

# Oasis Bradford

## Quality Report

21A Bowling Road  
Bradford  
BD4 7BG

Tel: 0203 7335467

Website: <https://www.oasisrecovery.org.uk>

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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?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

Oasis Bradford is a drug and alcohol residential, 19 bedded detoxification service located within Bradford, West Yorkshire.

We rated Oasis Bradford as good because:

- Staff ensured the safe running of the service. The building environment was clean, well maintained and fit for the purpose it was being used. The service had good safeguarding mechanisms in place to ensure the protection of vulnerable people. Staff ensured incidents were investigated and lessons learnt across the service.
- The provider used interventions that were in line with best practice and national guidance. They offered their clients a range of different medical and therapeutic treatment options. Oasis Bradford employed a range of skilled staff with relevant qualifications to undertake their roles successfully. Staff received regular supervision and annual appraisals. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff were kind, compassionate and caring. Clients were at the centre of the care that the service offered.

Clients were consulted with during times of change and their feedback was used to improve services. Clients were overwhelmingly positive about the care and treatment they received.

- Staff were responsive to the needs of the people who use the service. They took appropriate measures to ensure clients could access the service by addressing protected characteristics such as disability and ethnicity. The service had a clear referral criteria and could treat clients in a timely manner; it also met its target for successful discharges. The service received 269 compliments in the last 12 months in comparison to 11 complaints.
- The service was well led. The leaders were visible, knowledgeable and well established in their role. The organisation promoted an open culture where staff felt they could raise concerns without fear of reprisal. Oasis Bradford had robust, effective governance systems in place which enabled leaders to monitor performance and drive improvement.

However:

- We found therapy space was be limited if the service was operating at capacity. However, we were told that the service had plans to extend its provision to a neighbouring building.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	Start here...

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# Summary of findings

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Good 

# Oasis Bradford

## Services we looked at

Residential substance misuse services

# Summary of this inspection

## Background to Oasis Bradford

Oasis Bradford is a drug and alcohol residential detoxification service located within Bradford, West Yorkshire. UK Addiction Treatment (UKAT) is the provider for Oasis. Oasis Bradford was originally commissioned by the Department of Health in 2009 as the only detoxification unit in West Yorkshire at the time. The service changed provider twice before UK Addiction Treatment (UKAT) took it over in 2016.

The 19-bedded detoxification unit is equipped to accommodate people with limited mobility and wheelchair users who can self-care if needed. It can also provide appropriate support if clients needed help with personal care.

Oasis Bradford provides treatment for males and females aged 18 and above to complete a physical withdrawal from drugs and/ or alcohol or stabilise their use safely with medical support. At the time of the inspection there were 15 clients receiving care and treatment at the service.

At the time of the inspection, private paying clients made up 60% of the clients receiving treatment. As well as

medical detoxification, the service also provides psychosocial interventions aligned to clients' medical treatment. The interventions include group therapies and one to one work with a full-time counsellor. There was a registered manager in place and a nominated individual. The service is regulated to carry out:

- Accommodation for persons who require treatment for substance misuse as its regulated activity.

Oasis Bradford was last inspected in August 2017. The service was found to be compliant with the Health and Social Care Act 2008 (regulated activities) regulations 2014. At the time of the last inspections we did not rate substance misuse services.

This is the second inspection of this service since it registered with CQC under its current provider. The inspection took place on the 18 February 2020 and we inspected all of the key questions. Our inspection was unannounced which meant that staff did not know that we were coming to inspect the service.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, and a specialist advisor who was a qualified nurse with experience of working in substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our ongoing next phase programme for independent healthcare.

## How we carried out this inspection

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

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

# Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited both locations, looked at the quality of the service environment and observed how staff were caring for clients
- spoke with eight clients who were using the service and spoke with five clients accessing aftercare who had completed their treatment
- spoke with the registered manager and head of operations
- spoke with six other staff members; including a doctor, healthcare assistants, nurses, recovery worker, team leaders and a counsellor.
- observed two client group sessions,
- looked at five care and treatment records of clients
- carried out a specific check of medication management and reviewed the clinic room

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

## What people who use the service say

Clients using the service were overwhelmingly positive about the care and treatment they received. They felt the service was excellent, staff were kind and knowledgeable. Clients told us they felt able to complain if they needed to. In the last 12 months the service received 269 formal compliments compared with 11 complaints.

The provider conducted regular feedback sessions through community meetings and exit surveys upon discharge. The data from the exit survey as of February 2020 demonstrated that clients were overall happy with their care and treatment, they felt as though their needs were met, they were listened to and were fully involved in their care.

# 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?

We rated safe as good because:

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- 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 clinical information, and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- 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. When things went wrong, staff apologised and gave clients honest information and suitable support

Good



### Are services effective?

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 and 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

Good





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

## Are services caring?

We rated caring as **good** because[BK1]:

- Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- 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 informed and involved families and carers appropriately. Carers could attend weekly groups to access support and educate themselves around substance misuse.
- Clients and carers were really positive about the care and treatment they received.

