs. Oasis Runcorn had a maximum capacity of 34 beds, with 30 beds occupied at the time of inspection. The registered manager told us that staff requirement had been calculated with safety of clients in mind, as well as ensuring that no staff member had more than 12 clients in their caseload. During the day shift there were nine staff on duty, with at least one counsellor on site every day. Clients could access staff able to support their physical and mental health needs. There was one member of staff who slept over at the service each night. The service very rarely used agency staff, bank staff covered holidays and sickness.

All staff, including agency and bank, had to undertake an induction to the service, with an orientation session included. Staff had to attend an observed 'trial shift' before they were employed at the service. The service manager could bring in extra staff if necessary. Staff from nearby provider services could be utilised to cover emergencies. The service had three staff handovers of information a day. Handover notes were inclusive and comprehensive. We saw staff in the main areas of the service during the inspection, interacting with clients. We checked staff rotas and saw that shifts were covered in the weeks prior to the inspection. If any medical emergencies occurred an ambulance would be called.

There was no evidence that daily client activities were cancelled due to staffing shortages, and clients confirmed this when interviewed. However, some clients told us that they did not get regular 1:1 time with their key worker.

Mandatory training at the service was provided for all staff members training included fire safety, data protection, safeguarding, managing challenging behaviour, equality and diversity, mental capacity and Deprivation of Liberty Safeguards. A record of mandatory training showed that all staff were either up to date with training, or up to date and approaching renewal with dates for completion recorded. Records were detailed.

Assessing and managing risk to clients and staff

We reviewed risk assessments of six clients at the service. Risk assessments were holistic, comprehensive, up to date, and showed clear evidence of being updated when necessary during the admission. Risk management plans were in place, as were plans for unexpected exit from the service. Crisis plans were in place, ensuring that, should a client suddenly decide to leave the service, contact with relevant parties could be initiated to ensure the client was supported. We saw the use of severity of alcohol dependence questionnaires (SADQ), clinical institute withdrawal assessments for alcohol (CIWA), and clinical opiate withdrawal scale (COWS) at the service. The use of these assessments and scales helped to identify and manage risks associated with detoxification or withdrawal.

The service used their own risk management and risk assessment template as part of the electronic record system. The service only considered advance decisions if they were in place prior to admission, advance decisions were not actively pursued at the service.

Clients at the service were made aware of risks of continued substance misuse, and the harm it could cause. There was information on noticeboards throughout the service giving advice and data regarding the effects of substance misuse. We saw evidence in care records of harm reduction advice given to clients who were deemed at risk. Staff we spoke to were aware of the risks that clients faced, both generally and specifically related to a client. Client physical health was assessed prior to and on admission, with regular monitoring whilst admitted to the service.

Clients could smoke at the service, with a designated smoking area within the grounds. Smoking cessation was actively encouraged, clients being given the opportunity to try different cessation techniques.

The service was a medically monitored detoxification service. This meant that medical supervision was provided by a visiting GP who was appropriately trained, with sufficient knowledge of and competence in the management of addiction problems.

There were protocols in place for action should a client be suspected of or found to have diverted their medication to another client or a third-party. The service had relevant policies in place including observations, searching clients, a ligature risk assessment, the management of aggression and involvement of police. The door to the service was locked, but clients could leave at any time. There was a list of articles that could not be taken into the service, this was included in the admission criteria pack for each client.

The service encouraged de-escalation techniques to negate the need for physical restraint at the service. There were no cases of physical restraint recorded in the 12-months prior to inspection. Staff were trained in verbal

de-escalation, distraction techniques, and were encouraged to sit down with an agitated client and look for a solution to the situation. There had been no staff injured in the three months prior to the inspection.

Safeguarding

Staff could give examples of how they would recognise different forms of abuse, and the actions they would take protect clients at the service. There was an up-to-date safeguarding policy in place. One of the staff interviewed was the safeguarding lead for the service, and gave relevant and knowledgeable responses during interview.

