The Recovery Lighthouse Worthing

Quality Report

18 Winchester Road
Worthing
BN11 4DJ
Tel: 020 3151 1914
Website: www.recoverylighthouse.com

Date of inspection visit: 8 January 2019
Date of publication: 05/03/2019

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.

Summary of findings

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

Overall summary

The service was last inspected in 2016, at which time we did not rate independent substance misuse services.

Following this inspection:

We rated Recovery Lighthouse as Good because:

- The service was well staffed, with well trained and experienced staff to care for clients. Staff put into practice the service's values, and they had contact with managers at all levels, including the most senior.
- The service was clean, comfortable and homely, having recently been redecorated and refurnished to a high standard.
- All clients had holistic care plans, stored on an electronic case management system with all other relevant records.
- Clients spoke very highly about their experiences of the service, their relationships with staff and the impact the service had on their lives.
- There were policies in place to manage risk, including to clients leaving treatment prematurely and clients who were at risk of self-harm. All clients had risk assessments and detailed risk management plans for every identified risk.

However

- Medical admissions records, including assessments, were stored in paper files separate from the electronic system and were not always complete.
- While the service had safe policies in line with national guidance to support people undergoing detoxification programmes, staff did not consistently request or obtain medical summaries from clients' GPs prior to starting treatment.

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

The Recovery Lighthouse Worthing

Services we looked at

Substance misuse services

Summary of this inspection

Background to The Recovery Lighthouse Worthing

The Recovery Lighthouse in Worthing is one of a group of 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.

Recovery Lighthouse is registered to provide a seven to 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. The service has a contract with a local GP surgery to deliver prescribing for a medically monitored detox. This means that clients may be given medicine to safely manage their withdrawal from substances and supported by staff but do not require 24-hour medical supervision. 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 therapeutic approach used at the service is a combination of person centred therapy, dialectical behavioural therapy and the 12-step recovery approach. There were 13 clients receiving treatment at the time of our visit.

Recovery Lighthouse is registered to provide:

Accommodation for clients who require treatment for substance misuse

Our inspection team

The team that inspected the service comprised three CQC inspectors.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

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.

During the inspection visit, the inspection team:

- Carried out a tour of the building, including the clinic room, kitchen, communal areas and a client's bedroom
- interviewed the registered manager and one member of staff
- spoke with five clients
- looked at eight client treatment records, including medicines records
- looked at medical admission paperwork for eight clients
- reviewed training records and staff supervision records
- observed a morning handover meeting
- observed a therapeutic group

Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five clients, who gave universally positive feedback about the service. Clients praised the cleanliness and overall condition of the house, a feeling of safety in the service, and the standard of the food. Clients described all the staff, including managers, as amazing.

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 enough staff to care for the number of clients 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.
- Clients' physical health and withdrawal symptoms were assessed and closely monitored by both the staff and GPs monitoring the detox.
- The service followed best practice in administering and monitoring medicine.
- Client risk was generally well assessed prior to admission, at assessment and throughout their treatment. This included plans for clients' unexpected exits from treatment that addressed risk of overdose and ensured that carers were included.
- The service supported clients to maintain appropriate contact with families and partners, and had care plans for all clients around maintaining healthy relationships.
- The service had a good track record on safety and had no adverse events or serious incidents recorded since February 2016.
- The service had addressed most issues identified by the last inspection.
- Staff monitored the temperature in the room where medicines were stored
- Medicine reduction regimes were clearly recorded with evidence of regular audits.
- A search policy was in place that clients were made aware of prior to their admission.
- Systems were in place to ensure servicing of all medical equipment, including the blood pressure monitor.

However:

- Medical admissions records, including assessments, were stored in paper files separate from the electronic system and were not always complete.
- While the service had safe policies in line with national guidance to support people undergoing detoxification programmes, staff did not consistently request or obtain

Summary of this inspection

medical summaries from clients' GPs prior to starting treatment and the service did not have clear polices in place to manage situations when clients refused to give permission to contact their GP.

Are services effective?

