

Tower Hamlets Mission

Charis Primary Programme

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

- The service provided an effective service for people who had a history of substance misuse issues in their recovery.
- The service had a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive.
- Staff involved clients in decisions about the service, when appropriate. The registered manager included clients in evaluating service policies and made changes in accordance to client feedback.
- Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual, transsexual people (LGBTQ+); Black, Asian, minority ethnic (BAME) groups.
- Staff reported an overwhelmingly positive culture. They felt valued the open culture and felt that when concerns were raised they were taken seriously and where possible addressed.
- Governance arrangements are proactively reviewed and reflect best practice and risk were managed well.
- Clients were respected and valued as individuals and empowered as partners in their care. Consideration of people's privacy and dignity was consistently embedded in everything that staff do.
- Staff regularly reviewed and updated care plans when clients' needs changed. Care plans reviews were personalised, detailed, thoughtful and recovery orientated.
- Staff took part in clinical audits monitor its quality of service and outcomes for clients. Outcomes were discussed daily multidisciplinary team. The registered manager reported that this ensured live oversight of the service which would address concerns immediately and share outcomes and learning with staff in a continuous basis.

Summary of findings

Our judgements about each of the main services

Service

**Residential
substance
misuse
services**

Rating

Good



Summary of each main service

Charis Primary Programme is run by Tower Hamlets Mission. It is residential recovery programme for men between 21 and 65 who suffer from alcoholism or drug addiction.

Summary of findings

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Summary of this inspection

Background to Charis Primary Programme

Charis Primary Programme is run by Tower Hamlets Mission. It is residential recovery programme for men between 21 and 65 who suffer from alcoholism or drug addiction. Charis offers a primary programme that has up to seven places. The primary programme is based on abstinence and follows the 12 steps approach through attending group work, individual key work and counselling for up to 26 weeks. The service does not take people that require detoxification and clients must be abstinent on admission. The service has been registered with the Care Quality Commission since 10 January 2011.

The service is registered to provide the following regulated activity: Accommodation for persons who require treatment for substance misuse.

A registered manager was in post at the time of the inspection.

There have been four inspections carried out by the CQC at Charis Primary Programme. The most recent was carried out September 2019 and the service was rated Outstanding. At the time of the inspection the service had three clients using the service.

As the current inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to clients, staff and our inspection team. This meant that we limited the amount of time we spent in the service to prevent cross infection. We carried analysis of some evidence and documents remotely. We also carried out some interviews remotely. Our final telephone interview was completed on 13 May 2022.

What people who use the service say

We spoke with three clients at the service. Clients felt they were treated well. Their care plans were clearly outlined, and staff took time to review their care plans with them. They felt safe, and very involved in the decision-making process. They said that staff were intuitive about their needs and friendly. All felt that their lives had improved since they moved to the service and were positive about their futures.

We saw compliments in the form of letters, emails and cards written to the service dated 2022 from former clients and families. Some of these letters commented on how coping mechanisms and staff attitudes continued to positively impact their lives over 10 years after leaving the service to live independently.

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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- spoke with three clients who used the service;
- spoke with the registered manager;
- spoke with three staff members including the deputy manager
- conducted a tour of the service environment;
- reviewed three client care records;
- looked at a range of policies, procedures and documents related to the services we visited.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Residential substance misuse services

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

Are Residential substance misuse services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, visibly clean, well equipped, well furnished, well maintained and fit for purpose. Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Staff had access to personal alarms.

Staff carried out regular risk assessments of the care environment and kept records of these. Staff had completed a fire risk assessment that included monthly fire drills, emergency lighting checks and fire emergency door checks. The most recent of these was completed on 21 April 2022. The service also had weekly fire safety checks that included alarms, fire notices and fire extinguishers.

All areas were visibly clean, well maintained, well-furnished and fit for purpose. The service kept up-to-date cleaning records for most areas on the premises that were cleaned regularly. The furnishings were in good condition and equipment appeared well maintained. The service had an annual schedule of planned maintenance and renewal programme to ensure the environment, furnishings and equipment remained in good order. The annual schedule for planned maintenance and renewal showed that plans were in place for tarmac resurfacing, re-decoration of clients' rooms, replacement of a large window and other service improvements.