Good



## Are services responsive?

We rated responsive as **good** because:

- The service was easy to access and had a clear referral criteria. 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 of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and 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.

Good



## Are services well-led?

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

Good



# Summary of this inspection

- 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 and in providing opportunities for career progression. 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.
- Teams 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

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Deprivation of Liberty Safeguards. We do not give a rating for Mental Capacity Act, however, we do use our findings to determine the overall rating for the service.

Staff had a good understanding of the Mental Health Act and its application. Staff were clear on how to assess capacity when clients were intoxicated. Mental Capacity Act was part of the mandatory training staff had to undertake.






## Overview of ratings

Our ratings for this location are:

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

### Notes

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

#### Safety of the facility layout

Oasis Bradford is a purpose-built drug and alcohol rehabilitation unit located in the centre of Bradford. The building is discretely located within an industrial area and comprises of two floors. The first floor has all communal areas, staff offices, clinical and therapeutic spaces, and the second floor has all the client bedrooms and facilities.

Staff completed regular environmental risk assessments, including weekly and monthly fire audits. The layout of the building meant that there were blind spots on corridors and that staff could not see where all clients were within the building. Staff managed this through operational closed circuit television within communal areas, members of staff being present within communal areas and through individual risk assessments and routine observations.

The service had a up to date ligature risk assessment in place, which identified the potential ligature points within the building and mitigation. The service had undertaken additional work around safeguarding clients from ligature risks. Perspex fittings had been applied to stair case banisters within the communal landings so clients could not tie ligatures. This had been done due to it being the least supervised area within the service. There had been no incidents in relation to ligatures in the last 12 months.

The layout of the building could not enable separate male and female corridors, however, staff managed this through risk-based bed management process. Bedrooms were all en-suite, providing clients with a toilet, washbasin and shower. Male and female toilet facilities were also available within the communal areas. They were appropriately signed, and all had locking doors. Clients could access their bed rooms at any time. Clients did not raise any concerns around having a mixed sex service, there were no incidents in the last 12 months relating to sexual safety.

Clients rooms were locked, but each client had a fob to access their own room.

#### Maintenance, cleanliness and infection control

The service was clean, tidy and well maintained throughout the building. The service employed their own housekeeping staff who was responsible for maintaining the cleanliness. Clients were also encouraged to partake in daily house cleaning duties as part of their rehabilitation to get them into a routine.

The service had a locked control of substances hazardous to health (COSHH) cabinet. All items within the cupboard were signed in and out after use. In addition, all cleaning products clients used as part of their daily routine were also signed for at the beginning and end of the session. The measures the service put in place were important as these substances are hazardous to health and could cause injury or harm.

Oasis had employed maintenance staff who could complete repairs when required. This meant repairs could be done within a timely manner.

# Residential substance misuse services

There was an infection prevention policy in place, and staff adhered to infection control principles. There were sufficient hand washing and hand sanitising equipment as well as appropriate signage demonstrating best practice in hand washing.

Clinic rooms were clean and well equipped with the necessary equipment to carry out physical examinations. There were effective procedures for the storage and collection of clinical waste. Clinical waste bins were available and appropriately utilised. All unused controlled drugs were collected by the pharmacy for appropriate disposal.

## Safe staffing

### Staffing levels and mix

Oasis had a sufficient number of staff to meet clients needs. At the time of the inspection there were no vacancies and sickness was low at 0.5% over the last 12 months.

Staff teams were broken up into three cohorts which consisted of a clinical team, a therapeutic team and support team. All three teams were overseen by the registered manager. The clinical team had four full time nurses and two regular bank nurses in the event the service needed cover. The clinical team was managed by the lead nurse, and all the nurses were registered general nurses. The therapeutic team included full time counsellor, recovery coach and a recovery worker. The recovery worker also acted up as the deputy manager. The support team included four whole time equivalent support workers.

The service operated two 12 hour shifts, with one nurse and one support worker on duty. There was an additional support worker put in place from 5pm until midnight. On the weekends, the additional support worker worked 10am till 5pm instead. Therapy staff operated a normal 9am till 5pm shift, Monday to Friday. Staff and clients told us activities and group work were never cancelled.

The service did not routinely use agency staff, however, had provisions in place in the event they required additional support. They used regular agency staff who were familiar with the service and in some cases had been employed by the service before. The service manager felt the staffing was appropriate and the service had a settled staffing team.

Oasis had four consultant doctors who had experience in substance misuse, psychiatry and general practice. They provided medical support through a service level agreement. This included the provision of a medical practitioner to clinically assess new clients on

admission, prescribing to support the detoxification regime and ongoing medical interventions to clients. They also provided emergency telephone support or a visit if required. All the doctors offered out of hours medical support.

Staff had a lone working procedure in place, and it had been risk assessed. The service had a walkie talkie system in place which had an alarm. Staff carried this on their person during their night shift in order to communicate and raise an alarm if required. Where a client was identified to be high risk or unwell, staff provided them with a walkie talkie, so they could contact staff if they needed urgent support.