There had been one safeguarding alert raised in the 12 months prior to inspection. This had been reported to the local multi-agency safeguarding hub. The registered manager stated the relationship with the local safeguarding services was very good.

Children were not allowed to visit the service. Staff had completed training in safeguarding of vulnerable adults and children.

Staff access to essential information

Client records were stored electronically on an electronic client record system. The system was secure, requiring password access for all staff. The system was very comprehensive, easy to use, and made searching for information very simple. Relevant staff could access the system, there were enough computer access points for staff to access records.

Care records for clients were holistic and recorded with input from clients. The system indicated if clients had accepted or refused a copy of the care plan. We checked six care records, and saw that five clients had declined paper copies of care plans, with one client accepting a paper copy.

Medicines management

The service followed best practice and national guidance in medicine management, reflected in the policies of the provider, including the medical interventions policy, the medicines code policy, and the community medical interventions, detoxification and medicine management policy.

The service provided data relating to medication management to the national drug treatment monitoring system. There were no non-medical prescribers at the service.

Staff conducted medication audits weekly, with a protocol in place for controlled drugs auditing. There was a controlled drugs officer at the service. After assessment, client medication information would be requested from the client's GP. Staff checked and logged any medication that clients brought in on admission. Detoxification medication would be prescribed by the doctor at the service, whilst the client's own doctor would prescribe any medication required for physical health or co-morbidity purposes. Physical health monitoring was taking place at the service generally, and when required regarding specific detoxification or medication. Should a client, on admission, be considered in need of medically managed detoxification, the provider of the service had another service designed to accept clients with such a requirement.

Any client admitted who required anti-psychotic medication had to be assessed as medically stable during admission assessment, with relevant information placed in their care plan, as well as working closely with the mental health team of the client.

Track record on safety

There were no adverse incidents at the service in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

The service had an internal incident report system. The incident was to be reported within 24 hours, and became a 'rolling' document, in that the incident report was generated within 24 hours of the incident being reported, then reviewed by the relevant manager. The whole incident report was used as a learning tool that was disseminated across the provider services. Learning was fed back at team meetings, supervision, and using the electronic mail system. In senior management team minutes from December 2018, an incident where a client was undergoing detoxification led to staff sending the client to hospital, where it was found the client was suffering from an unidentified medical problem that could impact on the

detoxification regime. The actions of staff were favourably reported, and the incident was fed back to staff for their information and consolidation of learning. Any staff member could submit incident details.

Clients were kept informed of any situations that may have involved them, the service staff were aware of duty of candour requirements, and policies reflected the need to keep clients informed.

Senior team meeting minutes had a standing item, 'successes and learning', that ensured learning from incidents from other services were passed on. Staff team meetings reflected these incidents, the minutes from the February 2019 team meeting showing learning passed on from senior team meetings.

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

Good

Assessment of needs and planning of care

We reviewed six sets of care records at the service. Care records showed that comprehensive assessments of clients took place prior to, and on, admission to the service. The care plans showed a holistic approach to care planning, and indicated client involvement in the care plans produced. Care plans were regularly updated during an admission.

The care plans were person-centred and tailored to the individual client. The time taken to fully assess a client was dependent on the complexity of each client's needs. All clients had a full physical examination by the service GP on admission, and relevant and on-going physical healthcare needs were addressed.

Risk management plans were in place, as well as unexpected exit plans for all clients.

Best practice in treatment and care

During the inspection, care records reviewed showed that national guidance and legislation was being followed and implemented. This was also reflected in policies at the service, including the medical interventions policy and the detoxification and medicine management policy. Blood borne virus testing was available at a local clinic.

Clients had a choice of two treatments, a 12-step model or a strengths treatment model. The 12-step model was based on six principles, including admitting an inability to control addictive or compulsive behaviour and helping others to recover from addictive or compulsive behaviour. Strength-based therapy was a type of positive social work and counselling practice that emphasises people's self-determination, strengths and resourcefulness, and less on weaknesses, failures, and shortcomings.