Staff followed safe infection control procedures including handwashing. In response to the COVID-19 pandemic, the service had introduced regular testing for staff and clients and social distancing where possible. Changes in local and national guidelines had been monitored and communicated to staff. The service used larger rooms for groups activities.

The service had appropriate emergency equipment. There was an automated external defibrillator on the premises. Staff were advised to dial 999 in the event of an emergency. The service was within close walking distance to a local accident and emergency where there was access to psychiatric liaison service if needed.

Safe staffing

The service had enough staff, who knew the clients and received appropriate training to keep them safe from avoidable harm.

Residential substance misuse services

The service's only staff vacancy had been recently filled and the prospective employee was in the process of completing pre-employment recruitment checks.

The service operated a shift pattern of 9.00am to 5.00pm and 5.00pm to 9.00pm throughout the week. At weekends the shifts were between 10.00am and 5.00pm. Each day there were three named staff identified as being on call in the event additional staff were needed. The service had a policy regarding on call duty that included lone working protocols.

The service ensured robust recruitment processes were followed. The provider had carried out the appropriate checks to ensure the fitness of staff to work with clients including interviews, and criminal records disclosure for all staff.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The compliance for mandatory and statutory training courses was 100%. The mandatory training programme was comprehensive and met the needs of clients and staff. It included subjects such as emergency first aid at work, essential food hygiene for catering, health and safety and infection control. Managers monitored mandatory training and alerted staff when they needed to update their training as needed.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of key working sessions.

Assessment of client risk

Staff completed risk assessments for each patient prior to admission and reviewed this regularly, including after any incident.

During the inspection, we reviewed three clients' risk assessments and risk management plans.

The registered manager completed risk assessments of clients prior admission to ensure that those admitted were low risk of harm to others and themselves. There had been no incidents of violence reported at the service in the last 12 months.

Staff regularly reviewed the risk assessment for each client including after any risk event. All risk incidents were discussed in daily multidisciplinary meetings and risk management plans updated in those meetings as appropriate.

All clients were registered to a local GP on admission. Staff supported clients to have regular physical health reviews and assessments completed at the GP surgery.

Clients were made aware of the risks of continued substance misuse and harm minimisation safety planning was an integral part of care plans. There was evidence in client records of staff having regular conversations about the impact of alcohol use when risk assessments were reviewed.

Client records showed that risk incidents were linked to a care plan that addressed that specific risk. Records showed that staff had reviewed risk plans with clients and included the client's view.

Residential substance misuse services

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health and reviewed the care given and tailored it to the client's needs.

The service did not have a waiting lists at the time of the inspection. However, the registered manager was able to explain how the service would manage waiting list in the event of that happening. This included responding to changes in clients their level of risk.

Staff followed clear personal safety protocols, including for lone working. The service had a policy for lone working for staff who worked on nights shifts.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff we spoke to were aware of how to identify adults and children at risk of suffering harm and how to refer on as necessary to the local authority safeguarding team. Any safeguarding referrals were discussed in the daily staff meeting to ensure outcomes were shared with staff. The service had a safeguarding lead, who was the registered manager, this meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Client notes were comprehensive, stored securely and all staff could access them easily. Staff used a paper records system and the records reflected that entries were made in timely fashion.

Clients were able to transition seamlessly between services because there was advance planning and information sharing between teams. For example, transfer of care to a community mental health team for clients that been identified as needing such input.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each client's mental and physical health.

We reviewed three medicine administration records for completeness, legibility and inclusion of relevant client details, including allergies. All records reviewed were completed in full. Night staff completed daily audits that included storage, dispensing, administration, medicines reconciliation and recording. Outcomes of these audits were shared in the morning multidisciplinary meeting with oversight from the registered manager.

All clients' medicines were stored in individual boxes in a secure medicine cabinet. Staff supervised clients' self-administration of medication.

Residential substance misuse services

Track record on safety

The service had a good track record on safety. Between 1 January 2021 and 10 May 2022, the service had reported no serious incidents.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. Duty of candour was part of the daily multidisciplinary team meeting discussions where appropriate.

