

Good 

# Vale House Stabilisation Services

# Passmores House

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-124721293		Passmores House	CM18 6YL

This report describes our judgement of the quality of care provided within this core service by Vale House Stabilisation Services Ltd. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Vale House Stabilisation Services Ltd and these are brought together to inform our overall judgement of Vale House Stabilisation Services Ltd.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Passmores House as good because:

- The ward environment was safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service had appropriate arrangements in place for managing medicines and controlled drugs. The service had enough nursing and medical staff, who knew the clients and thoroughly assessed their risks throughout their admission. Staff reported incidents in line with the providers policy and knew how to protect clients from abuse, by working with various organisations. All staff received an induction, regular supervision and could access specialist training.
- Staff, including an on-site GP assessed the physical and mental health of all clients on admission, created care plans and kept them updated during admission. Clients said this was supportive to their treatment. The doctor wrote a discharge summary for each client when they completed detoxification and when they completed rehabilitation to ensure continuity of treatment. Staff managed the waiting list and potential clients could be prioritised if their risk was high.
- Staff followed National Institute of Health and Care Excellence and Department of Health guidance for treatment by encouraging their clients to live healthier lives and offering a range of supportive therapies to aid recovery.
- Staff treated clients and family members with compassion and kindness, and supported clients to make decisions on their care for themselves. Staff used assessment tools which considered all principles of the Mental Capacity Act. Staff supported clients to access services in the local community such as legal advice and housing support. The service had received many compliments and treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Staff allocated bedrooms based on a holistic assessment of the client's physical health needs, vulnerabilities and gender. The service offered a range of food choices to meet people's needs.
- Staff felt respected and were aware of organisational vision and strategy. Managers and staff monitored the performance of the service and participated in national benchmarking projects. Senior managers engaged with staff, clients, and family members on how to improve the service.

# Summary of findings

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

### Are services safe?

We rated safe as **good** because:

- The ward environment was safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service had arrangements in place to assure safety around mixed sex accommodation. The manager had completed a thorough risk assessment of the environment and had made appropriate arrangements for each individual.
- The service had enough nursing and medical staff, who knew the clients. Managers had a rationale for the number of staff they needed to run the service and they reviewed this regularly.
- Staff completed and updated personalised risk assessments for each client and used these to understand and manage risks.
- Staff knew how to protect clients from abuse and the service worked with other agencies to do so. The manager monitored the progress of safeguarding reports and shared learning with staff.
- Staff kept detailed records of clients' care and treatment.
- The service had appropriate arrangements in place for managing medicines and controlled drugs. The pharmacy team and senior staff monitored compliance.
- Staff knew which incidents to report and how to report them. Managers shared learning from incidents and near misses with staff. Staff understood their responsibilities under duty of candour.

Good



### Are services effective?

We rated effective as **good** because:

- Staff assessed the physical and mental health of all clients on admission, created care plans and kept them updated during admission. Staff made care plans that were all holistic and recovery orientated.
- A GP with specialist expertise in substance misuse saw clients on site Monday to Thursday. They supported the assessment process and completed a medicines reconciliation for each patient. The GP provided support to clients to meet their physical health needs.  
A consultant in addiction psychiatry saw clients on Fridays.
- Staff followed National Institute for Clinical Excellence and Department of Health guidance for treating alcohol and drug dependence and participated in clinical audit and research. The service offered psychological therapy sessions.

Good



# Summary of findings

- Staff encouraged clients to live healthier lives and offered a range of supportive therapies to aid recovery.
- The service employed a range of staff disciplines. This included registered nurses, support workers and counsellors. The service used registered mental health nurses to support clients in detoxification.
- All staff received an induction, regular supervision and could access specialist training.
- Staff from different disciplines worked together as a team to benefit clients. The service had effective working relationships with outside organisations.
- Staff supported clients to make decisions on their care for themselves using assessment tools which considered all principles of the Mental Capacity Act.