Good

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We rated effective as Good because:

- 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 eight client records we reviewed.
- Co-existing conditions, such as mental health support needs, were identified at the admission and risk assessment stages prior to admission, and supported through personalised care plans.
- 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

- Although the service used a suite of key performance indicators which included the number of clients successfully completing treatments and exit surveys, the service did not use treatment outcome measuring tools to measure the effectiveness of the treatment it provided.

Are services caring?

Good

We rated Caring as Good because:

Summary of this inspection

- Staff treated clients with respect and high regard, showing compassion and understanding for the impact of their substance misuse. Staff showed a high degree of understanding of clients' emotional, psychological and spiritual needs.
- The five clients we spoke to spoke highly 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 able to choose to manage their withdrawals without medicine where this was safe to do so.
- Care plans were highly personalised and care notes showed close attention to clients' emotional wellbeing and responsiveness to changes in mood.
- Clients were actively supported to maintain and rebuild relationships with families and partners.

Are services responsive?

Good

We rated responsive as Good because:

- 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 gathered and monitored compliments and complaints, providing timely responses.
- Service user feedback was actively sought through surveys and community meetings, with actions displayed on a "you said, we did" board.
- Literature was available in communal areas providing information about the various treatment approaches offered at the service.

Are services well-led?

Good

We rated well led as Good because:

Summary of this inspection

- Managers were skilled, experienced and well equipped to lead the service, showing a hands on approach as well as driving improvements to the service overall.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 robust systems in place to ensure the service was adequately staffed, incidents were recorded, and staff received mandatory training, regular supervision and appraisals.
- The service ensured that a range of compliance audits took place regularly and that actions were followed up in a timely way.
- Staff and managers described high morale within the team and a high level of engagement with the wider organisation. Senior managers were a regular presence in the service and approachable by staff.
- Staff understood the service's whistleblowing policy. No whistleblowing concerns had been raised with CQC in the 12 months prior to the inspection.
- The organisation set key performance indicators to measure the service's performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the service provider's compliance with the Mental Capacity Act 2005 and, where relevant, the Mental Health Act 1983 in our overall inspection of the service.

The Mental Health Act is not applicable at this location as clients in the service were not detained under 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. 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 understood that capacity to consent to treatment could fluctuate through intoxication with substances or through the symptoms of a mental health problem becoming apparent during or after a detoxification treatment. In addition to assessing capacity at assessment and at the start of treatment the service had bespoke tools with prompts for staff to ensure that capacity was actively reviewed when necessary.

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 current health, legionella, safety and fire risk assessments carried out and recorded by appropriately qualified people. All actions following risk assessments were up to date. Daily, weekly and monthly environment checks were carried out by staff and managers, and records we reviewed showed checks had been completed on a room by room basis and remedial actions completed where necessary.
- The service had trained fire wardens and first aiders, with named staff members allocated at daily handovers. The manager ensured that each rota had one first aider and one fire marshal were always on duty. Fire equipment was maintained and available throughout the building.
- The medicines cupboard was locked and in good order. The medicines coordinator on duty had the key and a spare was held by the clinic manager at all times. A dedicated medicines room had recently been created, adjacent to the service user lounge, removing the need to carry medicines to another room and protecting client's privacy with a stable-style door. The room had a room thermometer; staff monitored the room temperature, ensuring that medicines were kept below the manufacturers' required maximum temperature.
- The medicines fridge was unlocked and in good order. The only medicine stored there was for client's physical health issues, as detox medicines were stored in the locked controlled drugs cupboard. Staff checked the fridge's temperature daily and recordings showed it was within range.
- The service had a digital blood pressure monitor; alcometer for detecting and measuring alcohol use; thermometer; and, a digital blood pressure monitor which was serviced and recalibrated when required. There was no resuscitation equipment in the service, and staff called the local emergency services when required. The service had a defibrillator, which all staff were trained to use.
- All rooms bar one were single occupancy, clients could choose to be allocated to the one shared room for a lowered fee. Despite the short length of stay for the majority of clients, the service endeavoured to allocate 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. 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. A lift was in use for clients in the early stages of detox who may have experienced dizziness.

- 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 house-keeper who worked Monday to Friday. Clients were responsible for keeping their bedrooms tidy.
- 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. Clients were made aware of the CCTV and its purpose at induction.
- The service had a comprehensive contingency plan outlining the process to ensure service continuity if the site was closed in an emergency. This included which medicines and equipment to take to another site.

