Weymouth Aftercare Centre

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Inspection report

Carlton House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 28 and 29 January 2016 and was unannounced.

Weymouth Aftercare Centre is a residential care home providing treatment, rehabilitation and support for up to 15 people affected by substance misuse issues. On the day of the inspection 6 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection people and staff were relaxed; the environment was clean and clutter free. There was a calm and pleasant atmosphere. People confirmed staff were caring and kind to them.

Care records were focused on people's goals for their recovery. People were involved in planning their needs, the areas they identified they needed support with and how they would like to be supported. People preferences were sought and respected. People's life histories were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People's risks were known, monitored and managed well. There was an open, transparent culture and good communication within the staff team. Accidents and incidents were recorded and managed promptly. Staff knew how to respond in a fire and emergency situation. There were some quality assurance systems in place. Incidents related to people's behaviour were appropriately recorded and discussed amongst the team to understand possible triggers and reduce the likelihood of a reoccurrence.

People were encouraged to live active lives and were supported to participate in community life where possible. People committed to participating in the in house treatment programme. The treatment programme was based on the 12 step AA model for treating alcohol abuse and addiction. During the week there were meditation groups, group therapy, one to one therapy and relapse prevention groups.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs and dentists and the specialists involved in people's specific health care needs.

People and staff were encouraged to be involved in meetings held at the home to help drive continuous improvement such as residents' meetings and staff meetings. Listening to feedback on a daily basis helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints but told us they didn't have any. People explained there was an open door policy and staff always listened and were approachable. The registered manager informed us if any complaints were made they would be thoroughly investigated and recorded in line with the service's policy.

People told us they felt safe and secure. There were house rules which helped to keep people safe. For example, no alcohol or drug use.

Staff understood their role with regards ensuring people's human rights and legal rights were respected. All the people who were being supported at Weymouth Aftercare Centre had capacity and consented to their care and treatment but staff understood the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The service made great efforts to ensure people's human rights and liberty were respected. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

Staff in post had previously received treatment at the service and knew the service well. There was a brief induction programme covering essential training. We spoke with the registered manager about implementing the Care Certificate (a new health and social care staff induction programme). There were sufficient staff to meet people's needs. Staff were passionate about their work; they were empathic, kind, caring and thoughtful. Staff ensured people mattered, cared for people's families and relatives and supported people to reconnect with family where possible. Staff were appropriately trained, had experience of addiction and had the correct skills to carry out their roles effectively.

Staff described the management as open, very supportive and hands on. Staff felt like part of a large family and talked positively about their jobs and the positive contribution they made to people's recovery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for all medicines.

The environment was clean and hygienic.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was very caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs and treatment goals. Staff knew people well, how they wanted to be supported and respected their choices.

Care plans reflected people's strengths, needs and preferences. People participated in a comprehensive treatment programme during their stay. People were encouraged to achieve their personal goals and dreams where possible.

People's opinions mattered and they knew how to raise concerns.

Is the service well-led?

Good

The service was well-led. There was an open, friendly culture with clear boundaries. The management team were approachable and defined by a clear structure.

People were supported by staff who were committed to developing and providing quality care for them.

Quality assurance systems were in place to monitor the standard of care.

Good communication and feedback was encouraged. People, staff, professionals and visitors were enabled to make suggestions about what mattered to them.

Weymouth Aftercare Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 28 and 29 January 2016. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports, information and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with six people who were using the service and five ex residents who visited the service during the inspection. We spoke with the registered manager, three therapists (staff), a volunteer and the two cooks. We observed the care people received, observed a therapy group, and pathway tracked three people. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the day.

We looked at three records related to people's individual care needs and people's records related to the administration of their medicines. We discussed staff recruitment processes with the registered manager, staff training, supervision and looked at records associated with the management of the service including quality assurance audits and minutes of residents' meetings.

Good

Is the service safe?

Our findings

People told us they felt safe "It's a good place, it saved my life"; "The house rules provide routine and structure"; "I've come back in for the relapse prevention group, I'm trying to understand what happened, the signs, symptoms and triggers to my relapse"; "If I didn't come here I'd be close to death if not dead" and "Carlton House kept me safe, there were boundaries in place, it was fair – although at the time it felt like an injustice!" (ex resident)

Staff told us they kept people safe through discussions in groups and residents' meetings about safety and house rules. Weymouth Aftercare Service (known by people as Carlton House) was a dry service for men. Basic house rules were adhered to by people to help keep them safe and others' living at the home safe. The rules included abstinence from mood altering substances, no violence, and being back by 10.30pm at night. People agreed to these rules on their admission and understood they were in place to protect people. Staff told us "We try to teach people we're here together, there are fallings out and it is okay – no one is going to punish you here."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training and staff accurately talked us through possible signs and the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Policies related to the local safeguarding process were accessible to staff.