## Are services caring?

We rated caring as **good** because:

- Staff treated clients with compassion and kindness. Clients had regular one to one time with their key worker.
- Family members felt involved and supported by the service.
- Clients were positive about support from the on-site GP.
- Staff involved clients in decisions about their care, treatment and changes to the service. Staff gave clients opportunities to feed back about the service.
- Staff supported clients to access services in the local community such as legal advice and housing support.

**Good**



## Are services responsive to people's needs?

We rated responsive as **good** because:

- Staff managed waiting time and admission arrangements appropriately. A member of staff managed the waiting list and potential clients could be prioritised if their risk was high.
- The doctor wrote a discharge summary for each patient when they completed detoxification and when they completed rehabilitation to ensure continuity of treatment.
- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity.
- Staff supported clients to maintain relationships with family members and to access activities in the local community.
- Staff allocated bedrooms based on a holistic assessment of the client's physical health needs, vulnerabilities and gender. The service offered a range of food choices to meet people's needs.

**Good**



# Summary of findings

- The service had received many compliments and treated concerns and complaints seriously, investigated them and learned lessons from the results.

However, we found the following areas for improvement:

- Clients and family members said that sometimes there was not enough to do at certain times of the day and at weekends.
- Clients did not feel they could always make a phone call in private.

## Are services well-led?

We rated well-led as **good** because:

- Staff felt respected and were aware of organisational vision and strategy and set local objectives for their service. Staff felt able to approach their line managers and senior managers in the organisation to suggest changes to the strategy and managers attended organisational strategy meetings.
- The service had a system in place to monitor staff's mandatory training and supervision compliance.
- Staff from the service and wider organisation participated in clinical audits to ensure compliance with the provider's policy. Managers monitored the performance of the service and participated in national benchmarking projects.
- Staff knew who senior managers were and said they visited the service. The senior leadership team supported the manager effectively.
- Senior managers engaged with staff, clients, and family members on how to improve the service.
- Managers maintained oversight of client feedback using surveys and used it to inform changes and improvement of the service.

**Good**



# Summary of findings

## Information about the service

Passmores House is a residential substance misuse service which can support up to 23 clients requiring a medical detoxification and rehabilitation programme. The provider admits both male and female clients. At the time of the inspection the service had 17 clients.

The service is registered for the following CQC regulated activities:

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

The Service has a registered manager.

We last inspected this service on 19 April 2018. Following this inspection, we found the following areas the provider needed to improve.

- The provider should ensure that they document mental capacity assessments when they feel the client lacks capacity.
- The provider should ensure that the ligature risk assessment identifies all ligature points and includes an action plan as to how they will mitigate identified risks.
- The provider should ensure that staff complete an individualised risk assessment for clients in mixed sex accommodation.

## Our inspection team

The team that inspected the service comprised three CQC inspectors and a specialist advisor with experience of working in a substance misuse service.

## Why we carried out this inspection

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

## How we carried out this inspection

We carried out an announced visit to the service to review the quality of care and treatment delivered to clients. The inspection team visited the residential treatment centre on 15th January 2019.

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

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

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

- Is it well-led?

During the inspection visit, the inspection team:

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

# Summary of findings

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

- We spoke with six clients, all said that staff treated them with kindness and respect. Clients felt supported in their recovery and were positive about the staff and managers at the service. We spoke with two family members who informed us that staff were kind and respectful and involved them in their relative's care.
- Clients said they felt that staff were skilled enough to support their recovery however, they felt that there were not always enough activities during the day, especially the weekend.
- Clients had one to one time with their key worker weekly, which helped them to assess their needs.
- Clients did not feel that they could always make a phone call in private. The client telephone was in the hallway and because of their treatment agreement, clients did not always have access to their mobile phone.
- Clients were positive about the on-site GP which they felt supported their treatment.

## Good practice

- A GP with specialist expertise in substance misuse saw clients on site Monday to Thursday. They supported the assessment process and completed a medicines reconciliation for each patient. The GP provided support to clients to meet their physical health needs.
- Staff had supported a service from overseas to set up their service, and worked to share their practice and learning through a staff exchange programme.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Staff should ensure that clients are able to make a phone call in private.