### Mandatory training

Staff had completed mandatory training and role specific training to enable them to undertake their roles. The average overall compliance rate for mandatory training was 96%. There were no modules that achieved lower than 85% compliance.

Compliance rates for some modules included:

- Basic Life Support – 88%
- Data Protection and Information security – 100%
- Infection Control – 94%
- Fire Safety – 100%
- Mental Capacity Act – 94%
- Safe administration of medicine – 93%
- Safeguarding Children – 100%

Where a member of staff was due to complete mandatory training it had been scheduled in.

## Assessing and managing risk to patients and staff

### Assessment of client user risk

We reviewed five care records. All the clients had an up to date risk assessment and risk management plan. Staff collated comprehensive risk information during the pre-assessment which fed into the main risk assessment

# Residential substance misuse services

during their treatment. Risk assessments were reviewed twice daily during handover, and any changes to risk were updated in the client record and the handover meeting document.

The service used a bespoke risk assessment tool which was designed for their electronic recording system. This risk assessment followed through from the initial assessment and covered several key areas of risk including, physical health, risk of harm to self and drug/alcohol usage.

Clients receiving detoxification were put on increased observations until the risks had reduced. All clients regardless of state were on routine observations at night. We reviewed the records and found they were up to date.

Statutory clients were referred into the service with the relevant medical and risk information. Private clients were required to provide consent to access their GP records. This meant the service could develop a clearer picture of each client's health history and any significant concerns they need to be aware of. Where clients did not consent, the medical practitioner made a clinical decision based on their professional judgement and the information provided. In this event the practitioner could refuse treatment or request the client to have their bloods reviewed at Oasis prior to treatment to ensure it was safe.

## Management of client risk

Risk management plans were based on the risk assessment. All identified risks had management plans to support them. All risk management plans had been completed alongside the client and were individual to them. Risk management plans were holistic and addressed key issues such as harm minimisation. However, they also addressed wider aspects of risk which impacted the client, for example, risk management plans relating to mobility, allergies and mental health issues such as anxiety.

Staff demonstrated they were able to respond promptly to the deterioration in the health of clients. The service evidenced occasions where clients had been taken to the local general hospital to receive treatment due to health concerns which preceded their detox.

The service did not operate a smoke free policy. This was a considered decision, managers felt it was in the best

interest to manage clients' primary addiction during detoxification to ensure a more therapeutic and successful outcome. However, clients could access support around smoking cessation if they wished.

On discharge, staff gave clients a discharge letter to give to their GP advising them of the treatment they had received. Staff also provided clients with a graduation pack which included relevant information such as coping strategies and triggers, and community support within their local area. Prior to treatment the service made a plan with clients in the event of an early discharge what measures the service should take including who to contact, and how the individual was going to get home. Clients who discharged themselves early, were encouraged to continue treatment. If they decided to leave, they were provided a discharge plan, family were notified and support around logistics was implemented as per the agreed discharge plan prior to treatment.

## Restrictive interventions

The service placed restrictions on clients to maintain the safety and running of the service. All clients were notified of these prior to receiving treatment, and it included a prohibited items list and bag searches upon arrival[BK1]. The entry to the building was always locked, but there was a lock release button which meant it could be opened from the inside. This was in order to protect clients from unknown members of the public entering the building. The provider had risk assessed the restrictions where appropriate and reviewed them regularly.

## Safeguarding

The service had robust safeguarding mechanisms in place to ensure staff were able to protect vulnerable adults and children they came into contact with. All staff we spoke to were clear on their responsibilities and felt confident to make safeguarding referrals. In the last 12 months there were six safeguarding referrals made. Staff regularly liaised with the local authority for each potential safeguarding concern, this was submitted as a formal safeguarding alert if the local authority felt it met the threshold.

Staff could access support around safeguarding from senior members of staff as well as guidance documents. In addition, safeguarding training was part of the mandatory training for staff. Staff felt confident in raising concerns and felt supported by managers.

# Residential substance misuse services

## Staff access to essential information

All client records, including prescription charts were stored electronically. Oasis had finished its transition of moving over to a new bespoke electronic record system. The service implemented a two

stage transition in order to get staff used to working with it confidently. The first phase transitioned all the care documentation and therapeutic notes, and the second phase which concluded in November 2019 transitioned all clinical notes and electronic prescribing.

Staff did not have any concerns about the electronic client record system. They felt it was easy to navigate, fit for purpose and effective.

All staff could access the electronic recording system. The service had a business continuity plan in the event the service lost connection. They also had on going technical support from the developers.

## Medicines management

All clients had a physical health review during their initial assessment. Staff took routine physical health observations including daily baseline checks such as pulse, oxygen saturation and glucose. The service had equipment and processes in place to take blood samples for examination. Where possible, GP records were obtained before admission, so the prescribing doctor had a clear overview of any physical health concerns. Clients on prescribed medication were expected to bring enough provisions in place for the duration of their detox.

