LAP assessment report

# Elliott House

**LAP Assessment Report ID :** LAP-02997

**Inspection visit date(s):** 18 and 19 August 2026

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Elliott House

# Location findings

## Ratings for this location

| | |
|---|---|
| **Overall** | Good |
| **Safe** | Good |
| **Effective** | Good |
| **Caring** | Good |
| **Responsive** | Good |
| **Well-led** | Good |

## Overall location summary

We inspected Elliott House on 18 and 19 August 2026. This was our first inspection of this newly registered service, and we rated this service as Good.

Elliott House is a residential substance misuse service provided by Acorn Recovery Projects as part of The Calico Group. Elliott House provides supported accommodation for up to 7 clients of any gender who have a history of substance and/or alcohol misuse. Clients are required to remain abstinent to substances prior to their admission and must attend a structured counselling treatment programme provided by Acorn Recovery Projects at their central treatment centre, Fulstone House.

The service has been registered with the Care Quality Commission since December 2024 to carry out the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.

Elliott House
# Location findings

## Safe

Rating Good

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

## Effective

Rating Good

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

## Caring

Rating Good

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

## Responsive

Rating Good

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

## Well-led

Rating Good

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

## Substance misuse services

| | |
|---|---|
| **Overall** | Good |
| **Safe** | Good |
| **Effective** | Good |
| **Caring** | Good |
| **Responsive** | Good |
| **Well-led** | Good |

## Our view of the service

We inspected Elliott House on 18 and 19 August 2026. This was our first inspection of this newly registered service, and we rated this service as Good.

Elliott House is a residential substance misuse service provided by Acorn Recovery Projects as part of The Calico Group. Elliott House provides supported accommodation for up to 7 clients of any gender who have a history of substance and/or alcohol misuse. Clients are required to remain abstinent to substances prior to their admission and must attend a structured counselling treatment programme provided by Acorn Recovery Projects at their central treatment centre, Fulstone House.

The service has been registered with the Care Quality Commission since December 2024 to carry out the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.

## People's experience of the service

During our inspection we spoke with all 7 clients at the service. Clients spoke highly of staff at the service. They described staff as "brilliant" and going "above and beyond". They told us how staff made Elliott House feel like a "home away from home" with their "own little family".

Clients also told us they could approach staff with a problem "whenever" they needed to. Overall, they told us staff made them feel safe and supported their recovery. One client commented: "Elliott House is the best place I've ever been".

## Safe

Rating Good

This means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Learning culture

#### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service had a proactive and positive culture of safety, based on openness and honesty. They listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice.**

The service reported no serious incidents in the 12 months prior to our inspection.

All staff knew what incidents to report and how to report them. Staff were debriefed and received support after an incident.

Incident reporting processes ensured that incidents were investigated efficiently and proportionately. We saw evidence of learning identified from incidents and changes implemented in response. For example, the service had made changes to infection prevention and control procedures, including providing more information for staff in relation to managing clinical waste.

Staff received feedback from the investigation of incidents. Managers shared feedback during daily team meetings and through emails to staff. This included learning identified from incidents at the service and learning shared from other services delivered by the provider.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

## Safe systems, pathways and transitions

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. They made sure there was continuity of care, including when people moved between different services.**

The service's referral and admission processes ensured that all essential information about the client was received to determine if the client's needs could safely be met.

Staff we spoke with told us that where a client's needs could not be safely met by the service, they would work with other services and providers to support the client to access a service more appropriate for their needs. For example, staff told us how they had supported a client to access alternative services when it was identified that their mobility would make it unsafe to use the stairs at the service.

The service also worked with other locations managed by the provider to support clients in

being placed in the accommodation that was best suited to their needs. For example, where availability permitted clients with bladder damage would be supported in Elliott House due to its ensuite accommodation. Referrers to the service described staff at Elliott House as going "above and beyond to ensure that service users have access to the most suitable placement".