Safe staffing

- The service employed 12 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 occasionally used bank staff who were known to the service and who covered sickness, holidays and unexpected absences as required. Training logs showed that these staff received the same mandatory training as permanent employees.
- The manager could bring in extra staff when needed, for example, for a client requiring 1:1 support at night, and the service was not short staffed. Sickness and staff turnover were low.
- 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 appropriately 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. The use of medicine to manage detoxification from substances was optional, and provided it was safe to do so, clients could choose to manage the process using psychosocial and wellbeing activities alone.
- Medical admissions records, including assessments, were stored in paper files separate from the electronic system and were not always complete. Management informed us that the case management system was being adapted to allow medical information to be recorded in the same place as the clients' other records, and was being piloted at another site at the time of our visit.
- The service pre-admission procedure included gaining GP details and permission to contact them, however staff did not consistently request or obtain medical summaries from clients' GPs prior to starting a detox regime. Of the eight medical admissions reviewed, only one had a GP summary present. Three clients recorded a GP summary as having been requested but not yet received, and three recorded that consent to contact a GP had been withheld. Where clients refused consent to liaise with their own GP, the service did not have a clear policy on how risk of a potentially undisclosed medical issue would be managed or record the rationale for carrying out a detox without a medical history. The General Medical Council (GMC) recommends that where a client chooses to withhold consent to share information, the prescribing clinician, in this case a GP, should ensure that their reasons are explored and recorded and that they understand the decision may not be in their best interest. Where the prescribing clinician decides to continue they should record their rationale for doing this and record any other ways that the risk of not sharing the information has been mitigated. The manager informed us that risk arising from refusing consent was mitigated by a medical assessment and examination at the start of treatment, close monitoring during withdrawal and contact with supportive family members and partners to corroborate client's disclosure.

- 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 attempts and how clients could apply learning from their past experiences to complete treatment. When clients wanted to leave prematurely, staff met with them to explore a safe exit, for example, where would they go to after leaving, managing the return of medicine they had brought with them, and gave relapse and overdose management advice. This was captured in a checklist and present in all care records we reviewed.
- 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, in accordance with a search policy that clients were made aware of prior to admission. 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, as part of personalised care plans to support healthy relationships. Children did not visit the service; however visits were supported at appropriate locations where required.
- The service had child and adult safeguarding policies. We observed discussion of safeguarding issues and of routine safeguarding enquiries being made, recorded and followed up through the morning handover meeting and care records. The safeguarding procedures and the process was displayed in the staff office. No safeguarding alerts were made in the reporting period prior to the inspection taking place.
- Staff used the 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 and safe. 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. A designated member of staff was medications lead within the team.
- 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 and one serious incident recorded in the reporting period prior to the inspection. This incident had involved staff not being able to account for controlled drugs, after which additional CCTV had been installed and additional checks introduced to the medicines administration procedures.

Reporting incidents and learning from when things go wrong

- The service manager was responsible for reporting incidents to the operations manager. However, staff were able to this in their absence. Incidents were reported using the service's internal incident template which was sent to the operational manager, which was reviewed centrally with learning and actions circulated appropriately. The team de-briefed after incidents in daily handovers.

Duty of candour

- The organisation had a policy relating to the duty of candour, and we saw evidence in complaints records of transparency and accountability to clients and their families. This meant that they were open about what happened and offered an apology when things had gone wrong.