Medicines were stored in a treatment room and access was restricted. Key information was documented on each shift during the handovers. Room and fridge temperatures were monitored daily and were within recommended ranges. Measuring equipment which required regular calibration such as weighing scales, had been appropriately calibrated. Staff had access to the appropriate emergency equipment, equipment it was checked regularly to ensure it was ready to use.

We reviewed the medicines administration records for clients receiving care and treatment at Oasis. All records were completed appropriately and indicated the correct dose and frequency for medication. Medicines administration records did not have any gaps in recording. The service used electronic prescribing which significantly reduced the number of medication errors. The system also

self-audited the medication and flagged any anomalies or issues. The service had a protocol in place to support staff in managing clients suffering opioid, benzodiazepine and alcohol overdoses. The protocol was comprehensive, and supported staff to recognise symptoms of the different types of overdoses and steps they should take.

Clients receiving treatment around drugs were offered a Naloxone kit upon discharge. Naloxone is an emergency medicines that can reverse the side effects of an overdose of opioids like heroin, methadone, codeine and buprenorphine.

## Track record on safety

There were no serious incidents recorded in the last 12 months. However, the service demonstrated learning from serious incidents that had occurred historically. Oasis implemented wellbeing checks at night for clients as a result of a serious incident that occurred in 2018. The wellbeing checks were a non-invasive means to check vital signs during the night time routine checks. The service had to balance client safety and their comfort and dignity to ensure they were safe whilst in detoxification. Clients were made aware of the checks prior to their treatment.

## Reporting incidents and learning from when things go wrong

The service had effective mechanisms to report, review and learn from incidents and when things go wrong. All staff reported incidents through an electronic recording system. Incidents were reviewed by and escalated to the service manager and actioned appropriately. Depending on the type of incident, the most appropriate person would investigate it. For example, a member of the senior management team routinely investigated the serious incidents. Staff understood how to log incidents and were confident in how learning was shared. They felt supported by managers during serious incidents.

All learning was shared during the team business meetings as the primary platform. However, the registered manager told us learning was a continual thing and learning could be shared during handovers, supervision and alternative methods.

The service identified 'falls' as being one of the most common incidents occurring. As a result, staff modified the care templates to always include a review of the risks around falls, and subsequent plans around it. The service

# Residential substance misuse services

was also responding to national incidents and adapting their services to ensure the safety of its clients. Due to the international outbreak of the coronavirus, Oasis were screening clients who had been abroad in the last few months during the assessment. In addition, the teams had been briefed about potential symptoms of a coronavirus infection.

The provider had a Duty of Candour policy in place. Staff understood the principles of being open and transparent when an incident occurs.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

All clients underwent a pre-assessment prior to treatment. The pre-assessment was comprehensive and reviewed by the prescribing doctor and registered manager. It considered the clients appropriateness for the service, and whether Oasis could effectively offer treatment. The pre-assessment looked at a range of pre-requisites including, substance misuse, mental health, physical health, community rehabilitation programmes and any convictions.

If the client was deemed appropriate for treatment, the prescribing doctor and lead nurse undertook a face to face review with the client where all their physical health observations were taken including urine analysis and breathalyser readings. The doctor also provided the client with their medication regime. All assessments had a treatment rationale detailing why the client was appropriate.

We reviewed five care records and found all the clients had a care plan in place. The care plans were individualised, holistic and recovery orientated. The care plans shared some similar goals around recovery, however, they also had goals which were individual to that person. For example, one care record identified needs around the client having a gluten intolerance, and another record identified a range of protective factors for that individual which were key to their recovery.

Care plans and risk assessments were updated on a daily basis, this was after each handover. Each client had an identified key worker who was responsible for maintaining the record.

All clients had a discharge plan for unplanned exits from treatment. The plan was created during the initial assessment where staff identified which family members they would need to contact in the event of unplanned exit and the logistical arrangements for the client to get home.

### Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. These interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence as well as 'Drug Misuse and Dependence UK Guidelines on Clinical Management', commonly known as the 'Orange Book'.

The service offered medication to assist detoxifications for clients suffering both alcohol and drug dependency. The detoxification offered ranged between seven to 28 days depending on the substance or substances the client was detoxifying from. This incorporated a full therapeutic programme to coincide with the medication detoxification.

Oasis provided a structured four weekly rolling detoxification programme which depending on the client need could last up to 28 days. This meant clients could enter the service at any time during the four-week period, and benefit from all the programmes, and interventions Oasis had to offer without impacting anyone else's progress. This service offered medical detoxification and psychosocial interventions including, harm reduction, substitute prescribing, relapse prevention, motivational interviewing and structured counselling sessions. The service used recognised psychological models by qualified staff including dietetical behavioural therapy and cognitive behavioural therapy. The service also offered alternative therapies including, music therapy, art therapy, kundalini yoga, gong therapy, acupuncture and mindfulness. Managers recognised that clients had different needs and alternative therapies would provide a different aspect of recovery. Alternative therapies offered clients different platforms for their emotional expression and regulation. We observed a session around drug education and then



# Residential substance misuse services

mindfulness. The sessions were very well facilitated, the facilitators were knowledgeable and experienced. Clients understood the expectations and were involved throughout.