# Vale House Stabilisation Services

# Passmores House

## Detailed findings

### Locations inspected

**Name of service (e.g. ward/unit/team)**

**Name of CQC registered location**

Passmores House

### Mental Health Act responsibilities

#### **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.

### Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. All staff had received training in the Mental Capacity Act.
- Since the last inspection the registered manager had introduced a new tool to assess clients' capacity under the Mental Capacity Act. This tool considered all principals of the act, including capacity to understand and weigh up decisions and communication of a decision. Staff would assess client's capacity to consent when they were admitted ensuring that they were not intoxicated.
- Staff recognised that mental capacity fluctuated and would assess the client's capacity to decide holistically. Staff could describe a client's right to make unwise decisions and how they would ensure they understood the implications.
- Managers audited staff compliance to the Mental Capacity Act on a weekly basis and fed back actions in the team meetings.
- The service had not made any applications for Deprivation of Liberty Safeguards.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The ward environment was safe, clean well equipped, well furnished, well maintained and fit for purpose. The provider had installed closed circuit television in hallways to mitigate any risk from areas which staff could not observe clearly.
- The manager completed a thorough risk assessment highlighting any ligature anchor points (A ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation) and actions to mitigate risks to clients who might try to harm themselves. We saw that staff were completing these actions.
- Housekeeping staff completed regular cleaning of the bedrooms. Managers completed a monthly audit to check the standards of cleanliness and maintenance of the ward environment. We reviewed three months of these reports and saw staff were taking the suggested actions.
- Since the previous inspection the provider had made appropriate arrangements to meet guidelines from the Department of Health on providing safe mixed sex accommodation. Staff assessed clients on admission to determine any risk, they then allocated the patient a room according to their specific needs. Staff could make use of extra rooms to facilitate same sex sessions if required.
- The service had a fully equipped clinic room which included equipment used for monitoring physical health. The service kept a supply of medicines for use in emergencies that staff checked regularly.
- Staff did not carry personal alarms. However, the provider had installed emergency push buttons in each room which staff could use to summon help in an emergency.

### Safe staffing

- The service had appropriate nursing and medical staff, who knew the clients, these staff offered a 24-hour service. The service had an establishment of 18 staff, including registered nurses, support workers, recovery practitioners and therapists. At the time of the

inspection the service had three vacancies. The manager filled any gaps in the rota using agency staff who were familiar with the service. However, clients told us that sometimes agency workers were less able to support them in their care.

- Managers had a rationale for the number of staff they needed to run the service safely, this was based on the number and needs of the clients at the service. They reviewed this monthly at clinical team meetings. The manager had the authority to bring in additional staff if a client needed additional support.
- The service had a sickness rate of 3.5% between August 2017 and July 2018. Bank or agency staff who knew the service covered sickness. Senior staff had the skills to fill gaps in shifts if necessary. Clients had regular one to one support time with a named key worker. The manager could provide these sessions if the staff member was unavailable.
- The service had a turnover rate of 9.7% between August 2017 and July 2018. The provider was actively recruiting to fill vacancies.
- The service had adequate medical cover provided 24 hours a day seven, days a week. Staff contacted the psychiatrist during the day by phone. There was a dedicated GP with experience in substance misuse available on site all day four days a week. The GP provided support for admission, treatment and physical health.
- Staff received training in topics appropriate to their role such as safeguarding, health and safety, and the Mental Capacity Act. Eighty-nine per cent of staff had completed their mandatory training. We reviewed records held by the manager about the training that staff had completed. The manager sent monthly reports to the provider to identify any outstanding training.

### Assessing and managing risk to patients and staff

- Staff completed and updated personalised risk assessments for each client and used these to understand and manage risks. We reviewed six care records. Clients received a comprehensive risk assessment on admission. Staff updated risk assessments at least every four weeks or if there was a change in risk or following an incident. Staff used a risk

# Are services safe?

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

assessment tool which assessed risks of self-harm and suicide. Staff ensured they placed clients on appropriate observations on admission if they posed risks of self-harm or suicide.

