Kairos Community Trust

Quality Report

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

Ratings

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

Overall summary

This is the first time we have rated this substance misuse service.

We rated Kairos Community Trust as good because:

The provider had made significant improvements to the service since our last inspection in January 2017. The service had addressed concerns about medicines management raised in our last report.

Clients were truly respected and valued as individuals. Staff were exceptionally skilled and experienced. They empowered clients as partners in their care and supported them to take ownership of their own recovery journey.

The service had a strong, distinctive ethos of creating a community environment that nurtured trust, responsibility and respect. Feedback from people who use the service, and their care managers who funded the

Summary of findings

placements, was overwhelmingly positive about the way staff treat clients. Clients valued the support they received and the understanding that staff had of their experiences. They said it felt like being part of family.

The service provided a 12-step abstinence-based rehabilitation programme for people recovering from drug and alcohol addiction that national guidance recommends as being highly effective for people in supporting recovery. The programme involved daily therapy groups and workshops, life story work, one-to-one counselling, ongoing medical assessments and relapse prevention groups.

Most staff had worked at the service for many years and were very experienced. Counsellors had completed extensive training and were well qualified. Three members of staff had been through the recovery programme themselves. All staff were very positive about their experience of working at the service. Staff felt respected, supported and valued. Managers provide one-to-one supervision every two months. Counsellors met each week for clinical supervision, where they discussed the progress of each client and provided support to each other when necessary.

The service completed comprehensive assessments of each client prior to their admission. Assessments were based on discussions with the client and information from the care manager. Staff treated clients as equal partners and ensured that clients were fully involved in care planning and risk assessments.

The organisation had clear, well-established systems for governance and decision making. There were regular meetings of managers across the wider organisation. Staff held weekly team meetings. The service had a comprehensive range of policies and systems for checking that staff were complying with these.

The premises were clean, safe and well-maintained. Clients took responsibility for cleaning and cooking as part of the therapeutic programme.

The organisation provided independent accommodation to clients in properties owned and managed by Kairos Community Trust once the clients had completed the recovery programme. This ensured that clients discharge from the service after 12 weeks was not delayed. Clients also found it reassuring to know they would have a safe place to live when they completed the programme.

The service supported clients with their physical health needs. The service had a good, long-standing relationship with the local GP practice. All clients were registered with this GP. The GP completed assessments of clients' physical health and referred clients to specialist health services when necessary.

The service communicated well with clients' care managers. Care managers gave very positive feedback about the service. They said the service always contacted them if there were any concerns about their client. Care managers gave examples of how the service had supported challenging clients to achieve stability and recovery.

Summary of findings

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Good

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Residential substance misuse services

Summary of this inspection

Background to Kairos Community Trust

Kairos Community Trust is a mixed-gender residential rehabilitation service for up to 15 adults with substance misuse problems. The provider is Kairos Community Trust, which is a charitable organisation. Clients could access the service either through self-funding, the local authority or were offered free treatment by Kairos. The programme is based on the 12-step recovery model of addiction. This model provides both group therapy and individual support. The service admits clients who have completed opioid or alcohol detoxification and are abstinent.

The service is registered to provide accommodation for persons who require treatment for substance misuse. The service registered with the CQC in 2011. There was a registered manager in place at the time of the inspection.

We last inspected this service in January 2017. In the report of this inspection, we said the service must improve the way it administered medicines to ensure compliance with regulation 12 of the Health and Social Care Act Regulations 2014 (Safe care and treatment).

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor with a background in nursing in substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the premises, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;
- spoke with the registered manager, the deputy manager and the director;
- spoke with four other staff members; including counsellors and a support worker;
- received feedback about the service from five care co-ordinators or commissioners;
- attended and observed a daily 'catch-up' meeting with staff and clients;
- looked at four care and treatment records of clients;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients were overwhelmingly positive about the service, the support they received from staff and the treatment programme. Clients said that staff created a strong sense of community among the client group that was like being part of a family.

Clients valued some staff having been through the programme themselves and said that this gave staff a very good understanding of what they were going through. Clients said they felt empowered and that the service had supported them to take ownership of their own recovery journey.

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:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff screened clients before admission and only offered admission if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.
- 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 had easy access to client records and it was easy for them to maintain high quality records.
- The service used systems and processes to safely administer, record and store medicines.
- The service had a good track record on safety. 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.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- 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.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to

Summary of this inspection

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.