The service also offered an aftercare provision, where clients could attend the service on a weekly basis for group work sessions to continue their development and recovery journey. We spoke to five clients who were using this aftercare service and they told us how they benefitted from this and how it was an 'excellent' provision.

The service had systems in place to ensure clients were offered blood borne virus testing, and treatment including hepatitis C. A specialist team attended Oasis on a monthly basis to provide an education session and to offer the testing. In the event a client tested positive for anti-bodies, and was out of area, the team who undertook the testing would link in with the equivalent team of the client's locality. This meant there was continuation of care regardless of where the client originated.

Clients were offered to live healthier lives through a number of means, including tailored dietary adaptations, information leaflets and referrals to access organisations in the community. Staff also supported clients twice weekly to take part in low level exercise sessions outside of the unit, this included things such as walks.

## Monitoring and comparing treatment outcomes

Staff regularly reviewed recovery plans with the clients within the service. There were audits in place to ensure the service had appropriate oversight and were monitoring compliance of these reviews. Staff conducted routine audits to ensure the quality of the care records, as the systems were all electronic the system had audit tools integrated within its system.

The service submitted outcomes to the National Drug Treatment Monitoring System which is a national database that collects trends from other public funded substance misuse treatment services.

The service was routinely monitoring how many clients accessed the blood borne virus testing. In February 2020 12 clients accessed the testing, and 15 in January 2020. This meant they could track trends and understand why clients may not access it.

Staff used recognised withdrawal scales during the pre-assessment. They were done to determine the usage and effects of the substance the client was using.

At the time of the inspection Oasis was not part of any accreditation scheme.

## Skilled staff to deliver care

Oasis had the appropriate skilled staff to deliver effective care and treatment. They employed a range of staff with the specialist to support the delivery of the service. The service had doctors with a range of backgrounds, including mental health and substance misuse. They had employed registered general nurses, support workers, recovery workers and a qualified counsellor.

The service invested time and resource into ensuring staff received appropriate training and development within their roles. Staff were routinely encouraged to upskill themselves, and were offered additional training which included things such as dialectical behavioural therapy, national vocational qualifications level 5 in Management and Leadership' and non-medical prescribing. Staff felt as though there were opportunities to develop and the service supported them through this.

Staff received a wide variety of mandatory training which provided some role specific modules and more generic modules which were appropriate for everyone. Compliance with mandatory training was high. The service had a robust mechanism to monitor compliance and ensure staff who were due to complete their training were scheduled on.

Staff received management supervision every six to eight weeks, and qualified staff received clinical supervision on a more frequent basis. All staff received regular one to one supervision and the majority of staff had received an annual appraisal.

We sampled two staff files and found appropriate pre-employment checks had been carried out including enhanced disclosure and barring service submissions.

The registered manager felt as though they were able to address poor performance effectively, and staff were supported through personal development plans and through supervision. The registered manager was supported by the senior management team to address performance.

## Multi-disciplinary and inter-agency team work

# Residential substance misuse services

Staff at Oasis worked well as a team. Nurses, therapy staff and support workers met regularly on a daily basis during handovers to share key information to staff that were coming on shift. Each client had a named worker, so they had a point of contact if they wanted to discuss their care or treatment.

Where clients were involved with statutory services, or were referred into the service through statutory means, staff at oasis worked closely with their care co-ordinators within the community to ensure continuity of care from entering the service till discharge. Where appropriate the community teams met with staff from Oasis for multi-disciplinary meetings to plan the care of the respected client.

The service had systems and processes in place to refer clients into statutory and voluntary services post treatment. This included services such as dual diagnosis teams, these types of services offer support for people who suffer from mental health issues as well as substance misuse.

Care plans identified onward referrals to services which would offer support and benefit clients post discharge, these included mutual aid groups, voluntary groups, education and employment services.

## Good practice in applying the MCA

Staff understood the primary principles of the Mental Capacity Act and how and when to apply them. They told us the primary occasion when they had to consider the client's capacity was if they were intoxicated. Staff felt supported around this and knew where they could access support.

Mental Capacity Act training featured as part of the staffs training modules; the majority of staff had completed this. The service had a policy in place to support staff as well as the training.

Prior to receiving care and treatment clients were asked for their consent. This was clearly documented within the care records. Due to the settled state of the clients during inspection, we did not find any examples of where a best interest decision had to be used. In the most recent exit survey, all clients said they were asked for their consent before receiving treatment.

## Are residential substance misuse services caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

We observed staff treating clients with kindness and compassion. Staff demonstrated empathy and a none judgemental approach to caring for clients. During the activity groups we observed staff were respectful towards clients, responsive to their needs and created a relaxed environment which enabled everyone to learn at their own pace. Staff understood the clients they were working with, and it was clear they had developed a positive therapeutic relationship with them.

We spoke to eight clients receiving care and treatment, all of the comments we received were positive and demonstrated how highly they regarded the service. Clients told us staff treated them well, they felt respected and staff understood their needs.