- Staff received training in de-escalation techniques and did not use physical interventions to manage client behaviour. Physical interventions are where staff use physical restraining techniques to prevent a client harming themselves or others.
- Staff attended a weekly meeting and daily handovers where they discussed client's progress and concerns.
- Staff kept detailed records of clients' care and treatment. Staff ensured records were clear, up-to-date and easily available to all staff providing care.
- The service had appropriate arrangements in place for managing medicines. The pharmacy team and senior management audited medication and informed the team of any errors. We reviewed audit records and saw there were actions taken.
- Staff stored and managed medicines and controlled drugs according to the Nursing and Midwifery Council guidelines for medicines management. Staff kept records of administration of controlled drugs.
- Doctors reviewed client's medicines regularly and made changes when necessary.
- The GP completed a medicines reconciliation of each client on admission and ensured that they had sufficient supplies of their prescribed medicine.

## Track record on safety

- The service had reported six incidents between October 2017 and July 2018. Three of these incidents related to medicines, two were accidents clients had and one involved a small fire in the grounds.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents in line with the provider's policy. Staff were aware of what report as an incident and reported these appropriately using the provider's online reporting system. We reviewed incidents covering the year prior to the inspection. The manager could explain how the service had responded to these incidents. Staff debriefed clients involved and informed any external stakeholders with the client's permission.
- Staff discussed incidents and near misses in handovers and identified what went well, as well as any learning points identified. We saw evidence from meeting minutes that staff had highlighted lessons learned. Managers sent bulletins to staff by email and discussed learning points in supervision sessions.
- All staff we spoke with told us they would be honest with a client if something went wrong and understood their responsibilities under duty of candour.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Staff assessed the physical and mental health of all clients on admission. Staff used the information gathered during the assessment to formulate care plans. Night staff supported the assessment process when clients were admitted by completing any sections which had not been completed during the day.
- The service had access to a full range of equipment to monitor clients' physical health such as their cardiovascular health, their weight and their general health needs. All clients received an electrocardiogram on admission.
- A dedicated GP saw clients on site. The GP supported the assessment process and completed a medicines reconciliation for each patient. The GP provided support to clients to meet their physical health needs.
- Staff completed a thorough assessment of client needs when they admitted them to the service. They used recognised tools to measure people's support needs, such as Severity of Alcohol Dependence Questionnaire and Clinical Opiate withdrawal scale. We reviewed six client records, all had a care plan. All care plans were holistic and recovery orientated. Staff updated clients care plans with clients up to every four weeks or when needed.

### Best practice in treatment and care

- Staff followed National Institute of Health and Care Excellence and Department of Health guidance for treating alcohol and drug dependence. The service offered psychological therapy sessions as recommended by Department of Health guidelines on drug misuse and dependence.
- Staff monitored clients undergoing detoxification using nationally recognised rating scales. For alcohol withdrawal staff used the Clinical Institute for Withdrawal of Alcohol assessments, this is a 10-point rating scale used to monitor the symptoms of alcohol withdrawal. For opiate withdrawal, staff used Clinical Opiate Withdrawal Scale. Staff kept completed rating scales with the medication charts and completed them daily.
- Staff encouraged clients to live healthier lives. The service had a personal trainer who visited the site to support clients to exercise. Staff ran group walks around

- the local area and supported some clients to go jogging. Staff encouraged clients who were taking sleeping tablets during detoxification to exercise sleep hygiene instead when they moved to the rehabilitation process.
- Staff participated in clinical audits for client records and medication. We saw that managers identified actions and completed improvements.
- The service was participating in a piece of research with a university on staff welfare in substance misuse services. Staff had been involved in supporting a provider from overseas to design their service.
- The service provided a range of alternative therapies such as acupuncture and yoga to support clients' recovery.

### Skilled staff to deliver care

- The service employed a range of staff disciplines. This included registered nurses, support workers, recovery practitioners and counsellors. The service used registered mental health nurses to support clients in detoxification.
- Managers ensured they employed staff with the skills needed to provide high-quality care. Managers supported staff with appraisals, supervision, and opportunities to update and further develop their skills.
- All staff received an induction which included training on how to support clients through their care and a 20 weeks structured probation period.
- Managers gave staff opportunities to develop by completing new qualifications and courses.