- 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. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

However,

- The volunteer support worker did not receive one to one supervision or any supervision of their practice as they were left on their own at night.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Feedback from people who use the service, and their care managers, was overwhelmingly positive about the way staff treat patients. Over 96% of feedback in satisfaction surveys was positive or very positive about the service. People valued their relationships with the staff team and felt that staff went 'the extra mile' for them when providing care and support. For example, if a client's discharge to other accommodation was delayed, the service allowed the client to stay free of charge to avoid any disruption to their recovery. Clients described staff as 'brilliant' and amazing'
- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. The service had a strong ethos of creating a community environment that nurtured trust, responsibility and respect. Staff had an excellent understanding of the individual needs of clients. They supported clients to develop insight and manage their care and treatment. Clients felt empowered and that the service had supported them to take ownership of their own recovery journey.
- There was a strong, person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service and staff were strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders. Staff saw it as part of their role to create an environment of trust, honesty, support and generosity to help clients rebuild their lives.

Summary of this inspection

- People who use services were active partners in their 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.
- Staff assisted clients with practical matters such as claiming benefits and managing debt repayments. When necessary, staff provided sensitive support and encouragement to clients at risk of self-neglect and poor personal care.
- The service recognised the importance of clients sustaining positive relationships with their families as part of their recovery and encouraged them to do so. The service welcomed visits by family members and offered family therapy.

Are services responsive?

Good

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings supported clients' treatment, privacy and dignity. Each client could keep their personal belongings safe. There were quiet areas for privacy.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.

Summary of this inspection

- The team had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not accept clients who lacked capacity to consent to their admission to the service or to engage in the therapeutic programme. Nevertheless, some staff had a good awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Three of the four staff records we reviewed showed that the member of staff had completed introductory training in this area of law.

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Good

Safe and clean environment

Safety of the layout

Staff completed regular risk assessments of the care environment. The service carried out a health and safety audit every three months. The last audit was June 2019. This covered safety awareness, risk assessments, accident reporting, first aid and control of infectious diseases. The service had completed a fire risk assessment in May 2019. The service carried out a weekly fire alarm test and had conducted fire evacuation drill in August 2019. External contractors regularly completed maintenance checks of fire safety, gas and portable appliances. Staff carried out random checks of clients' bedrooms to ensure a reasonable standard of tidiness and to ensure that clients were keeping medicines safely. The last random check was carried out in August 2019.

The service complied with guidance on eliminating mixed-sex accommodation. Of the 13 clients at the service at the time of the inspection there was one woman and 12 men. The service allocated bedrooms to women in a specific area of the building. A toilet and bathroom were designated for the use of female clients only. The female client said they had no concerns about the arrangements for accommodating men and women at the service.

The service had not fitted panic alarms in the building. Staff did not carry personal alarms. In the event of an emergency, staff would call for assistance.

Maintenance, cleanliness and infection control

The premises were clean and well-maintained. Although some furniture showed signs of wear, the overall standard of fixtures and fittings was good. Clients were responsible for cleaning bedrooms. Clients were allocated to cleaning the kitchen and communal areas in accordance with a rota. Cleaning activities were part of the therapeutic programme. The service displayed a cleaning checklist in toilets and the kitchen. The service recorded the temperature of the kitchen refrigerator each day. The local authority had awarded the service a food hygiene rating of five out of five.

Staff adhered to infection control principles, including handwashing. Disposable gloves were available. Staff disposed of sharp objects in a sharps bin.

Safe staffing

Managers had calculated the number of staff required. The service employed seven members of staff. This included a manager, deputy manager, three counsellors, a support worker and a housekeeper. The manager, counsellors and housekeeper worked during the day from Monday to Friday. The support worker worked from 5pm to 8am, sleeping on the premises. A volunteer support worker provided night time cover at the premises during weekends. There were no staff or volunteers at the premises during the day at the weekends. Clients and support workers could contact the manager or deputy manager outside office hours, in accordance with an on-call rota. The on-call telephone number was displayed by the house telephone and at the entrance to the premises.

There were no staff vacancies. Between May 2018 and April 2019, no staff had left the service or been recruited. The service did not use bank or agency staff. Annual leave was

booked in advance to ensure staff cover was sufficient. For example, leave was planned to ensure that the manager and deputy manager were not on leave at the same time. If there was a high number of unexpected absences, the organisation could temporarily move staff from other services run by the Kairos Community Trust.

Staffing levels allowed clients to have one-to-one time with their counsellor at least once a week.