Staff were clear about their responsibilities around confidentiality. They also undertook a mandatory training module around this to ensure staff recognised the importance of this. Clients were also informed about confidentiality prior to treatment.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour and that these would be listened to by managers. Management actively encouraged reporting of concerns and promoted an open culture within the workplace.

The service were routinely reviewing the care and treatment they offered. Clients were asked to complete surveys which enabled the service to understand what clients felt and where they could improve. The most recent exit survey January to February 2020 results showed that 84% of clients felt the treatment was very good, and 15% felt it was good. Ninety Seven percent of clients felt as though they were treated with respect and 94% of clients rated the staff as very good.

### Involvement in care

#### Involvement of service users

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We reviewed five client records and found all the records demonstrated client involvement, and were written in a way the client could understand. Each client had a risk assessment and care plan which demonstrated individual preferences around a range of things from food allergies, religious needs and support around mental health. The clients we spoke to felt involved in their care and treatment, they felt staff regularly communicated with them about their needs. Clients told us,

- “my therapy plan is really clear”
- “nurses involve us in? medication and give us the information we need”.

In the exit survey, 95% of clients told us their needs were met through their care plan and 94% said they met all of their goals.

All care records had a corresponding risk assessment, all risks identified within the plan had an action plan. Client's recovery plans and records highlighted their protected characteristics. Recovery plans were client centred, holistic and identified what client's individual goals were.

Clients had weekly community meetings whereby they could discuss their progress and raise any concerns or issues about the delivery of the service. A common theme identified by managers was around meal choices. As a result, the service manager met weekly with the chef to review the menu and consider suggestions put forward by clients.

Carers were involved in the care and treatment of the client. Care records documented any conversations or information relating to carers Where appropriate they were invited to multi-disciplinary meetings.

## Involvement of families and carers

The exit survey results reflected that 91% of clients felt the service ‘always’ communicated effectively with others involved in their care, and 5% felt the service ‘often’ communicate effectively.

Carers could attend a “family group” for their own support and education around substance misuse. It enabled staff to signpost families to organisations which could support them or the client within their local community. Feedback from this group included carers saying they felt they better

understood the service that was being offered, it improved their relationship with the client, they were better educated on issues around substance misuse and they were offered onward referrals for community support groups.

Staff documented any conversations or involvement of families and carers within the care records. Staff regularly updated families on the progress of clients where consent had been given, and they were involved within the clients’ recovery journey.

## Are residential substance misuse services responsive to people's needs? (for example, to feedback?)

Good 

## Access and discharge

### Access, waiting times and discharge

At the time of the inspection the service was not fully occupied, they had 15 clients receiving care and treatment of a possible 19. Oasis Bradford had a clear referral criteria which the manager and prescribing doctor used as a benchmark to see if the client was appropriate for treatment. Clients could be referred into the service through statutory means (via a local authority) or through private means (self-funded). The admissions team managed referrals into the service and triaged them for pre-assessment by the service manager and prescribing doctor. The service said referral to treatment for statutory clients took 14 days, as the service had all the information they required prior to admission. Referral to treatment for private clients could vary depending on the information provided to the service, however, the manager said in most cases private clients could receive treatment within 14 days. There was a waiting list for the service which was monitored regularly. Due to the rolling programme of treatment there was a constant flow in and out of the service. The service offered flexible treatment ranging from 10 days to 28 depending on the client need.

In the last 12 months the service discharged 413 clients. Of the 413 discharges, 87% were successful, this meant the clients had completed their treatment fully. Oasis had a target of 80% successful discharges. The senior management team reviewed and tracked trends for the

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clients who did not complete their treatment, they considered variables such as when the client discharged themselves, demographic and reason for detoxification to see if there were any emerging trends to early discharges, and if they could change anything to prevent that from happening. There were no significant trends identified which attributed to the early discharges in the last 12 months.

Discharge plans were agreed prior to treatment, the service developed early exit plans in the event the client wanted to terminate their treatment. Where clients required onward referrals or care to be transferred staff facilitated this appropriately. During the exit survey, 97% of clients said arrangements for their discharge were in place prior to completing their treatment.

## Facilities that promote comfort, dignity and privacy

On the unit, the service provided a family room where clients could meet visitors or make phone calls in private. The service had an outdoor space which clients could access, it had a smoking area within it. Although there were rooms for clients to engage in both group and 1:1 therapy sessions on the unit, space was limited. The service had plans to extend the service and had funding approved.

All the bedrooms had en-suite facilities including a toilet, basin and shower. The service had two bedrooms which were shared, the en-suite facilities had locks on the inside to maintain privacy and dignity. Shared rooms came at a cost difference, clients could choose which room they wanted. Both shared rooms were single sex.

The service had a dedicated chef and provided meals for the clients who could choose from a range of options daily. The service could alter for a range of dietary requirements on request, we saw examples of gluten free adaptations, halal meals and Rastafarian meals. A range of snacks were readily available in both the lounge and dining areas and clients could help themselves to hot or cold drinks at any time.