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

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

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

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

# Are services effective?

Good 

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

## Good practice in applying the Mental Capacity Act

- Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. All staff had received training in the Mental Capacity Act.
- Since the last inspection the registered manager had introduced a new tool to assess clients' capacity under the Mental Capacity Act. This tool considered all principals of the act, including capacity to understand and weigh up decisions and communication of a decision.
- Staff recognised that mental capacity fluctuated and would assess the client's capacity to decide holistically. Staff could describe a client's right to make unwise decisions and how they would ensure they understood the implications.
- Managers audited staff compliance to the Mental Capacity Act on a weekly basis and fed back actions in the team meetings.
- The service had not made any applications for Deprivation of Liberty Safeguards.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- Staff treated clients with compassion and kindness. We spoke with six clients, all said that staff treated them with kindness and respect. Clients felt supported in their recovery and were positive about the staff and managers at the service. We spoke with two family members who informed us that staff were kind and respectful.
- Clients said they felt that staff were skilled enough to support their recovery however, they felt that there were not always enough activities during the day, especially the weekend.
- Clients had one to one time with their key worker throughout the week, which helped them to assess their needs. Key workers looked after five clients each.
- Clients were positive about the on-site GP which they felt supported their treatment.
- Staff supported clients to access services in the local community such as legal advice and housing support.

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

- Staff involved clients in decisions about their care, treatment and changes to the service.
- Staff gave clients opportunities to make requests and raise issues. Staff displayed a 'you said, we did' in the reception area which highlighted suggestions made by the clients and what action the service had taken. The manager gave examples of how they had introduced a recycling scheme and a faith room at the request of clients.
- We reviewed six care plans. There was evidence in all care plans that clients were involved in planning their care and staff had given them a copy of their care plan. Staff reviewed these care plans with the client at least four weekly.
- All clients received an induction pack on admission which covered how the service would involve them, how to complain and some basic rules.
- Clients had access to advocacy services, but would have to request this through staff.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Staff managed waiting time and admission arrangements appropriately. Staff managed the waiting list and referrals and they would pass assessments on to a doctor. Staff would request and collate any additional information requested and chase referrers for replies. Clients on the waiting list could be prioritised if the doctor considered them at risk. If the service could not admit clients requiring detoxification treatment within three weeks they would inform their referrer to ensure they admitted the client to hospital if necessary.
- Staff discussed arrangements for unplanned discharge with clients on admission. All client records reviewed showed plans for how clients should be discharged if they wished to leave before the end of their treatment. Staff told us they would ensure clients were able to obtain support from other agencies before discharging them.
- The doctor wrote a discharge summary for each patient when they completed detoxification and when they completed rehabilitation. The service sent this discharge summary to the client's referrer to ensure they received any medicines or support which they required after treatment.

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

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. The service had a variety of rooms used for group therapy and one to one therapy. There were sufficient, equipped rooms for clinical procedures. There were sufficient areas where clients could be independent of staff.
- Clients had access to an outside space with a seating area.
- Staff stored clients' valuable personal belongings in an allocated locker. The service did not allow unlimited use of mobile phones, this was to aid recovery and participation in group activities. Clients could access their mobile phones within set times of the day, however staff encouraged the use of the centre phones instead. Clients agreed to this policy as part of their treatment contract.

- Clients did not feel that they could always make a phone call in private. The client telephone was in the hallway and because of their treatment agreement, clients did not always have access to their mobile phone.
- Staff ran an activity programme which included group and individual therapies, complementary therapies, creative sessions family visits and free time. However, clients and family members said that sometimes there was not enough to at certain times of the day and at weekends.
- Clients could access snacks and drinks at any time.
- Staff supported clients to attend local meetings with support groups such as alcoholics anonymous and narcotics anonymous.
- Staff supported clients to maintain a relationship with family members where appropriate. Family could visit at set times on the weekends. Family members told us they could always speak to their relative at the service.