All staff understood their roles to protect vulnerable people and confirmed they had received training in safeguarding. Staff observed the subtle interactions and exchanges to ensure people were all treated equally, fairly and any bullying or harassment was quickly identified and discussed. Staff told us these incidents would often be brought into group therapy for people's learning and awareness into their behaviours and how their behaviour impacts on others.

People's needs were considered in the event of an emergency situation such as a fire. For example, if people had mobility or visual impairment, staff knew these people required assistance first. There were clear protocols in place in the event of a fire so staff and people knew what to do. Monthly fire drills were in place and six monthly fire checks occurred to help ensure equipment was fit for purpose. Staff knew who was in the building at all times and people understood they were required to sign in and out of the building for their safety.

Regular health and safety checks had been undertaken, electrical equipment was tested for safety and legionella and temperature checks were undertaken on the water.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The service was unique in that all the staff who were

working at the time of the inspection had previously been through the service themselves. The registered manager risk assessed each potential staff member due to their previous addiction, to ensure they were safe to work with vulnerable people. This meant at least a year's abstinence was required and the potential new employee was required to have current character and / or employment references. The recruitment process ensured staff had the values the home wanted, the staff in post had first-hand experience and knowledge of recovering from addiction. Vacancies were usually filled through word of mouth with people wanting to give something back to Carlton House, in return for their previous help and to support others to beat their addiction.

Staff and people told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection; they had time to sit and chat with people in between the set group therapy throughout the day. Staff supported people to appointments where required. People told us staff were always there when they needed them.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People had their medicines kept safely by staff. Medicine administration records (MARs) were accurate and fully completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People had their medicines kept in a locked cupboard. People consented to staff administering their medicine and there was a medicine policy for staff to refer to if required. A general fridge held medicines if this was required (this was infrequent) and this was risk assessed and the temperature was recorded. The registered manager counted all medicines in and out regularly and checked the MARs frequently. This helped identify any errors promptly and enabled action to be taken quickly. At the time of the inspection there were no controlled drugs at the service and everyone using the service had the capacity to consent to their medicines. The registered manager told us they would add the agreed homely remedies the service used, to the medicine policy.

Risk assessments highlighted individual risks. Most people using Carlton House were in the early stages of their recovery from addiction and their risks related to their vulnerabilities in this area. For example, the risk of relapse. To support people during this stage of their recovery the service had a policy where people would go out in pairs. This provided support when they were away from the service and helped reduce the risk of relapse. The therapy offered by the service, the one to one meetings, the written work people undertook and attendance at Alcoholic Anonymous (AA) and Narcotics Anonymous (NA), helped give people understanding about their own personal relapse signs and triggers. People agreed to random alcohol and drug testing during their stay at Carlton House so relapses were quickly identified and individual support given.

Staff were conscious and aware of new admissions and the possible risks associated with a person who has just been through the detoxification process. For example, fits or being unsteady on their feet. Staff observed these people closely. If a person had a lapse during their stay, staff told us they monitored them closely. If a person chose to leave the service early, staff warned them of the potential risks and that their tolerance to mood altering substances would be lower following their period of abstinence. People were encouraged to sign a discharge form (if this was possible) to indicate their understanding of this.

Where people had individual risks for example cultural needs that made them feel different, staff were mindful to ensure these people were included, not isolated and supported to attend to their religious needs. If people had specific health needs identified. For example, poor management of their diabetes, cirrhosis of the liver or blood borne viruses, staff worked alongside people educating them to reduce their risks. Some people had prior psychological and abuse issues which placed them at risk. Staff were aware of these people and consideration was given to each person to make sure they felt as safe as possible during their stay.

People were kept safe by a clean environment. All areas were clean and hygienic. Carlton House was seen as the people's home and people were encouraged to work alongside staff to maintain their rooms and general areas of the home. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Staff are brilliant; they have all been here themselves, this place works for me."

The registered manager confirmed, staff who had previously been through the programme and knew the service well, undertook a basic induction, whilst staff who were unfamililar with the service received a thorough induction. Staff were booked onto the training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people alone. New staff or volunteers shadowed experienced members of the team until both parties felt confident they could carry out their role competently. We spoke to the registered manager about implementing the Care Certificate (a nationally recognised health and social care induction programme) for new staff to ensure they had the skills and knowledge to underpin their work in addition to their valuable life experience.