Staff at the service were trained in psychological therapies, such as cognitive behavioural therapy and dialectical behavioural therapy, as well as holding counselling diplomas and training in understanding eating disorders. There was training available in aspects specific to alcohol and drug misuse, such as the 12-step focus model approach to alcohol addiction. Should a psychological therapy be required that was not provided on site, the service would endeavour to refer to an appropriate service.

Care records showed that, when needed, specialist medical assistance was accessed by the service for the treatment of clients. Clients were supported to live healthier lives by promotion of good diet, menus at the service that reflected this approach, smoking cessation guidance, and access to local services that promoted healthy living. The location of a sports complex next door to the service meant clients could be encouraged to go swimming or use the gymnasium as part of mind and body rehabilitation.

The electronic records system and access to a variety of up-to-date electronic suites and cloud-based systems allowed both staff and clients to utilise available information technology.

Staff were involved in clinical audit, including medication audits and infection prevention and control audits.

Skilled staff to deliver care

All staff at the service were given an induction to the service, confirmation copies of this were kept in personnel files. The inductions were comprehensive. Mandatory training was monitored and completed by all relevant staff. Further specialised training was available to staff, including counselling and therapy training recognised by a national body, as well as training in the administration and monitoring of medication related to opioid detoxification.

Staff learning needs were identified during supervision and in informal conversation with staff members. The provider arranged dialectical behavioural therapy training from an accredited company in the United States of America.

Staff attended regular team meetings, both weekly and bi-monthly. The minutes from these meetings showed a set agenda being followed, considering staff issues and learning, medication errors and learning, communication, health and safety, training, and feedback (comments, compliments and complaints).

There was leadership training available, and the registered manager for the service had received such training. Supervision was taking place at the service every six weeks, with annual appraisals also taking place. This allowed staff to raise work related and personal issues. There was an open-door policy at the service for staff to approach managers at any time, and clinical supervision was available to counsellors. Data showed supervision was 100% compliant.

At the time of the inspection, there were no staff member performance issues being addressed, the service manager stated that performance issues would be dealt with promptly and effectively. There were no volunteers working at the service at the time of the inspection. We were told that volunteers would undergo the same application process and induction as staff members. This was supported by policy.

Multi-disciplinary and inter-agency team work

There was a weekly multi-disciplinary meeting at the service to discuss clients, with a monthly meeting for each client. The meetings were attended by senior workers, the registered manager, and the service doctor. Details of each meeting were put into the electronic record system, and findings were shared with staff at each handover. The care records reviewed showed that doctors and relevant professionals were invited to meetings, and that attendance was good.

The service had good links with their GP, social services, and local mutual aid groups. Clients were signposted to services providing further psychosocial interventions on discharge from the service. This was evident in both discharge planning and unexpected exit planning.

Adherence to the MHA and the MHA Code of Practice

The service did not admit clients detained under the Mental Health Act.

Good practice in applying the MCA

Staff at the service received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their mandatory training. Staff we spoke to displayed good understanding of the Mental Capacity Act, and were knowledgeable about the five statutory principles. The service did not admit clients who lacked capacity to consent to admission, but staff were expected to undergo training to understand the principles of the Deprivation of Liberty Safeguards.

The service had a Mental Capacity Act and Deprivation of Liberty Safeguarding policy, ratified in January 2019. Staff we spoke to knew of this policy, and we saw evidence on noticeboards outlining the Act. The policy was comprehensive and easy to understand, giving direction in circumstances where capacity might be an issue.

All clients were assessed for capacity prior to admission and again on arrival at the service. Staff were aware of the nature of capacity and people who may be under the influence of drugs or alcohol, and the effects this may have on both short-term and long-term capacity to make decisions.