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

- The service had arrangements for people requiring disabled access. There were ground floor bedrooms with suitable equipment which staff could allocate to a client if they needed support.
- Staff allocated bedrooms based on a holistic assessment of the client's physical health needs, vulnerabilities and gender.
- The service had a range of information leaflets available to all clients which discussed topics such as physical health, blood borne viruses and mental health.
- The service offered a range of food choices to meet people's needs. Clients with dietary requirements or allergies could check a food board in the dining room which highlighted allergen information for each meal.
- The manager could request an interpreter to meet the needs of clients whose first language was not English.

### Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously. Staff investigated these and identified lessons learned from the results. Managers shared lessons learned with all staff through team meetings, supervision and bulletins.

# Are services responsive to people's needs?

Good 

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

- The service had received 92 compliments between August 2017 and July 2018 from clients. The service had received many thank-you cards. Staff and managers monitored client satisfaction using an interview when they left treatment.
- The provider had received eight complaints between August 2017 and July 2018, three of these the provider upheld or partially upheld. We reviewed three complaints. We saw that the provider had resolved two of the complaints fully and in all cases, had sent a response to the complainant. One record showed that managers had identified opportunities to learn from the complaint and had shared this learning with staff. One complaint was ongoing; however, staff had responded to the complainant.
- All the clients we spoke with, knew how to complain. Staff gave clients information about the complaints procedure on admission to the service. Family members told us that the service was receptive to their feedback.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff were aware of organisational vision and strategy. Staff told us they were involved in developing strategy and made a local set of visions and values for their service. The manager had displayed a copy of the local vision and values at the entrance of the building.
- Staff felt able to approach their line managers and senior managers in the organisation to suggest changes to the strategy, such as treatment plans and learning opportunities.
- The manager attended organisation strategy meetings and governance meetings.

### Good governance

- The service had a system in place to monitor staff's mandatory training compliance. The registered manager kept a computer based record which highlighted the training courses staff had completed and when they were next due. The manager could identify the staff who were overdue for training and the reason they had not completed training. The manager reported compliance with mandatory training to the central management team along with supplying an action plan to resolve noncompliance.
- The service had an appropriate system in place to monitor staff supervision compliance. The service had an appraisal rate of 100%.
- The manager kept clear records of the dates which staff had attended supervision, their appraisal date and new starter probation dates.
- Staff knew which incidents to report and how. We found evidence in meeting minutes that managers were investigating incidents, had acted and had fed learning back to staff.
- Staff participated in clinical audits to ensure compliance with the provider's policy. These audits included: medication, electrocardiogram compliance, Mental Capacity Act and client records. Senior staff from the provider attended the service to complete audits.
- Managers had completed an environmental assessment to identify and mitigate any risks, including ligature risks.

- Managers monitored the performance of the service. The registered manager sent data to the central management team about how the service was performing against its key performance indicators. The service participated in national benchmarking projects monitoring successful detoxification completions.

### Leadership, morale and staff engagement

- Staff knew who senior managers were and said they visited the service.
- The registered manager had support from regional managers and the senior leadership team. The provider had given the registered manager opportunities to develop.
- Staff felt respected and valued and were positive about the support from their team and managers. Staff felt able to raise concerns without fear of victimisation.
- Senior managers engaged with staff on how to improve the service. Staff told us managers gave them opportunities to make suggestions on how to improve the service.
- Staff could apply for funding to complete courses which could enhance their skills. One nurse had received funding to complete their nurse prescriber course.
- Managers engaged with clients to gain feedback on how they could improve the service. They asked clients to give feedback after completing treatment.

### Commitment to quality improvement and innovation

- Managers maintained oversight of client feedback using surveys and used it to inform changes and improvement of the service. The registered manager told us they had received feedback from clients that there were not enough activities to do at the weekend. They were introducing a new educational group activity to resolve this.
- Managers were supporting staff to develop their skills. Staff told us that they had attended training in ECGs and medicines management. One registered nurse had received funding to attend a prescriber training course.
- Staff had supported a service from overseas to set up their service, and worked to share their practice and learning through a staff exchange programme.