Mandatory training

Staff had received and were up to date with appropriate mandatory training. The service designated training on health and safety, safeguarding, first aid, fire safety, food hygiene, medicines management, equality and diversity and dealing with violence and aggression as mandatory for some, or all, of the staff. In April 2019, staff had completed all their mandatory training.

Assessing and managing risk to clients and staff

Assessment of client risk

During the inspection we reviewed four clients records in detail. All these records demonstrated good practice in the assessment and management of risk.

Staff completed a risk assessment of every client when they were referred to the service and when they arrived. Care managers completed a Care Act assessment for each client. This included details of any potential risks. A report of this assessment was sent to the service as part of the referral information. After receiving the referral information, the service met with the applicant to complete an assessment for admission to the service. This assessment included a further assessment of risks. This covered the history of drug and alcohol use, criminal record and mental illness. All assessments were reviewed by the staff team. The service requested further information, such as a psychiatric assessment, if necessary.

Management of client risk

Staff identified and responded to changing risks to, or posed by, clients. Staff worked closely with clients when they facilitated groups and had weekly individual counselling sessions. This meant staff were aware of any difficulties clients were having and any risks they presented. Specific risks or incidents were recorded in the handover book. Staff discussed clients at weekly clinical supervision sessions and agreed action to help clients address any problems. For example, staff provided extra support for clients they identified as being particularly low in mood or presenting a heightened risk of relapse.

Staff followed good policies and procedures for use of observation and for searching clients or their bedrooms. The service carried out drug and alcohol tests on all clients twice a month. Staff carried additional tests if they suspected someone of using drugs or alcohol. Staff carried out random checks of clients' bedrooms. Additional checks of bedrooms could be carried out if staff suspected clients had prohibited items. Clients signed to confirmed they accepted these checks as part of the conditions of staying at the service.

Staff applied blanket restrictions on clients' freedom only when justified. The service worked within the ethos that it would be difficult for clients to adjust to living independently if they were subject to restrictions during their recovery treatment. When clients arrived at the service they signed a contract that incorporated their agreement to the rules of the premises. Primarily, the service required clients to abstain from drugs and alcohol and to participate in the recovery programme. The service also required clients to participate in therapeutic activities. This included being responsible for keeping their room clean and participating in other household tasks in accordance with the rota. If a client did not adhere to the house rules, the service issued them with a warning notice. The service did not restrict clients' access to mobile phones unless the client's phone use was distracting them from their recovery work. All clients had a key to the premises.

The service discharged clients it they had taken drugs or alcohol during their treatment. When this situation occurred, staff and care co-ordinator supported the client to move to alternative accommodation.

When clients arrived at the service they received a 'discharge pack' containing information for clients to use in the event of them leaving before completing the therapeutic programme. This included information about the dangers of drinking alcohol or taking drugs after a period of abstinence. The pack also included information about relapse prevention, coping behaviour and details of meetings of alcoholics anonymous and narcotics anonymous.

Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. All staff had completed mandatory training on safeguarding adults.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, during a clinical supervision session staff discussed the dynamics within the client group and were concerned that some participants may be blaming a vulnerable client for any problems within the group. Staff agreed to discuss this within the group and provide more support to the client concerned.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. The service reported safeguarding concerns to the local authority. When appropriate, the service met with the local authority to discuss how to ensure the clients safety. The findings of these meetings were discussed in team meetings.

Staff followed safe procedures for children visiting the service. Clients completed a form to ensure that staff were aware of visits from children.

Staff access to essential information

All information needed to deliver client care was available to all relevant staff when they needed it and was in an accessible form. All records were up to date. Staff stored records securely in the staff office.

Medicines management

Staff followed good practice in medicines management in relation to the storage, dispensing, administration, recording and disposal in line with national guidance. At the last inspection in January 2017, we said the service must improve the arrangements for administering medicines. At this inspection, we found the service had addressed these concerns. Staff followed the organisation's policy on the safe handling of medication. This policy had been reviewed and updated in June 2019. Staff dispensed prescribed medication to clients in blister packs prepared by the pharmacist once a week. Staff recorded all medication they dispensed on medicine administration records. These records were signed by the dispensing member of staff and by the client. Each client had a small safe in their room where they could store their medicines. When the pharmacist had dispensed medicines to clients for more than one week, these were held in secure lockers in the manager's office. The temperature of the manager's office was recorded each day and the service took action if the temperature rose above the recommended temperature for storing medicine. For example, when the temperature rose slightly above the recommended maximum, staff opened the window and cooled the room using an electric fan. Medicines that did not require a prescription, such as paracetamol and soluble remedies for colds, were stored in a safe in the main staff office. The manager and deputy manager completed an audit of the management of medicines every three months. These audits involved checking whether the policy was available to all staff, checks of the storage of medicines, checking that records had been completed correctly and checking records of the disposal of medicines. The service had a safe attached the wall of the manager's office for the storage of controlled drugs, although none of the residents required this facility.