Capacity assessments were recorded on the client electronic record system. Both capacity and consent to treatment were recorded and noted on the six care records reviewed during the inspection. We saw evidence of the involvement of independent mental capacity advocates at the service, as well as notifications on how to contact an advocate on noticeboards at the service. Although clients were assessed for capacity prior to admission, on admission clients were sometimes under the influence of drugs or alcohol, and their capacity to make some decisions would require advocacy input. Best interest meetings had been held at the service when required.

Staff undertook audits to ensure that all clients had been assessed prior to and on admission to the service.

Good

Substance misuse services

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We observed a reading group and general interactions between staff and clients. Staff attitudes and behaviours were discreet, respectful and responsive, providing clients with help, emotional support and advice at the time they needed it. Staff supported clients to understand and manage their difficulties. Clients said that staff treated them well and behaved appropriately towards them.

Clients told us that they felt their treatment model was working, and said that because many staff at the service had been through it themselves, this gave the client belief that they could also succeed.

Some clients said that they had a problem with the mattresses at the service. However, we saw documentation that all mattresses had been changed prior to the inspection.

Both staff and clients spoke of the working atmosphere at the service, that it helped them to concentrate on improving. We were told that staff were always available to talk with clients about their problems and treatment, and that support was always there for them.

Clients said that they felt the support available at the service helped to build their recovery. There were weekly meetings, clients kept a daily diary and client satisfaction surveys, as well as an exit survey, all designed to improve the service for clients. A suggestion box was available for clients or staff to give suggestions as to how to improve the service. There were new 'pod' outbuildings that had been built on site at the suggestion of clients, to give more rooms and better use of available space.

Clients told us they had been directed to other services for specific treatment during their admission. Confidentiality was maintained by both staff and clients, as it was a key aspect of their treatment.

Involvement in care

The service welcomed new admissions by issuing a resident's handbook containing all relevant information on how the service functioned and what to expect whilst admitted, including expected behaviour and rules that were in place. All aspects had been previously agreed prior to admission. New clients were introduced to the other clients at the service, and would be "buddied up" with a client who would help to get them settled. The new client would also be introduced to the counsellor who would be their main contact during the admission.

Clients told us that they were involved in their care planning, and a review of six care records showed that this was taking place. We spoke to nine clients at the service, and two carers. One carer told us that their relative was quite shocked about how the service strictly followed its rules, but quickly accepted that this had to be done for treatment to be successful.

We saw evidence of clients accessing independent advocacy. Care records showed that clients were fully involved in meetings about their care, and given the opportunity to reconsider treatment.

Client communication needs were considered at assessment prior to admission, and any requirements that could be facilitated would be put in place prior to admission.

There were weekly meetings, clients kept a daily diary and client satisfaction surveys, as well as an exit survey, all designed to improve the service for clients. There were new 'pod' outbuildings that had been built on site at the suggestion of clients, to give more rooms and better use of available space.

The service made all efforts to include carers from the beginning of the admission, with the consent of the client. The service would give the family a 'touch base' call within 24 hours of admission, to let carers know how the client had settled in. There was a family group meeting at the service every Sunday, where family members could attend and discuss with staff and the client about possible effects the treatment was having on the client. Carers were also invited to care plan reviews, again with the consent of the client. Carers told us that they were kept informed at all stages of their relative's treatment at the service. However, some clients told us that their relatives did not receive regular contact from staff.

Therapists at the service kept in touch with carers and families by telephone and electronic mail, using this contact as a source of feedback. The provider had a

dedicated alumni team tasked with contacting former clients and their carers for information about their time and treatment at the service, as well as supporting clients after discharge, and comment cards were also available for clients or carers to comment on the service.

Information for carers regarding carer assessment was available at the service. Each client had a recovery plan that reflected personal preferences and goals. Clients told us that they gave direction to staff at the service as to expectations during their treatment, and they felt they were listened to.