Staff we spoke to provided examples of incidents and how learning was shared in daily multidisciplinary meetings and handover meetings. Action plan outcomes from incidents were discussed in daily multidisciplinary meetings. Clients stated that staff were prompt in responding to incidents and feeding back on outcomes.

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the service's policy. Staff we spoke with demonstrated a good knowledge of what incidents required reporting and how to do this.

Are Residential substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

We reviewed care records for three clients and found their physical and mental health and been fully assessed and recorded on the first day of their admission. Staff raised any concerns about client suitability with the multidisciplinary team where appropriate. All clients admitted had a two week induction and assessment period that included assessment of mental, psychological, and social needs followed by a discussion about how the service could meet their needs.

Staff developed a care plan for each client that met their identified mental and physical health needs. Staff completed an individualised plan after the induction and assessment period.

Clients we spoke with knew who their allocated keyworker was. Keyworkers met with their assigned clients on a weekly basis and this was recorded.

Residential substance misuse services

Staff made sure that clients had a full physical health assessment and knew about any potential physical health problems. Client physical health appointment outcomes and follow up appointments were discussed in the daily multidisciplinary meetings. Staff gave us examples of where they made adjustments for those with physical health concerns. For example, a client who had been diagnosed with cancer had their daily programme adjusted according to their needs.

Staff regularly reviewed and updated care plans when clients' needs changed. Care plans reviews were personalised, detailed, thoughtful and recovery orientated.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

The primary model of treatment offered at the service was the 12-step programme. This programme was supplemented by structured daily therapy groups, peer support and individual counselling and key working sessions.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as The National Institute for Health and Care Excellence (NICE). For example, principles of building a trusting relationship and work in a supportive, empathic and non-judgmental manner with clients. Drug misuse prevention: targeted interventions NICE guideline [NG64] NICE guideline 2017.

Staff made sure clients had support for their physical health needs, either from their GP or other health services.

Staff took part in clinical audits to monitor service quality and outcomes for clients. These included audits of medicine administration records and general client records. Outcomes were discussed at daily multidisciplinary team meetings. The registered manager reported that this ensured 'live' oversight of the service and allowed the team to address any concerns immediately and share outcomes and learning with staff on a continuous basis.

Staff supported clients to live healthier lives by supporting them to take part in abstinence programmes or giving health advice.

Staff used recognised rating scales to assess and record severity and outcomes. Staff used treatment outcomes profiles (TOPs) where appropriate. TOPs is a treatment outcome monitoring tool used to measure the effectiveness of drug treatment with questions for clients at various stages in their treatment journey. Staff reviewed clients' objectives outlined in their care plan to measure progress. Copies of these reviews were given to clients.

Clients were offered blood borne virus (BBV) testing at admission. Staff documented a client's BBV testing history in their records.

Skilled staff to deliver care

Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills.

Managers provided an induction programme for new staff. New staff completed the Care Certificate as part of their induction process.

Residential substance misuse services

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the client group. The service ensured staff were competent to carry out their role supporting clients with substance misuse. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Managers provided all staff with regular supervision and an annual appraisal of their work performance. Records showed that staff had discussions and plans for continuing professional development. For example, some staff had identified obtaining a counselling diploma as part of their development plan.

Multidisciplinary and interagency team work

Staff supported each other to make sure clients had no gaps in their care. The service had effective working with relevant services outside the organisation.

Staff held daily multidisciplinary meetings to discuss clients and improve their care. Staff shared information about clients at every shift. These meetings had a standardised format and included discussions about night duty handover, need for a client risk assessment update and appointments clients may have for the day. Meetings discussions sheets could be accessed by all staff for reference as needed.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. For example, discharge was discussed throughout a client's stay at key working meetings. The client's induction pack explained the discharge process.

Staff had effective working relationships with other teams. For example, GPs and dental surgeries.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff in this service had completed training in the Mental Capacity Act. Staff we spoke to had a good understanding of the Mental Capacity Act and had an awareness of the service policies.

Staff understood mental capacity and worked on the principle that clients had capacity, unless an assessment confirmed they did not. Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Are Residential substance misuse services caring?

Our rating of caring went down. We rated it as good.