Track record on safety

There had been no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff recorded minor incidents in the handover book. Accidents were recorded in the accident book. When more serious incidents occurred, staff completed a critical incident form. All staff were familiar with these reporting arrangements.

Staff reported all incidents that they should report. Between September 2018 and August 2019, the service had recorded eight incidents. Records included incidents of self-harm, refusal to attend groups, aggressive behaviour, withdrawal symptoms and physical illness.

Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. There had been no incidents in the last 12 months that had led to the service exercising its duty of candour. However, staff were open and transparent in their discussions with clients. For example, in the daily 'catch-up' meeting, staff apologised to clients about delays in maintenance work and gave a full explanation of why there had been delays.

Good

Residential substance misuse services

Staff received feedback from investigations of incidents, both internal and external to the service. Incidents across all Kairos Community Trust services were discussed at managers' meetings held every six to eight weeks. Staff discussed incidents in team meetings. For example, in the team meeting on 4 July 2019, staff discussed an incident of self-harm that had occurred on 1 July.

There was evidence that changes had been made as a result of feedback. For example, in February 2019 staff had called the police after a client had become threatening and aggressive. Staff discussed this incident at the following team meeting. Staff discussed and clarified the policies and procedures relating to the incident. Managers also agreed to arrange further safeguarding training.

Staff were debriefed and received support after an incident. The service also held reflective sessions for all staff to share learning from incidents. Staff met with managers and colleagues after specific incidents. Counsellors held group supervision sessions each week. During the meetings, the counsellors discussed how best to work with clients and provided support to each other.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We reviewed four care records during the inspection. All these records demonstrated good practice in terms of assessment, treatment and risk management.

Staff completed a comprehensive assessment of the client before their admission to the service. The assessment was completed by a counsellor based on information in the Care Act assessment, risk assessment and application form. The Care Act assessment included the reasons for the referral and information about the client's motivation for recovery. The application form included details of the client's social circumstances, such as housing, income, family background and previous treatment. The counsellor's assessment was discussed with the client and signed by both the counsellor and client to confirm their agreement.

Staff assessed clients' physical health needs in a timely manner after admission. This was recorded in the risk assessment. It covered details of medication the client was taking, any physical health conditions, allergies, side-effects to medication and any concerns about the client's self-care. When clients arrived at the service, they registered with a general practitioner (GP) that the service had had a long-standing working relationship with. The GP completed a medical assessment.

Staff developed care plans that met the needs identified during assessment. Clients completed the care plan with support from their key worker. They wrote out their long-term and short-term goals and details of how they would achieve these goals. Clients' progress towards achieving the goals of the care plan was monitored at weekly objective setting groups, counselling sessions, assessments of daily progress and, more formally, at reviews every six weeks.

Care plans were personalised, holistic and recovery-orientated. Care-plans were all specific to the objectives for each client. Plans were holistic. They included plans for improving the client's physical health, assisting clients with debts and financial worries and supporting clients to progress their education.

Staff updated care plans when necessary. Care plans were formally updated at the six-week review. The client, the client's counsellor and the client's care manager all attended this meeting to monitor the client's progress. Notes of reviews were detailed and well-written. Reviews included discussions about physical health, integration into the community and participation in the treatment programme.

Best practice in treatment and care

We reviewed four care records during the inspection. All these records demonstrated good practice in terms of national guidance and rating scales.

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, national guidance. The service provided a 12-step abstinence-based rehabilitation programme for people recovering from drug and alcohol addiction. National guidance states that self-help and mutual aid approaches have been found to be highly effective for some people in supporting recovery. The programme involved daily therapy groups and

workshops, life story work, one-to-one counselling, ongoing medical assessments and relapse prevention groups. Clients could also access meditation, massage, acupuncture and family therapy. Clients were required to abide by the ethos and ethics of the service as part of the therapeutic programme. This involved showing mutual support and respect for everyone at the service and engaging in activities of communal living such as cooking meals for all the clients and sharing the cleaning tasks. When needed, staff provided support to clients with financial concerns, such as managing debts and claiming benefits, accommodation and the development of positive friendships, community relationships and networks.