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

Good

Access and discharge

There were clearly documented criteria for admission to the service. There was a referral system in place at the service for the transfer of a client to another facility, if required, but this was rarely used. Behavioural issues were the main reason for transfer to another facility registered under the provider, or if a client required a more medically managed treatment programme. A client would be transferred during the day, never at night.

The waiting time from referral to admission could be as short as one day. Statutory referral funding could lead to delays, as payment for treatment would be derived from benefits. The service maintained that both statutory referrals and private paying clients should live within the same weekly financial parameters, in order that monetary disparity did not impact on the goals of the service.

At the time of the inspection, the service did not have a waiting list for admissions. The service removed barriers from vulnerable groups by focussing on person-centred care, each client was individually accommodated, with adjustment to treatment acted on accordingly.

Each client had a discharge date put in place from admission. This included an emergency discharge plan for unexpected exit from treatment. We were told that it was very rare for a delayed discharge to occur. Delays had been caused due to clients waiting for supported living. Should a client decide to leave treatment before completion, or if leaving the service due to breach of contract, there were protocols in place to access another provider service, if appropriate. Support was available from the service if a vulnerable client wanted to leave the service. Autonomy was part of the recovery process, but the service recognised that in some cases, assistance was necessary. Support was also available should a client require treatment in an acute hospital or temporary transfer to a mental health hospital.

The service had an alumni team who kept in contact with clients on leaving the service. Clients were contacted within a week of leaving the service, then at one, three, six and nine-month intervals. This was done to monitor the progress of the client, and to provide support should the client have relapsed. Data showed, since 1 January 2018, 112 clients had been discharged from the service, and as at 6 February 2019, 65% of those discharged from the service had remained sober, with 35% of clients relapsing. In 2018, 90% of clients leaving the service agreed to contact with the alumni team.

The facilities promote recovery, comfort, dignity and confidentiality

Clients could access their bedrooms at any time of the day. Mobile telephones were allowed in the service, although clients had to hand in their mobile telephones for the first seven days of treatment, and after that the use of mobile telephones was limited from 1730 hours to 1900 hours. This was agreed in the contract. The outdoor space at the service was well maintained and open to clients always. Clients could personalise their bedrooms, although the short nature of most admissions limited the extent to which a client could personalise a room.

The treatment offered at the service meant that meaningful activities were in place seven days a week. These activities included reflection groups, yoga, reading groups, writing groups, art groups, music and dance groups, and walking groups. Clients told us they enjoyed the group work and felt it helped them in their treatment. Staff told us that they enjoyed taking part in the groups, as it helped them to understand and help the clients in their care.

Some clients told us that the living space did not easily accommodate the number of clients. We observed 26 place

settings in the dining room, with a breakfast bar that could be used for extra place settings when the service was at capacity. Some clients also told us that their beds and mattresses were uncomfortable.

There were no lounges in the women's flats, which meant that women had to use the communal dining room if they wanted to socialise in the evenings.

Clients' engagement with the wider community

The service ensured that clients kept in contact with carers and family, where appropriate and where client consent was given. Family meetings were held each Sunday, when clients could invite family members to attend the service.

Group activities involved clients in the wider community, with activities such as walking groups in the local area. The location of the service was close to the town centre, and clients were encouraged to use the opportunity to go out into the town centre. A sports centre was located next to the service, and clients were actively encouraged to use the facilities, including the swimming pool, as part of their recovery process.

The service supported clients who wanted to involve themselves in work in the community, although the short nature of their agreed stay at the service, coupled with agreements in the contract they signed, limited opportunities for clients to look at work opportunities. Educational aspirations were encouraged at the service. The service recognised that some clients had educational disadvantages regarding ability to take part in some of the group activities, and completion of worksheets, so the service adapted each client care plan to consider any difficulty a client may have had.