Good

Substance misuse services

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

Good

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 conducted by the admissions team prior to admission to assess their suitability for treatment. 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.
- 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. The service had clear exclusion criteria based on very high levels of risk, with an emphasis on assessing risk on an individual basis where these issues did not apply. Exclusion criteria applied to individuals with complex health needs that could not be safely managed and serious forensic histories including arson.
- Client assessments were reviewed by the GP practice contracted to deliver detoxes at the service, prior to their physical examination and admission. A GP carried out a physical examination of all clients prior to admission. The assessment included a blood test, and weight and blood pressure checks. We reviewed client records which showed that health issues identified were addressed prior to commencing treatment, including a client being supported to attend hospital for cardiac monitoring and beginning a detox once confirmed to be safe.
- 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. We reviewed personalised care plans for identified needs, including healthy relationships and education, training and employment.
- All eight clients records we reviewed had holistic, comprehensive care plans that were personalised and captured the client's perspectives and individual recovery goals.
- Co-existing conditions, such as mental health support needs, were 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. We saw evidence of personalised care and risk management plans to support clients with a history of self-harm and for whom the emotional demands of treatment could be a trigger. We observed discussions of these plans being put into action through daily handover meetings and of client being supported sensitively and therapeutically by the team.
- The GP surgery to whom the service contracted the detox interventions was also able to address clients' physical health needs, and a psychiatrist from within the parent organisation was available when 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 (the Orange Book 2017) was followed for people undergoing alcohol and opiate detoxifications and the service had policies for these. The GP administered methadone and buprenorphine for the

management of opioid dependence. The GP administered chlordiazepoxide for assisted alcohol withdrawal, and prescribed Vitamin B and Thiamine, 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. The service also offered groups in Emotional Freedom Technique (EFT) and Dialectical Behavioural Therapy (DBT).
- 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 were in 12 of the client records we reviewed, as one client had been admitted the previous day.
- The service did not use any outcome measuring tools to measure the effectiveness of their treatment programme for clients, although a suite of key performance indicators monitored the number of clients completing treatment and included exit surveys.

Skilled staff to deliver care

- Staff engaged with relevant professionals involved in client's care and treatment, especially those with additional health and social needs.
- The service's staff team included support workers, counsellors and a visiting GP. All staff were experienced and appropriately qualified. Staff employed in counselling roles held appropriate qualifications and were registered with the British Association of Counsellors and Psychotherapists (BACP), the professional standards body for people working as counsellors in the UK.
- 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 (DBT). The manager and chef had received training from a nutritionist to ensure clients' dietary needs were being met. 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 withdrawals.
- Client records showed that advice and information was provided to all clients around harm reduction, including prevention of overdose and transmission of blood borne viruses.
- All staff received annual appraisals and six weekly clinical supervision and managerial supervision sessions. 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 service manager addressed staff performance issues in supervision and followed the internal capability and disciplinary procedures where necessary. There were no staffing issues of this nature at the time of our inspection; however, the manager described effectively following these processes in the previous year.

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. Information was handed over three times a day using a template including relevant standing items, including actions from the previous shift, risk management, safeguarding, health and safety and individual clients' issues and progress.
- 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 the police, local pharmacy, emergency dentist, social services, and criminal justice services.

Good

Substance misuse services

- The service made contact with relevant services for clients who lived out of the area by telephone and sometimes by attending meetings. As the service accepted referrals from a wide geographical area this was mainly done on an individual basis.
- The service had strong links to local recovery groups such as alcoholics anonymous and narcotics anonymous.

Good practice in applying the Mental Capacity Act

- Staff understood the importance of clients' capacity to consent to treatment and to understand their rights while they were in treatment. 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 understood that capacity to consent to treatment could fluctuate through intoxication with substances or through the symptoms of a mental health problem becoming apparent during or after a detoxification treatment. In addition to assessing capacity at assessment and at the start of treatment the service had bespoke tools with prompts for staff to ensure that capacity was actively reviewed when necessary. 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 as spiritual and language needs. The service engaged people with support needs relating to parenting, drug and alcohol use, and mental health needs.
- 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.
- Clients agreed with a therapeutic contract in advance of treatment. This contract outlined clients were not permitted to use their mobile phones during the first week of their detoxification. However, they could use it for short periods in the evenings for the rest of their treatment. When clients needed to make emergency calls to family they arranged it with their counsellor. All calls made by clients using the clinic phone were observed by a staff member. During their treatment clients were not allowed to leave the premises without staff to accompany them and this was agreed to support their safety.

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).
- Follow up one-to-one counselling at another UK Addiction Treatment (UKAT) treatment service more local to the client's home was an option if clients chose to self-fund this.
- The service did not use treatment outcome tools to measure the effectiveness of the treatment they provided, although a suite of key performance indicators monitored the number of clients completing treatment and included exit surveys.
- The parent organisation had recently established post-treatment follow-up contact by clients who had successfully completed treatment and been recruited to offer peer led aftercare support.