Staff ensured clients had good access to physical health care. Staff ensured that clients were registered with a local GP who was well-known to the service. The GP carried out diagnostic checks, such as screening for blood-borne viruses. The GP made referrals for further tests and treatment at the local hospital when appropriate.

Staff assessed and met clients' needs for food and drink and for specialist nutrition and hydration if necessary. For example, staff created a food diary to monitor the food intake for a client who was not eating.

Staff supported clients to live healthier lives. Health education was offered to clients as part of the service. Promoting healthy lifestyles formed part of the care plan. Clients could attend a local gym.

Staff used recognised rating scales to assess and record severity and outcomes. The service completed the National Drug Treatment Monitoring System forms and the Public Health England Treatment Outcomes Profile for every client admitted to the service. This system enabled the service to rate and monitor clients' severity and outcome. Public Health England used this data to produce national statistics on matters relating to the use of drugs and alcohol.

Staff participated in clinical audits. The service carried out regular audits of medicine administration records, clients' record folders, care plans and client satisfaction questionnaires. The findings of these audits were discussed in team meetings.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of residents. The service employed a manager, deputy manager, support worker, three counsellors and a cook/housekeeper.

Staff were experienced and well qualified. They had the right skills and knowledge to meet the needs of the client group. The managers had national vocational qualifications in management. Counsellors were accredited by the British Association of Counselling and Psychotherapy. The support worker had completed qualifications in health and social care. The cook/housekeeper had completed relevant courses in food safety, diet and nutrition.

Managers provided new staff with appropriate induction. Staff completed an induction checklist when they joined the service. The checklist covered awareness of policies and procedures, health and safety, fire safety, infection control and the lone worker policy.

Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings. We reviewed the employment records of four members of staff. Records showed that staff had supervision with a manager at least every two months. Counsellors attended clinical supervision with an external supervisor every two weeks. Counsellors also met each week for group supervision. Appraisals included discussions about career development. All the staff met for a team meeting each week. During these meetings they discussed clinical matters such as clients' progress, new admissions, and any issues between clients that would cause the client group to feel unsettled. Staff also discussed practical matters, such as building maintenance and social activities for clients. There were also examples of staff discussing policies and feedback from a safeguarding meeting. However, the volunteer who worked at the service at weekends did not receive supervision. This meant they may be insufficiently supported, especially as they worked at times when no other staff were at the premises.

The percentage of staff that had had an appraisal in the last 12 months was 86%. Between May 2018 and April 2019, six of the seven staff had received an annual appraisal.

Good

Residential substance misuse services

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge and ensured that staff received the necessary specialist training for their roles. For example, counsellors had completed training in specialist areas of their professional discipline such psychotherapy, cognitive behavioural therapy or integrative counselling. Other staff had completed training that provided an insight into therapeutic needs of clients, as well as practical skills involved in maintaining a safe and therapeutic environment. This included courses on complex trauma and attachment, dealing with violence and aggression, poly-drug use, first aid and conflict management.

Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings. Staff held team meetings for all staff once a week. Counsellors held group supervision sessions each week. During these sessions, counsellors discussed the progress of each client and the dynamics within the client group. Support workers who worked at night gave a handover to other staff in the morning. This was recorded in the handover record book.

The teams had effective working relationships with other relevant teams within the organisation. The manager attended a meeting with managers from other services provided by Kairos Community Trust every two months. During these meetings, each manager presented a short report on their service and they received a formal update from the organisation's director. They also discussed any incidents and changes to policies and procedures.

The service had effective working relationships with teams outside the organisation. The service's primary relationship was with the care co-ordinators who commissioned clients' admission to the service. Care co-ordinators completed the referral for each client and attended a review of the client's progress after six weeks. Care co-ordinators told us that the service was very good and that none of the clients they had placed there had ever raised concerns. Care co-ordinators said that communication they received from the service was very good. For example, they said the service always contacted them straight away if there was a concern about the client, if the client had received a warning notice or if the client may have to be discharged following a breach of the conditions of the service. The service also had a good relationship with the GP.

Good practice in applying the Mental Capacity Act

The service did not accept clients who lacked capacity to consent to their admission to the service or to engage in the therapeutic programme. Nevertheless, some staff had a good awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Three of the four staff records we reviewed showed that the member of staff had completed introductory training in this area of law.