Meeting the needs of all people who use the service

The service had a room that had been adapted for use by people with mobility problems, however the layout of the service did not lend itself to wheelchair use. Clients were considered on a case by case basis, and would be assessed under admission criteria and whether adaptation could be considered.

Staff told us they were aware of the potential issues faced by vulnerable people and groups, and showed an understanding about how to offer appropriate support.

Clients told us that they were not aware of any activities being cancelled whilst admitted to the service. We saw treatment information on noticeboards as well as in the client handbook. We were told that, should it be required, information in different languages could be obtained, and the service could access interpreters as and when necessary.

Food choice at the service was varied, and we saw that cultural or specialised food, such as halal or kosher, was available. Clients told us the food at the service was very good. The kitchen followed 'safer food better business' guidelines as promoted by the government agency responsible for food standards.

Clients were asked questions regarding religious or spiritual requirements during initial assessment, and the service made all effort to meet those needs. The service had reported an increase in Muslim clients, and had arranged for access to religious texts and a quiet space for prayer, including the direction toward Mecca and a visiting Imam.

Listening to and learning from concerns and complaints

Oasis Runcorn had an up-to-date complaints policy that was comprehensive and considerate, and a complaints guide for clients, carers and families. Complaints were dealt with by the registered manager, the operations manager and the head of operations. How to complain was addressed in the client handbook and on posters at the service.

Dependent on the level of complaint, staff would try to deal with the complaint informally in the first instance, but more serious complaints would be made formal as soon as possible. On receipt of a formal complaint, the registered manager would confirm receipt, as per policy, within two days.

All formal complaints were fully investigated within 28 days, and relevant parties informed of the result of the investigation either personally or by electronic mail. Staff share learning by team meetings and handovers. There was a complaints log in use at the service, recording all complaints to and about the service. In the 12 months prior to inspection, the service had received 19 complaints, three of which had been upheld, none had been referred to the ombudsman.

Good

Substance misuse services

The service received 300 compliments in the 12-month period prior to inspection. Clients we spoke to told us they had no need to complain, but they were aware of the procedure should they wish to complain.

Are substance misuse services well-led?

Good

Leadership

Staff at the service knew who the most senior managers in the organisation were, and we were told that senior managers often visited the service weekly. The head of operations for the service was present during the inspection. The registered manager said he had opportunities for leadership development, and had attended leadership training.

Leaders had a good understanding of the services they managed. They could explain clearly how their team was working to provide high quality care.

Staff told us they had opportunities to undertake a national vocational qualification level two in Team Leading, but at the time of the inspection this had not been finalised.

Staff told us that managers at the service had an open-door policy, and they could be approached at any time.

Vision and strategy

The mission statement of the service was known to staff and managers, as were core vision and values. Each member of staff had a clear definition of what their role entailed. Monthly newsletters from the provider helped to promote the team objectives. Staff were involved in the formulation of values.

The service had a clear definition of what recovery meant for clients, and this was evident in the care records of clients at the service. Staff we talked to could explain the rationale behind the models of treatment that were available.

Culture

Staff told us they felt respected, supported and valued. The registered manager said that their opinion was never ignored, and felt that the provider listened and valued that opinion. The provider governance framework stated that an annual staff survey should take place at each service location. The survey, the results of which are anonymised, asks about a knowledge of the mission statement and vision statement for the service, then asks about core values, working at the service, communication at the service, personal perceptions, opinions about the job and about management, leadership and career development, involvement in the service, managers at the service, and a free text section. The results of the survey were from all services under the provider, not just Oasis Runcorn.

We reviewed the most recent survey results. The results were all positive. The results included that 81% of staff were aware of the mission statement, 89% of staff felt the provider always or often achieved the mission. 90% strongly agreed or agreed that teamwork was encouraged and practiced, 95% strongly agreed that communication was encouraged, 90% strongly agreed or agreed that senior management communicated well with the staff, 100% agreed that they felt involved in decisions about the service they worked in.