Residential substance misuse services

Kindness, privacy, dignity, respect, compassion and support

Staff truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional service.

The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted clients' dignity. Relationships between clients, those close to them and staff were strong, caring, respectful and supportive.

Staff had a clear and very detailed understanding of the individual needs of clients.

Clients said staff treated them well and behaved kindly. Relationships between clients, those close to them and staff were caring, respectful and supportive.

Clients were respected and valued as individuals and empowered as partners in their care. Consideration of clients' privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs they had. These were recorded and communicated in daily multidisciplinary team meetings.

Staff consulted clients in house meetings about new staff who were in their probation period and new clients that had been admitted to the service. Clients would feedback if they agreed that staff should stay on as a permanent member of the team. Clients felt that they were an active part of the running of the service and involved in decisions about any changes.

Clients said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of consequences. Clients felt that staff were fair and transparent.

Clients told us that staff responded positively to both compliments and complaints. If any changes were needed to improve or do things differently these were acted on promptly and care improved.

Staff we spoke with were able to give examples of how the service would cater for clients with protected characteristics. Faith and cultural needs were explored at the assessment stage and clients were encouraged to pursue the faith of their choice. The service offered to source specialist ethnic counselling if a client wanted it.

Staff gave clients help, emotional support and advice when they needed it, and this was not restricted to key working sessions. Clients felt that staff made them feel their lives mattered and they felt cared for. Staff ensured that clients' birthdays were identified in morning meetings and responsible staff allocated to ensure a birthday cake was provided for everyone to share.

Staff encouraged and saw an increase in clients registering for the local gym and increased use of bicycles. The service was willing to budget to buy bicycles for clients who could not afford them. The service had recently renovated the bike shed to make additional bike storage.

Staff followed policies to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Residential substance misuse services

Involvement of clients

Staff were fully committed to working in partnership with clients and families. All clients we spoke to stated that they felt their care plan discussions with staff were detailed and took on their opinions in planning their care.

Staff recognised that clients needed to have access to, and links with the advocacy and support networks in the community and they supported clients to do this.

Staff involved clients in decisions about the service, when appropriate. The registered manager included clients in evaluating service policies and made changes in accordance with client feedback. For example, the service reviewed some policies with clients. Staff involved clients in decisions about the service, when appropriate. For example, the service reviewed some policies with clients. The service allowed more flexibility for clients to use their mobile phones when contacting their children.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients could feedback at weekly house meetings, through an annual satisfaction survey, within key working sessions and informally. Results of service satisfaction survey in February 2022 showed that clients were satisfied with therapy programme and found it effective in delivering the aims and objectives of the service. They were satisfied with their stay at the service and felt that the service was helping them change for the better. All responses to the survey we reviewed had been between 90% to 100% satisfaction with the service received.

Staff informed and involved families and carers appropriately. Staff sought consent from clients to do so.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff explored family relationships in their individual sessions with clients and documented these in detail in client records.

Staff helped families to give feedback on the service. Families gave feedback through channels that included letters and cards. We saw recent feedback from families of clients that had used the service. Feedback included how the service support had made lasting transformative changes.

Are Residential substance misuse services responsive?

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well.

The service had clear admission criteria and a comprehensive up to date overview of the service on the provider's website. The admission criteria to the primary care programme included men who suffered with drug addiction or alcoholism, were homeless and eligible for housing benefits. The exclusion criteria included client with eating disorders, recent criminal activity and potential clients prescribed tranquilisers.

Residential substance misuse services

The service received self-referrals from all parts of the United Kingdom. At time of the inspection the service did not have a waiting list. The service offered up to seven places in the primary care programme. At the time of the inspection the service had three clients in primary care programme. The average stay was up to six months. However, some clients moved on to the next stage when the ready. Clients in the primary care programme had a choice to access to the secondary stage enter voluntary work or education and establish their own networks by living independently.

The service met the needs of clients and was delivered in a way to ensure flexibility, choice and continuity of care. Staff had ongoing discussions with clients in weekly key worker sessions about their needs.

The service had clear criteria to describe which clients they would offer services to.

The service facilities and premises were appropriate for the services being delivered.