Are residential substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with clients showed that they were discreet, respectful and responsive, providing clients with help, emotional support and advice at the time they needed it. Throughout the inspection, staff engaged with clients in a positive and supportive way. Staff responded to clients promptly. Clients said that staff created a strong sense of community among the client group that was like being part of a family.

Staff took client wellbeing seriously and showed clear compassion and empathy for all service users. For example, if staff had to ask a client to leave after taking drugs or drinking alcohol, they did so in a sensitive and supportive manner and helped the client to find an alternative place to stay. Clients who successfully completed their recovery programme were openly invited to visit the service informally whenever they needed. Current clients said they enjoyed hearing from former clients and that the staff always made time for anyone visiting the service.

Clients said staff treated them well and behaved appropriately towards them. All clients spoke very positively about the support they received from staff. Clients described staff as being empathic, brilliant and amazing. Some members of staff had been through rehabilitation themselves. Clients valued this and said that this gave staff a very good understanding of what they were going through.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards

clients without fear of the consequences. The service engendered a culture of openness in which staff and clients could raise any concerns about disrespectful or discriminatory behaviour.

Staff maintained the confidentiality of information about clients. Staff kept all client files in the staff office. All staff had recently completed training on General Data Protection Regulations. Staff gained written consent from each client before sharing any information with other agencies that were involved in their recovery pathway

Involvement in care

Involvement of clients

Staff used the admission process to inform and orient clients to the service. On admission, each client received a welcome pack that included details of the treatment programme and the rules of the house. Staff showed new clients around the building and introduced them to other staff and clients. Some clients said they had been very nervous about starting rehabilitation. They said that support from staff had helped them to overcome this and to settle in quickly.

Staff treated clients as equal partners in care. Clients we spoke to said they felt empowered and that the service had supported them to take ownership of their own recovery journey. Clients met with counsellors once a week to discuss their treatment and progress and understood their own strengths and weaknesses. Care plans were predominantly written by clients with support of staff as part of the therapeutic programme. Staff discussed clients' risks with them when preparing the risk assessments.

Staff communicated with clients so that they understood their care and treatment. Staff discussed the therapeutic process with clients throughout their admission. Clients had a good understanding of the theory and ethos that provide the basis of 12-step recovery programmes.

Staff involved clients when appropriate in decisions about the service. All clients attended a daily 'catch-up' meeting. During this meeting clients were able to raise issues about maintenance or concerns about people not carrying out their cleaning duties.

Staff enabled clients to give feedback on the service they received. The service encouraged clients to complete a client satisfaction survey. The most recent audit of surveys was in April 2019. The audit reviewed 23 responses. Only one response included negative comments. The audit found that over 80% of clients were very positive about the service when asked about their admission, facilities medical support, the client handbook, the treatment programme and the daily house meetings. Ninety-six percent of clients completing the questionnaire said they were very positive about the staff and management.

Involvement of families and carers

The service recognised the importance of clients sustaining relationships with their families as part of their recovery and encouraged them to do so. The service welcomed visits by family members and offered family therapy if appropriate to the client's circumstances.

Are residential substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

Bed management

The provider had clearly documented admission criteria. The service accepted men and women aged between 18 and 65. The service required applicants to have been through a detoxification. The service also required applicants to be committed to not taking drugs or consuming alcohol for the duration of treatment. Managers assessed applicants' suitability at a pre-admission interview. The service did not accept applications for people who were unable to manage their medication, people who found it difficult to manage their behaviour, people whose physical health meant they would be unable to leave the building in an emergency and people whose mental illness meant it would be difficult for them to engage in the therapeutic programme.

The provider effectively managed bed occupancy levels. The service accommodated up to 15 clients. At the time of the inspection there were thirteen clients at the service. The service had a waiting list of seven people. Managers had met with people on the waiting list and completed a pre-admission assessment within one week of the referral. Four of the people on the waiting list were waiting for a

pre-admission detoxification. The service had made arrangements for two people to be admitted during September 2019. The other person had recently been accepted and was waiting for an admission date.

Staff managed admissions to the service in order to minimise disruption to existing clients. The service planned admissions in advance. All clients were informed when a new client would be joining the service.

Discharge and transfers of care

The service offered a standard rehabilitation programme lasting 12 weeks. Between January and August 2019, 12 clients had completed the programme after 12 weeks. Commissioners had agreed to extend the funding for four clients to a maximum of 24 weeks and to extend funding of one client to 18 weeks.