Are substance misuse services caring?

Good

- Staff treated clients with respect and high regard, showing compassion and understanding for the impact of their substance misuse. We observed staff using positive language and speaking respectfully and sensitively about clients and their progress through treatment. Staff showed a high degree of understanding of clients' emotional, psychological and spiritual needs.
- The five clients we spoke to spoke highly about the staff, saying that having staff members with lived experience

of substance misuse had a positive impact on their relationships with them. Clients told us they felt well cared for by the GPs and felt very safe during their detoxes.

- All clients received a client handbook and induction on admission, with evidence and signatures recorded on all eight case records we reviewed.
- Clients were involved in their care. They planned their detoxification with the GP and this was reviewed throughout their admission. Clients were able to choose to manage their withdrawals without medicine where this was safe to do so.
- Clients were actively supported to maintain and rebuild relationships with families and partners and individualised care plans partly focussed on healthy relationships, including parenting.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- Clients were admitted quickly following initial assessment, sometimes on the same day as their assessment was completed. As self-funders the clients had the option of choosing an alternative treatment provider if a place was unavailable at the time they wanted to start treatment.
- 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, and clients could choose to self-fund one-to-one counselling in addition to this.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms for meetings, one to one sessions, group sessions, 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.
- Clients stored their 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 office 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 and the menus had been formed following training by a nutritionist.
- 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 and the rooms we viewed were comfortable and homely.
- 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 art, music, yoga, mindful 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.
- Literature was available within the service about the treatment approaches of the service, including the 12-step philosophy.

Good

Substance misuse services

- All clients received individual and group training regarding prevention of drug and alcohol related harm during their stay.
- The building was not adapted for use by people who required disabled access meaning that the service was not able to accept referrals for people with additional mobility needs. The parent organisation processed initial referrals centrally, and would recommend other UKAT locations if approached by an individual with mobility issues. A lift was present for people with temporary risk of trips and falls in the early stages of detox.
- 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, with needs relating to cultural and spiritual needs clearly identified pre-admission.

Are substance misuse services well-led?

Good

Vision and values

- The service had a clear definition of recovery displayed in staff areas which was based on the core values of respect, honouring human values, rights and dignity. 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. Managers described an "open door policy" towards everyone in the service.

Good governance

- The organisation used a used a range of key performance indicators to monitor the performance of the service. In addition to business related issues like occupancy, retention and requests for refunds, the organisation monitored safeguarding referrals, medication errors and the results of exit surveys capturing client satisfaction.
- 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 lead the service effectively and had access to administrative support. Senior management routinely based themselves at the service, were known to the staff team and closely supported the manager.
- The manager had the ability to submit items to the organisation's risk register.

Leadership, morale and staff engagement

- Staff felt able to raise concerns without fear of victimisation.
- Staff described feeling positive about their jobs, and we observed positive interactions and respectful professional discussions during our visit.
- Staff understood the service's whistleblowing policy. No whistleblowing concerns were raised with the CQC for the 12-month reporting period prior to our visit.
- Managers operated an open door policy for staff and clients, demonstrating a detailed knowledge of individual client needs and risk issues as well as strategic oversight of the service, including measures to drive improvements. Senior managers regularly based themselves at the service and were visible to all staff teams and supportive to the manager.

Commitment to quality improvement and innovation

- The service catered for self-funding clients so did not engage with local quality improvement and monitoring networks.
- The service had evidence of initiatives to improve the service. The electronic case management system was being developed to incorporate medical admissions information, and the staff team structure had been changed to include recovery workers to work alongside counsellors. The parent organisation was also developing a programme of recruiting and training former clients to contact people post discharge and offer peer support.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that where clients refuse consent to liaise to with their own GP, a clear policy is in place on how to assess and manage the risk of potentially undisclosed medical issues. The provider should ensure that when the decision is taken to start treatment without a medical summary, the GP records their rationale for doing so.

The provider should ensure that medical admission information is recorded within the same electronic case management system as all other client information, to enable more effective auditing and to allow greater ease of access for all relevant staff.