Ongoing training such as first aid, food hygiene and health and social care courses were planned to support staff's continued learning and these were updated when required. Most staff had additional counselling qualifications to support their work. Volunteers were undertaking health and social care qualifications and / or counselling courses.

Staff used their training, experience and roles to support best practice. The service had links with external addiction and counselling centres to provide sector specific guidance and training. Research based care and addiction journals were subscribed to and articles of interest shared amongst the staff team.

Staff felt supported by ongoing informal supervision which occurred daily and as required. The therapists (counsellors) received external supervision. The registered manager acknowledged the need to develop a regular system of formal supervision and appraisal which considered staff's role, training and future development. However, staff felt they could approach the registered manager to discuss any issues at any time and / or the lead therapist. Staff told us the registered manager was always there when you needed them to be. Staff confirmed the management team was supportive. We observed throughout the inspection, a caring and nurturing team.

People consented to all aspects of their care and treatment at Carlton House. Staff showed a good understanding of the main principles of the Mental Capacity Act 2005 (MCA). People were given choices and explanations about their care and treatment as far as possible. For example, options for their future were discussed. House rules were agreed and understood in advance. The behaviour expected of people during their stay was known by all and regularly discussed in group meetings. Some decisions would be made by the group for example if someone relapsed.

Staff understood the importance of people receiving a healthy, balanced diet. The nature of people's addiction meant essential vitamins could be depleted and the service understood how important people's diet was in helping them to recover their health. Everyone told us the food was good. We spoke with the registered manager about how people were involved in decisions about what they would like to eat and

drink and the menu planning, as some people told us although the meals were great, there was a lack of variety. We were told by staff that menu choices were discussed in the residents' meetings. We noted similar dishes were served for many weeks running when we looked at the cook's diary. However, the people we met told us they were grateful for the food on their plate.

Staff told us and we saw in people's care records likes and dislikes were noted and if people didn't like a food, for example baked beans there was an alternative. The kitchen cupboards, fridge and freezer were well stocked and fresh items were bought daily.

People were encouraged to be as independent as they could be with their eating and drinking. As part of people's house jobs they were involved in preparing the meals, laying the table, cleaning and washing up. People were able to access hot and cold drinks freely as they required.

People with special cultural dietary needs were catered for and those who required a special diet due to health needs were given advice and support to eat healthily.

We spoke to the kitchen staff who informed us they received information about any particular dietary needs when people were admitted. Each day they talked to people about what was going to be cooked that day. Lunch was usually a buffet type meal with a hot soup and dinner was a hot meal like cottage pie. Sunday's was a much enjoyed traditional roast.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as doctor's visits. Daily handovers discussed people's needs and upcoming appointments. The service supported people to receive physical health intervention if they wished. Due to people's previous lifestyles many people's physical health had suffered. People were all registered with the local GP on admission. If people wished to be tested for blood borne viruses this would be supported by the service. If people had mental health needs the service had a good relationship with the local mental health team and people received prompt support. People who required support with their physical health needs for example diabetes or liver damage were linked in to the appropriate local service quickly.

The service worked in collaboration with the probation service where required and gave regular updates on people's progress to their funding authority and care managers (these are professionals who support people's care in their local area). This was important as many people were at Carlton House from different areas of the country, which meant care managers were not always able to visit regularly to monitor people's progress. The service enabled three way telephone reviews where face to face reviews were not possible due to geographical distance barriers.

Good

Is the service caring?

Our findings

People were very positive about the quality of care and support they received. Comments included "They (the staff) always have time for you; they sit down and talk, they have as long as it takes. I'm getting the help I've always needed."

People told us their privacy and dignity was respected. Respecting people's dignity, choice and privacy was part of the home's philosophy of care. Staff told us when people arrived they had little respect for themselves and it was important to support them to rebuild their dignity. People told us staff knocked on their doors and protected their dignity at all times. Where people shared bedrooms there was an understanding that people's individual space and belongings would be private areas. Staff spoke to people respectfully and maintained their confidentiality. Staff described situations which had occurred or new admissions with particular health needs and the things they considered which assured us respecting people's dignity was at the heart of all staff did.

People were encouraged to make choices in all aspects of their lives. There was a routine at the home and people committed to the treatment programme and participated in the running of the home. People's right to be as independent as possible was encouraged and supported. The ethos of the home was to encourage people to take personal responsibility for their actions and omissions.