Staff planned for clients' discharge, including good liaison with care managers/co-ordinators. Care managers attended a review of their clients after six weeks. At these meeting the arrangements for the client's discharge was discussed. Between January and August 2019, ten clients returned to their homes after completing the programme. Eleven clients moved into accommodation provided by Kairos Community Trust in one of 29 properties owned or managed by the charity. Clients were able to stay at a Kairos property for up to two years. The provision of move-on accommodation meant clients were assured they would have a safe place to move to when they completed the programme.

Discharge was rarely delayed for other than clinical reasons. When this happened, delays were for short periods of time. During 2019, one client's move to other accommodation had been delayed by nine days. On another occasion, a move had been delayed by two days.

The service had alternative care pathways and referral systems in place for people whose needs could not be met by the service. For example, if the service was unable to accept a referral due to the applicants physical or mental health, the service would suggest other organisations that may be able to help.

Facilities that promote comfort, dignity and privacy

Clients did not have their own bedrooms. All bedrooms were shared by two clients. None of the clients we spoke with were concerned about this. The manager explained that sharing a room was part of the therapeutic programme. They explained how clients built supportive relationships with the people they shared with. This often helped them to overcome the isolative effects of addictions.

Clients could personalise their own bedrooms. For example, some clients put pictures on their walls and displayed photographs of their families.

Clients had somewhere secure to store their possessions. All bedrooms were fitted with locks. Each client had a safe in their room where they could store their medication.

Staff and clients had access to the full range of rooms to support treatment and care. The premises included a kitchen, a dining room and a large lounge. There was a large meeting room for therapeutic groups and smaller meeting rooms for individual counselling sessions.

Clients could make a phone call in private. Clients could use mobile phones outside of groups and other therapeutic sessions.

Clients had access to outside space. There was a courtyard in the centre of the premises with tables and chairs.

The food was of a good quality. Clients told us the food was of a very good standard and they enjoyed cooking for other members of the house

Clients could make hot drinks and snacks throughout the day and night. There was a well-equipped kitchen that clients could access at any time.

Clients' engagement with the wider community

The service encouraged clients to participate in community activities. For example, some clients attended a local gym. The service also arranged social activities, such as trips to the local theatre.

Staff supported clients to maintain contact with their families and carers. The service encouraged clients to be in contact with their families and welcomed families visiting. If clients had a difficult relationship with their family, their counsellor could support them to address this.

Meeting the needs of all people who use the service

Clients with protected characteristics said the service was inclusive. There were local links with support groups that were specific to their needs. For example, there were therapeutic recovery groups in the community for lesbian, gay, bi-sexual or transgender people.

Good

Residential substance misuse services

Where possible, the service made adjustments for disabled clients. For example, the service had installed a stair lift for clients with limited mobility. However, the service was unable to accept applications from clients with severely impaired mobility.

Staff ensured that clients could obtain information on treatments, local services, clients' rights, how to complain and so on. Information about the service itself was provided in the welcome pack. Clients could discuss this with staff when they arrived. Staff actively supported clients to claim benefits, manage debts and secure accommodation when they left the service.

The therapeutic programme was provided in English. This meant that people who did not speak English would find it very difficult to engage in the programme. However, staff signposted people to recovery services delivered in other languages. For example, staff provided information about a Spanish speaking alcoholics anonymous group.

Clients had a choice of food to meet the dietary requirements of religious and ethnic groups. Client ordered food for the week every Monday. Clients then worked in pairs to prepare the daily meals. This meant the service could be flexible and responsive to any dietary requirements, including those of religious and ethnic groups.

Listening to and learning from concerns and complaints

There had been no complaints in the last 12 months.

Clients knew how to complain or raise concerns. Clients said that if they had any concerns they would raise these with staff. Clients received a copy of the complaints policy as part of the clients' handbook.

When clients complained or raised concerns, they received feedback. For example, if clients raised concerns about building maintenance in the daily meeting, staff would provide an update on how the matter was being addressed at subsequent meetings.

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Are residential substance misuse services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The manager of the service had worked at Kairos Community Trust for 18 years. They had qualifications in clinical practice, supervision and management. The director of Kairos Community Trust had worked at the organisation for 23 years and had previously been the manager of this service.

Leaders were visible in the service and approachable for clients and staff. The manager and deputy manager worked at the premises each day. Staff and clients spoke positively about the managers. The director of Kairos Community Trust visited the service once a week. The director held a meeting with clients every three months to hear about clients' experience of the service.