The service had a comprehensive booklet describing the service that people who wanted to use the service could use and clients could refer to. The booklet included details such as what the service offered, a weekly timetable, feedback from previous clients, rules and responsibilities and overview of the process at the service and staff qualifications. The registered manager routinely checked that the website and booklet was up to date as part of the annual review.

Staff felt that the current clients were all appropriately placed.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

Each client had a bedroom with desk and sink and access to shared bathrooms. An en-suite bedroom was available for clients that had mobility issues. All rooms overlooked an indoor courtyard with plants and a water feature that could be heard from all the rooms. Each room had ample storage facilities.

Clients had access to outside space. The service had a garden with a variety of plants, which could be accessed at any time.

Clients had access to the chapel, which was used for therapeutic activities or as a reflective space by clients.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic.

Clients were able to give feedback about the service at house meetings. For example, clients discussed issues such as changing toilet tissue brands, preference on how eggs were cooked for breakfast, weekly activities that they wanted to participate in and activities to promote healthy living such as cycling. Staff were proactive in providing possible solutions such as purchasing spare parts for clients that had opted to use a scooter instead of a bicycle.

Clients completed journals each evening and submitted their journals. Comments, feedback and concerns were discussed in the morning multidisciplinary team meeting by staff and action plans amended as needed.

The service had information in easy-read form to print if needed by a client.

Residential substance misuse services

Clients had a choice of food to meet the dietary requirements of religious and ethnic groups that reflected their own cultural and ethnic backgrounds. Staff also discussed a balanced diet with clients. The menu was reviewed every 12 weeks or when a change was needed. Clients we spoke to gave examples of how staff were willing to make meals to their specification and preferences. Clients fed back on the quality of their meals at house meetings.

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual, transsexual people (LGBTQ+); and Black, Asian, minority ethnic (BAME) groups. Staff completed LGBTQ awareness training and unconscious bias training.

The service made adjustments for disabled clients or visitors. A new stairlift had been recently replaced to allow access to the first floor as part of the service renewal programme. The environment within the service was suitable for people with restricted mobility.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

The service had received no formal complaints in the past 12 months.

The service had one near miss incident where glass was found in food. Staff located the source which was two glass bowls that had been stored on top of each other and caused a chip. Staff replaced all glass bowls with non-glass bowls and apologised to the client. Managers shared feedback from complaints with staff and learning was used to improve the service.

Clients knew how to complain or raise concerns. Clients we spoke with felt confident in making a complaint if they wished to. The service had a complaint book to record formal complaints, with procedures in place and time frames to resolve the complaints.

Staff understood the policy on complaints and knew how to handle them. Staff dealt with informal complaints immediately if a client or their representative approached them. Clients raised informal complaints and staff responded to them. Informal complaints were discussed in the house meetings and outcomes of these complaints, the staff responsible for acting on them and outcome date was recorded in house meeting minutes. The house meeting minutes were accessible to staff and clients to refer to when needed.

Clients felt that staff responded swiftly to their informal complaints and would always feedback in a timely manner of outcomes. Staff shared informal complaints and their outcomes in their daily multidisciplinary meeting.

Staff acknowledged complaints and clients received feedback from managers after the investigation into their complaint.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

The service received a range of compliments in cards, letters and emails. Compliments came from former clients and their families.

Residential substance misuse services

Are Residential substance misuse services well-led?

Good 

Our rating of well-led went down. We rated it as good.

Leadership

Leaders had a good understanding of the service they managed. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture and vision of the service. Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had a deep understanding of priorities in their service and possible challenges they could face.

Leaders were visible in the service and approachable for clients and staff. Staff felt included in changes within the service.

Leaders could explain clearly how the team was working to provide high quality care.

Vision and strategy

The vision of the service was to provide a high-quality service that supported clients to maintain abstinence and rebuild purposeful and stable lives. The service vision was outlined in detail in the service booklet.

All staff knew and understood the provider's vision and values and how they were applied in the work of their team. The senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.

Staff and clients had the opportunity to contribute to discussions about the strategy for their service.

Culture

Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring that staff could feedback on the service. The service had a six-monthly staff survey.