Staff encouraged people to be make goals and plans for the future and offered their support and guidance.. Many people arrived at Carlton House with no home, no job and few friends. Staff encouraged and supported people to develop their skills so when they felt able they could consider more independent living. Staff worked alongside people to support them to develop their daily living skills for example budgeting, cooking and household chores. We spoke with ex residents who were now working or at college, some had their own mortgage and home, others were volunteering locally. People told us how these achievements had helped with their self-esteem and helped develop their self-worth.

People and staff cared for each other at the home. The service had a good understanding of equality and diversity. People at Carlton House came from all walks of life but were united in their addiction. People and staff were supportive of one another and we heard people listening to each other's stories and their personal challenges during the group we attended. People and staff were respectful and non-judgemental. People told us of the impact it had on them when people had chosen to leave early. Ex residents told us how Carlton House had helped them "They gave me hope, a kick up the arse, or an arm around my shoulder when I needed it" and "I know that no matter what happens in the future, I'll have an ear here and it will feel like a home to come to." Staff told us how when people left the service they stayed in touch, offered aftercare support and outreach, as and when needed for an unlimited period.

Staff knew the people they cared for. They were able to tell us about people's histories, backgrounds and understood their characters. Staff knew innately the areas where people needed to work on often before they themselves had identified these. Staff worked in a personalised way at all times. Staff were compassionate, genuine and gave 100% to each person at the service.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Staff had visited one person who was not well in hospital due to physical health needs. This person remained in their thoughts even though he was no longer at the service. If people had a lapse staff did their best to support people to get back on track and if they left, staff had their door open for advice or support they might need. Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company.

Staff were proud of people's achievements and spoke fondly of those who had come to Carlton House unwell, drinking / using drugs and homeless and following a period of care had left the service, started work, found their own home's and had remained abstinent. Long term support networks had been built and people continued to pop in for tea, coffee or a chat long after leaving the service.

Special occasions such as birthdays were celebrated. Part of the philosophy at Carlton House was helping people to experience a family like environment. Honesty, trust and special events were important to the home. For example, we were told by staff that the registered manager made Christmas special and it was always an "over the top" event. Carlton House was decorated and everyone received a present and Santa handed these out. Staff told us they had questioned why this was done to the extent it was, they were told it was because some of the people in their care had never experienced a Christmas.

Good

Is the service responsive?

Our findings

Most people at the service were funded through different local authorities and not local to Dorset. A telephone assessment occurred and of possible people visited. A thorough process was in place to assess people's individual needs prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals were involved in the assessment process. Consideration was given to whether the person would suit the home and get on with the people currently living at Carlton House.

Care records contained detailed information about people's unique health, psychological and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Detailed records monitored people's recovery and treatment and these were regularly reviewed. People's individual skills were assessed and care planned in order to plan their personal recovery journey. For example, their personal hygiene needs, social development skills and household skills.

People were involved in planning their own care and making decisions about how their needs were met. People's care needs were discussed daily amongst staff and people were supported to make informed choices where possible. Care was personalised to people's needs and staff encouraged people to be as independent as they could be and reach their individual potential and goals. For example, some people had identified areas they needed support with such as accommodation, budgeting, education, work and health.Staff would then support people to identify their unique goals in these areas.

Carlton House usually provided treatment and support for a three to six month period (the time frame was dependent on funding). The main activities were structured group activity and therapy. For example, relapse prevention groups and supporting people to work through the 12 step AA / NA model. In the evenings people were encouraged to attend the local addiction support groups. People were supported to follow their interests and participate in social activities if they wished as part of their ongoing recovery and if it was appropriate. Outside of the set group activities people had "free time". People used this time to engage in their own leisure hobbies such as reading, TV or exercise. This time was also used for therapeutic one to one's with staff to support people progress with their individual therapy needs. External outings also happened for example bowling and walks along the coastal path. People were encouraged to re-learn how to occupy their spare time, discover interests and manage feelings of boredom which had previously been taken up with addiction habits.

People were encouraged to feel a part of the local community and the service had links with the local voluntary bureau and colleges. Staff told us all the men at the service had volunteered to help clear an alley way of brambles for some elderly local residents. Many of the ex-residents we spoke with had been to college; re trained and now had new careers and futures. One person told us "I'm doing things I never thought I'd do, I have a mortgage and have worked for the last 15 years."