The service used exit surveys to monitor client satisfaction with the service. The December 2018 data showed that of 20 clients who completed the survey, 95% successfully completed the course of treatment, 18 out of 20 clients found the treatment very good, 18 clients felt they were either very involved or involved in their care. 95% of clients said they gave consent to the care they received, and 100% said they either met their goals or most of their goals.

Staff told us that the staff team was happy at the service, none of the staff we spoke to indicated that they were unhappy. This was reflected in the staff survey. It was indicated that the job can be stressful at times, but staff said that overall, they did not feel overly stressed. There had been no bullying or harassment cases, and staff felt able to raise concerns without fear of victimisation.

There was an Equality, Diversity and Human Rights policy in place, and the registered manager told us that the service opposed all forms of discrimination. The policy reflected what was described in the client handbook, and clients on the 12-step programme were encouraged to explore their own chosen spiritual path and to examine their own prejudices.

Governance

There were systems and procedures to ensure the service was safe and clean, there were enough staff to ensure the

service was being run safely. Staff were completing relevant mandatory training, and being regularly supervised. Clients were being treated well and effectively at the service, both confirmed by talking to clients and carers.

The Mental Capacity Act was being adhered to, discharge planning was in place with unexpected exit plans planned. Complaints were recorded appropriately and investigated, with learning shared among the staff.

The clinical governance framework policy was in place and had been reviewed. The service used key performance indicators to gauge performance across the service. The service used a trend tracker to monitor key performance indicators. Indicators included occupancy, retention, failed admissions (both doctor and client refusal), serious incidents, medication errors, safeguarding, claims, complaints, satisfaction surveys, exit surveys, and reviews completed. Results from the trend tracker were discussed in senior management meetings and used to drive performance.

Team meetings followed a set agenda, presenting essential information for sharing. Clinical audits were taking place, and were seen to be reviewed and discussed. There was a whistle-blowing policy in place.

Management of risk, issues and performance

There was a clear quality assurance policy in place, due for review in October 2019. Data provided by the service showed that performance frameworks were in place and integrated across policies and procedures, and that this was reflected in the reports and reporting structure for the service. Sickness and absence was monitored.

There was a risk register at the service, and staff could submit items to the risk register through their manager. There was no evidence that financial pressures had compromised care at the service. Managers had access to relevant performance indicators and data to improve performance at the service.

Information management

The electronic client record system was quite a new system, and easy to use. We saw staff being able to use the system to access and input data easily. Each staff member had their own password to access the system. We saw that computer screens that could display client sensitive data were not in line of sight of clients, and that staff were conscious of confidentiality regarding client information. Staff we spoke to were aware of protocols regarding the sharing of information with other bodies, and policies that gave guidance regarding confidentiality.

Engagement

Noticeboards at the service held up to date information regarding treatments available and the work of the service, as well as in the client handbook. This information was also given during client community meetings. In the community meeting minutes for 19 February 2019, treatment contracts were revisited, and client queries were dealt with immediately if possible, or before the next meeting.

Exit surveys and satisfaction surveys from clients and carers were monitored and the findings considered by the service. Clients and carers could meet with senior staff with the opportunity to give feedback to the service. We saw that the service had active engagement with external stakeholders.

Learning, continuous improvement and innovation

The service had a 'living' improvement plan, in which regular meetings were held to monitor the needs of clients and use the findings to move the service forward. The service followed quality improvement programmes that were led by the provider. The provider issued newsletters regarding research at provider level that was relevant to the service, with an annual conference planned with a strong research strand. There was no participation in research at the service at the time of the inspection.

Outstanding practice and areas for improvement

Outstanding practice

The provider had an alumni team who kept in contact with clients on leaving the service. Clients were contacted within a week of leaving the service, then at one, three, six and nine-month intervals. This was done to monitor the progress of the client, and to provide support should the client relapse.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure female clients are allocated a separate lounge area