## Patients' engagement with the wider community

The service had good links with local community services. Staff also supported clients finding services within their locality if they were an out of area. The service supported

clients to access services which would increase their recovery capital in order for them to thrive. This included, employment services, housing services and education services.

The service facilitated weekly mutual aid groups. They offered onward referrals to clients to access them when they left the service. They supported clients to maintain contact with their families, by offering monthly family groups, visiting opportunities and where appropriate inviting families to multidisciplinary meetings.

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

Oasis Bradford had disability access for those requiring it. They had a lift access to the rooms upstairs and evacuation equipment in the event of a fire for people with mobility issues.

The service took into consideration clients spiritual needs by having a "spiritual library" where clients could access holy scriptures from a range of religions. They catered to dietary needs where appropriate, we saw examples of halal diets, vegan diets, gluten free diets and Rastafarian diets. The service could provide information and literature in a range of languages if the clients required it.

Although the service did not have list monitoring the change in client's risk, staff spoke about the clients change in risk during each handover. This was reflected in the care records and handover documentation.

Staff could access support for clients requiring specific information around their protected characteristics or vulnerabilities they may have for example domestic violence related issues. The service had regular contact with the local authority safeguarding team in the event they needed to discuss individual cases.

## Listening to and learning from concerns and complaints

The service treated complaints seriously, investigated them and shared any learning where appropriate. They had a complaints policy in place, and there were signs around the building signposting clients to raise a complaint if they wanted.

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Complaints made to the service were reviewed by the service manager and aimed to be resolved locally. If a client submitted a formal complaint, an independent manager undertook the investigation, this was in order to provide objectivity.

The February 2020 exit survey results around complaints showed only 5% of clients raise a complaint, all those clients had their complaints resolved locally. Clients told us they felt they could raise a complaint, and it would be taken seriously. Some told us they didn't feel they ever would need to.

In the 12 months before January 2020 there were 11 formal complaints raised at Oasis. Only one was upheld and the client received a partial refund. In the same period Oasis received 269 compliments.

## Are residential substance misuse services well-led?

Good 

### Leadership

The service was well led. Oasis Bradford had strong leadership, they were well established, knowledgeable, and suitably qualified for their roles. Leaders had autonomy to make decisions and were supported by the senior leadership team. The services supported leaders within the organisation to develop to undertake their roles successfully. They offered funded courses in leadership and management, and staff were given the opportunities to take more responsibility. For example, the registered manager was in the process managing multiple locations after proving their success at Oasis Bradford.

Local leaders as well as the senior management team were visible and regularly attended the centre. They knew staff and had developed a positive rapport with them. This was reciprocated by staff, they were aware of the leadership and felt as though they were approachable.

Oasis Bradford was overseen by the registered manager, along with the support of the deputy manager and lead nurse. The senior management team attended the service on a routine basis, and included head of performance and compliance, operations manager and head of operations.

### Vision and strategy

Oasis Recovery's mission statement was to provide high quality, outcome focused drug and alcohol addiction recovery services nationwide. Their vision was, every person and family suffering from drug and alcohol addiction has a free choice to fully recover from their addiction and achieve their potential. The core values comprised:

- We act with integrity and show respect
- We are all accountable
- We are passionate about our business, our service and our clients
- We have humility and hunger to learn
- We love success
- We strive for simplicity.

Staff demonstrated the vision and values through what we observed and what they told us. They had defined roles and understood how everyone's role worked together individually and as a team. Although the service had strong leadership and strategic direction, we could not evidence how staff were involved in the process of developing it.

### Culture

Oasis Bradford had an open and candid culture across the service. Staff felt positive and motivated in their roles. They felt valued within the organisation, and that their work was having a positive impact. Staff said that morale was good, despite the potentially stressful environment they worked in. They told us that all members of the multi-disciplinary team listened to each other and valued each other's opinion.

Although there was no formal staff awards, the registered manager told us staff were recognised for their good work during team meetings. This was a considered choice as they did not want the other

staff to feel undervalued or left out. We reviewed a sample of team meetings and found the teams were reviewing their successes this included client discharges and positive pieces of work being done.

The service conducted a staff survey six months prior to inspection and one of the outcomes was about the promotion of wellbeing. In response, the service developed a workbook for staff in order for them to improve their wellbeing and access services. We did not find any

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evidence of staff being involved in the development of the service at a local level or organisational level, this included things such as the direction in which the organisation was growing.

## Governance

The provider had a robust governance system which ensured leaders could assess, monitor and improve the safety and quality of the service. The governance framework was effective and ensured there was a clear escalation process for key information to be discussed and shared.

The local team met on a bi-monthly basis as part of their business meetings, this gave the whole team a chance to review incidents, share learning, and communicate any key information. These meetings fed into the clinical governance meetings and managers meetings. The managers meetings were for all registered managers for the provider to meet, and review their services, share learning across the organisation and review areas of risk. Clinical governance meetings reviewed the clinical aspects of the running of the service for example, reviewing audits and updates in best practice or guidance. The head of operations felt the governance structure was as strong as it has ever been in the organisation and reflected in its growth.