People told us they were able to maintain relationships with those who mattered to them. Some people had little contact with their family due to their previous alcohol and / or drug dependency. The registered

manager and staff told us how they supported people to reconnect with family and friends as they recovered. Staff told us it was important they cared for families too and said they wanted them to know they were there for them and their children. They described the relief they heard in parent's voices when they were told their child was alive and in treatment.

Staff and people all told us people were encouraged to raise concerns informally or through the resident's group meetings and staff meetings. These were used for people to share their views and experiences of the care they received and discuss the running of the home.

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people and professionals. People and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint, but told us they had no complaints. There had been no recent complaints at the service. The registered manager told us of a mistake the service had made. Although there had been no formal complaint following this, the service recognised they had not given essential information to a professional, apologised and staff had reflected on why and how this had occurred, to prevent a similar incident occurring in the future.

Good

Is the service well-led?

Our findings

Weymouth Aftercare Centre was founded in 1986 after the owner; a qualified counsellor identified a need to support the local community with alcohol and drug addiction. The registered manager joined the service in 1989. Weymouth Aftercare Centre is a "Tier 4" service, that is one which provides residential beds for people experiencing drug and alcohol problems. Weymouth Aftercare service (Carlton house) has an unregistered move on service locally to support people reintegrate themselves into the community following their treatment at Carlton House.

People and staff described the management of the home to be approachable, open and supportive. The registered manager felt supported and encouraged by the owner to provide a high quality service and continually motivated by their belief that people could recover. All the people we spoke with had confidence in the registered manager and therapist team leader "I love […] (the registered manager), a good, genuine man, I see him every day."

People and staff were involved in developing the service. Meetings were regularly held and feedback occurred on a daily basis. We spoke with the registered manager about reinstating the satisfaction surveys to enable a more formal, documented quality assurance process. They were keen to reinstate more regular staff meetings also.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was visible, and ensured all staff understood people came first. The leadership style of the management team was relaxed, encouraged feedback, good team working and sustained good practice.

The registered manager accepted that due to recent personal circumstances they were not as up to date with changes to legislation as they would like to be. This included an awareness of the new CQC methodology, Care Certificate and the duty of candour. However, they were committed to ensuring they were more involved moving forward than they had recently been. Staff were close and very able but felt a little more organisation would enhance the service. When asked what could be better staff responded "Filing, paperwork, clearly defined responsibilities, more organisation, proper admin support." Some staff had completed leadership and management qualifications and were keen to better some of the current systems to make the service more efficient. The registered manager knew the areas where improvements were required and listened to feedback during the inspection. We felt confident their leadership skills and their staff team would enable the necessary changes to take place andlead to improvements in these aspects of the service.

The registered manager was proud of the service's achievements which had included supporting hundreds of people over the years. Their philosophy of person centred care was firmly embedded in the culture. One staff member told us "It is a family culture, togetherness; some people have never experienced that."

The registered manager told us that 2015 had been very tough. At one point the service was down to two people which made finances very tight. They said they had noticed when people came they were more damaged and more chronic than in previous years. Admissions were improving at the time of the inspection and they were hopeful they had turned a corner.

There was an open culture where positive, therapeutic relationships between staff and people were valued. The registered manager's goal was to promote individualised care and for people to achieve their potential and remain abstinent. The registered manager told us they encouraged staff to be accountable for their work and for people to be accountable for their behaviour and actions in the home and in the local community. The management team promoted the ethos of honesty and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff were humble, motivated, hardworking and enthusiastic. Many staff had worked for the provider for many years. They shared the recovery philosophy of the management team. All staff were focused on people's recovery, their ability to achieve their potential and achieving a fulfilling and healthy life free from substances and addictive behaviours. Staff meetings and informal supervisions were used to share good practice and support each other. Staff felt a part of a team who all had an important role to play and were all valued for the skills and experience they brought. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. They told us "It has an organic feel, never quite know what's going to happen, if it was too structured it would be boring."

The quality assurance systems in place was working during the inspection as the numbers were low and there was a very stable, hands on staff team. This meant the registered manager was able to keep a close eye on all aspects of the service. However, we spoke to the registered manager about systems and processes being developed and engrained in the service to ensure as the numbers increased, systems were robust and the recording was improved to enable a better audit trail.

Audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. Visual walk rounds by the management occurred to ensure the environment and care was safe.

Plans for the future and developing the service including ongoing refurbishment and updating the home. The hallway was due for redecoration and as bedrooms were vacated these were being painted. The décor was outdated and this would refresh areas of the service.