Leadership development opportunities were available, including opportunities for staff below manager level. For example, the deputy manager was working towards a level four diploma in management for health and social care.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The service had a strong ethos of creating a community environment that nurtured trust, responsibility and respect.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Kairos was a small organisation. Many staff had worked there for a long time. This meant that staff knew the manager and director well and fully understood the vision and values.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff discussed any changes to the service at weekly team meetings.

Culture

Staff felt respected, supported and valued. All the staff were positive about their work and the organisation. Staff said they felt valued, support and involved in the organisational decision making.

Staff felt positive and proud about working for the provider and their team. Staff were particularly positive of the person-centred ethos of the service. Staff felt proud when clients successfully completed the programme. Three of the seven members of staff had been through the rehabilitation programme themselves and showed great insight into the challenges faced by clients.

Staff felt able to raise concerns without fear of retribution. All staff said they felt able to raise any concerns with the manager.

Teams worked well together and where there were difficulties managers dealt with them appropriately. Staff said the team worked well together. The manager encouraged an ethos in which problems and difficulties could be discussed openly and resolved.

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

The service's staff sickness and absence were similar to the average for the provider. One member of staff had been absent due to sickness for an extended period in the last year.

Governance

There was a clear framework of what must be discussed at a team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. This framework was set out in the governance policy. The policy set lines of delegation and reporting from the board of directors, through manager of the service and staff, down to the day to day operation of the home. The organisation held six board meetings each year. Information from these meetings were discussed in managers' meetings held every six weeks and team meetings at the service every week. All these meetings were minuted. There were policies and procedures in place for the safe recruiting of staff, staff induction, ongoing training, appraisal and supervision of staff. During the inspection, we found the service complied with these policies. For example, all employment records included certificates from the disclosure and barring service (DBS), two references and a record of appraisals and supervision. The service kept a record of complaints, incidents and accidents. The trustees had recently commissioned a community management consultancy to conduct a review of the organisation with the aim of improving governance and policies. The consultants' report was very positive about the organisation and the transformative impact the service has on the people who use it. The consultants were confident that the organisation would continue to grow and develop. The report made seven recommendations that the service had begun to implement. For example, the organisations procedures on safeguarding had been updated in May 2019 in response to one of the recommendations.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. For example, staff discussed a safeguarding review carried out by the local authority after an incident involving self-harm. In response, staff agreed to be vigilant in raising concerns about minor incidents if a pattern of behaviour was starting to emerge.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. The service carried out regular audits of medicine administration records, clients' record folders, care plans and client satisfaction questionnaires. The findings of these audits were discussed in team meetings.

Management of risk, issues and performance

Staff maintained a risk register that recorded specific risks posed by individual clients. All staff could access and update this register. There had been four entries onto the risk register in 2019. These related to risks of self-harm, panic attacks, relapse and epilepsy. Risk to the service more broadly, such as a client having a crisis outside working hours or the death of a client, were included in the business continuity plan.

The service had plans for emergencies such as adverse weather or a flu outbreak. The service had updated its business continuity plan in 2019. The plan covered incidents such as prolonged utility failure, fire and flooding. The plan included the process for notifying senior staff, contingency measures and a list of actions to be carried out.

Information management

Good

Residential substance misuse services

The service used systems to collect data that were not over-burdensome for frontline staff. Staff kept basic information of length of stay, the number of clients on the waiting list and the number of clients who successfully completed the programme.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well. However, the use of technology was limited. Most records were still written on paper.

Information governance systems included confidentiality of client records. All records were kept in a locked filing cabinet in the staff office. All staff had completed training on the general data protection regulations (GDPR).

Staff made notifications to external bodies as needed. For example, the service raised safeguarding concerns with local authorities and sent statutory notifications to the Care Quality Commission in relation to safeguarding and incidents involving the police.

Engagement

Staff and clients had access to up-to-date information about the work of the provider and the services they used.

Kairos Community Trust was a small organisation. Staff spoke each other with each day and discussed the work of provider formally at weekly team meetings. Staff met with clients each day at the morning 'catch-up' meeting. The director met with clients once a quarter

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Staff encouraged clients to complete client feedback questionnaires. Client's also discussed their experience of the service in counselling sessions as part of the therapeutic programme. Staff discussed client feedback at team meetings and managers' meetings.

Clients and staff could meet with members of the provider's senior leadership team and governors to give feedback. The director met with clients once a quarter to discuss clients' views on the service and talk about any developments to the organisation.

The service engaged with external stakeholders. For example, commissioning care managers said that communication was very good and that the service always contacted them promptly if there was a problem with their client.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the volunteer support worker receives regular support and supervision.