The service regularly reviewed its policies and procedures in line with best practice and guidance. There was appropriate oversight by the senior management team. The service monitored and reported on a range of key performance indicators. Staff undertook regular audits to ensure continuous improvement. We saw learning from audit shared during the team meetings, in the last team meeting there was learning around a medication error an audit had picked up.

The service implemented changes as a result of serious incidents that occurred. In 2019 the service was issued with a regulation 28 notice from the coroner requesting how the service had made changes to its practice in relation to a death that occurred in 2018. The service had improved the way it monitored and observed patients during the night time shift. There were no serious incidents of this nature since.

There were robust safeguarding procedures in place. Staff undertook training as part of their mandatory training and felt confident to raise alerts. The service had developed a

good rapport with the local authority whereby they could discuss cases to see if they met the threshold for a formal alert. Oasis reported safeguarding alerts to the Care Quality Commission as part of their responsibilities under the regulation 18 of the registration regulations.

There was a whistleblowing policy in place. Staff were aware of the whistleblowing policy and what they should do in the event they needed to raise concerns. There were no reports of whistleblowing in the previous 12 months.

## Management of risk, issues and performance

The service had an up to date risk register in place with an associated action plan. The risk register was reviewed regularly by the local and regional management. Staff could raise concerns to managers to put onto the risk register. They felt confident to raise concerns without fear of not being listened to. One of the key risks on the register was 'falls' as it was a regular occurrence due to the nature of treatment. The service had implemented a falls assessment within the client records with a view to forecast risks around potential and put mitigation in place.

The service had business continuity plans in place in the event of an emergency. Their systems were tested in 2018 where a fire in a neighbouring building meant they had to evacuate over night. The service had to provide temporary accommodation whilst safely continuing client detoxification. They were safely able to continue the detoxification until they were deemed safe to return to the unit. The service were praised by the senior management team on how they coordinated this.

Sickness was low at 0.5% over the last 12 months, and there were no vacancies in the same time period. Staff felt settled and this was a reflection of how well the service was managed.

## Information management

Since the service moved to a bespoke electronic recording system, they had effective systems to collect data. There was a head of performance and compliance to support the registered manager around managing data. In addition, there were systems in place to auto populate information around the day to day running of the service this included audit functions such as the electronic prescribing.

Data collection was not over burdensome for frontline staff and managers, they had access to information to support

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them in their role relating to performance of the service. For example, managers could audit clinical records remotely, without having to attend the centre, this enabled the running of the service to be more efficient and agile.

The information technology infrastructure worked well and helped to improve the quality of care. Staff were able to access essential information in a timely manner and told us the client electronic system worked well. All staff had access to the client electronic system.

Staff discussed confidentiality with clients during their assessment, consent was sought prior to treatment. Consent was recorded on client records.

The service met its obligation in sending mandatory notifications to the appropriate authorities.

## Engagement

Staff, clients and carers had up to date information about the work of the provider and the service they used. For example, through the intranet, information boards, newsletters and leaflets. Clients were provided with information during their one to one and group sessions at the service. Upon discharge clients were provided with a graduation pack which included information about recovery, mutual aid groups and services clients could access within the community.

Clients and carers had opportunities to give feedback on the service they received. The service routinely conducted client surveys, as well as gathering feedback through weekly community meetings and exit surveys upon discharge. The exit surveys were comprehensive and covered a range of areas relating to the care and treatment received.

The service had developed good working relationships and arrangements with other services where appropriate to do so. This included, statutory and voluntary sector organisations such as mental health services, housing services, charities, and mutual aid groups.

## Learning, continuous improvement and innovation

The provider had developed some innovative systems to support care delivery. For example, the electronic record keeping system they used was a bespoke design for their organisation tailored towards substance misuse services. The system was user friendly and was fully integrated. This system also included electronic prescribing, this meant there was less chance of human error in dispensing medication.

During our last inspection in 2017 the provider had started its journey in introducing an alumni for clients who had completed their detoxification. The alumni were now fully established as an integral part of clients recovery journey. It enabled clients to stay in contact, attend events and enabled the provider to track their progress and offer support at key intervals. The alumni held regional events for clients to attend which celebrated their successes. This group also offered monthly news letters, and seminars clients could attend.

The provider was in the process of developing a mobile app for its clients. It recognised the benefit and advance in mobile technology. The mobile app would provide better connectivity with clients offering them support, information and providing a secondary platform for the alumni.

The provider was not part of any national research or quality improvement projects.

# Outstanding practice and areas for improvement

## Outstanding practice

The clients alumni programme were now fully established and an integral part of clients recovery journey. It enabled clients to stay in contact, receive monthly newsletters, attend events and enabled the provider to track their progress and offer support at key intervals. The alumni held regional events for clients to attend which celebrated their successes.

The provider was in the process of designing a mobile application for its clients. This meant clients would not only be better connected throughout their rehabilitation, the platform would enable clients to access a range of support through their mobile devices. The mobile application would also support the alumni and enable the continuous peer support.

## Areas for improvement

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

- The provider should continue to work towards developing the service to increase its capacity to provide therapy space.