Staff we spoke to felt proud and positive of the service as a place to work and spoke highly of the culture and leadership team. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

Staff felt able to raise concerns without fear of retribution. Staff could speak openly to the senior leadership team.

Staff appraisals included conversations about career development and how it could be supported.

The service had planned an annual bonus for all staff and a long service bonus for staff that had worked for the service for decades. Some staff had worked in the service over two decades.

Governance

Residential substance misuse services

Governance arrangements were proactively reviewed to reflect best practice and risks were managed well.

There was a clear framework of discussions at the daily multidisciplinary team meetings to ensure that essential information, such as learning from incidents, duty of candour, medicines management, and complaints, was shared and discussed. These records were easily accessible to all staff that needed to refer to them.

Incidents were reported appropriately, and we saw evidence that incidents were discussed at regular staff meetings.

The service held regular finance group meetings attended by the treasurer, trustees, administrator, fundraiser and auditor. These meetings included discussions of pensions, risk management, maintenance costs, reviewed finances related policies, budgets and staff bonuses. Concerns were identified, discussed and addressed quickly and openly, for example staff queries about pensions.

The service held regular committee meetings attended by the service director, chairman, treasurer, trustees, deputy administrator, fundraiser and auditor. These meetings included discussion of the treasurer's report, fundraising report, referrals, courses residents were undertaking, staffing, the health of residents, deaths, safeguarding, and results of client and staff surveys.

The service used the committee meetings to update the service approach based on established guidelines to improve the service provided (e.g. those of the National Institute for Health and Care Excellence (NICE)). For example, in March 2022 the committee discussed the Integrated health and social care for people experiencing homelessness guideline published by NICE in March 2022.

The service published a detailed annual report for staff, clients and families to access. The report included an update from the director about the service including information on vaccinations and the impact of the COVID pandemic, the secretary's report, financial report, donors updates, managing committee meetings updates and clients' stories of recovery.

The service kept an annual schedule of planned maintenance and the progress was reviewed by the service committee.

The director of the service had an annual schedule of tasks to ensure oversight of the service. The schedule included reviews such as a scheduled of health and service review in July 2020, review of maintenance and renewal programme, updating the service website and completing staff appraisals. The results of the reviews were fed back in the management committee meetings.

Staff undertook clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Staff fed back what they thought about the service through a six monthly policy and review process. We saw that that the managers responded to all concerns and suggestions made by staff.

The service had an annual development plan. The plan had clear aims, objectives and action plans for quality assurance, finance, human resources, and marketing, with dates where action plans had to be completed. For example, the performance and monitoring review aims included using performance monitoring results to inform developments in the service with 10 action plans due to be completed in March 2023. Action plans included continuing to provide performance indicator data to Public Health England, such as TOPS.

Residential substance misuse services

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff maintained and had access to the risk register. Staff could escalate concerns when required. The registered manager knew what was on the risk register. The registered manager also discussed items on the risk register with staff in multi-disciplinary team meetings as appropriate. The risk register was reviewed in both the finance and management committees. The registered manager reviewed the risk register on a quarterly basis. Staff concerns matched those on the risk register.

Staff demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well.

Problems were identified and addressed quickly and openly. For example, concerns about safety were discussed in the daily multidisciplinary meetings. These were documented and shared with clients where appropriate.

Information management

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.

Staff had access to the equipment and information technology needed to do their work.

The registered manager had access to information to support them in their management role. For example, human resource records, supervision records, appraisals and training data.

Engagement

There were consistently high levels of constructive engagement with staff and people who use services. Clients could give feedback on the service via client surveys as well as community meetings, key working sessions, journals and house meetings and policy review meetings. Clients we spoke to felt that they could approach the leadership team at any time.

The services were developed with the full participation of those who use them, staff and external partners as equal partners. Clients regularly gave feedback on policy reviews and updates. For example, a six-monthly review of the health and safety policy with the registered manager led to greater flexibility of for clients to have contact with children and their families.

Learning, continuous improvement and innovation

The registered manager gave examples of learning. For example, to ensure staff maintained contemporaneous notes and updated risk assessments as needed, staff introduced a standardised daily meeting agenda to ensure that these were completed.