Staff involved all the necessary healthcare and social care services to ensure clients had continuity of safe care. Staff planned and managed discharge well. Effective communication was maintained with a client's local services during their admission and throughout referral and discharge processes, including for clients who were not local to the service. Referrers to the service described communication by Elliott House as "timely…informative and purposeful".

## Safeguarding

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. They concentrated on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The service shared concerns quickly and appropriately.**

All staff had completed training in safeguarding adults and children. Staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew to raise a safeguarding concern and did this when appropriate.

Safeguarding was explored and documented as part of a client's assessment and care planning. We saw evidence that where safeguarding concerns were identified these were comprehensively addressed in a client's care plan. Staff at the service worked in partnership with other agencies, such as local social care teams, to make the necessary referrals and ensure that clients were supported throughout safeguarding processes.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. An individualised approach was taken to ensure that clients were supported to feel safe at the service. For example, clients who had been victims of domestic violence could be offered more regular check-ins with support staff which focused on their feelings of safety in shared accommodation.

**Mental Capacity Act**

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards (DoLS). Staff were aware of the policy and had access to it.

100% of staff had completed training in the Mental Capacity Act. Staff we spoke with demonstrated a good understanding of it, in particular the five statutory principles. Managers at the service described the principles of the mental capacity act as "embedded" in their procedures and day-to-day practice.

Staff knew where to get advice from within the organisation regarding the Mental Capacity Act.

Staff took all practical steps to enable clients to make their own decisions. Staff ensured clients had understood, agreed to, and signed consent to treatment forms.

## Involving people to manage risks

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service worked with people to understand and manage risks by thinking holistically. Staff assessed and managed risks to clients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. They provided care to meet people's needs that was safe, supportive and enabled people to do the things that mattered to them.**

All clients at the service had comprehensive risk assessment and recovery plans in place.

We reviewed the risk assessments and recovery plans for 4 clients during our inspection. For each record we reviewed, the standard template had been personalised throughout and reflected individual risks, needs, and preferences. For example, in one recovery plan we saw evidence that staff had identified a complex safeguarding concern, explored this with the client, and put specific plans in place to support the client. This included ongoing communication with a social worker from the local authority, which had enabled staff at the service to carefully plan how to support the client in relation to receiving some difficult news from them.

All recovery plans and risk assessments demonstrated clear evidence of being written and regularly updated in collaboration with clients throughout their treatment, with the client's own voice standing out throughout the documentation. Staff we spoke with demonstrated a detailed understanding of and familiarity with each client's risk assessment and recovery plan. Whilst showing these to the inspection team, they frequently pointed out statements which reflected what was important to that client and why.

Risk management plans were thorough and client recovery plans clearly addressed a client's identified mental health, physical health, social circumstance, substance misuse, and safeguarding need and risks. All clients also had plans in place to manage the risks of any unexpected exit from treatment. These were individualised, related to needs identified in a client's risk assessment, and were updated throughout a client's treatment.

Staff communicated effectively with clients so that they understood their recovery plans. This included ensuring that each client's communication needs and preferences were explored as part of their assessment and reflected in their recovery plans. Clients had a good understanding of their recovery plans and how they addressed their individual risks. Referrers also told us how clients would reference their recovery plans during their reviews, demonstrating how their recovery plans were treated as central to their care and treatment. Clients described being genuinely involved in their risk assessments and the development of their recovery plan.

Staff routinely provided clients with harm reduction advice in relation to the risks associated with drug and alcohol misuse.

## Safe environments

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service detected and controlled potential risks in the care environment. They made sure equipment, facilities and technology supported the delivery of safe care.**

All areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed infection control guidelines, including hand-washing.

The service was a converted residential property with 7 single occupancy client bedrooms. Each of these bedrooms had their own ensuite bathroom with a toilet and shower. There was also one shared bathroom which all clients and visitors were able to access.

The service had one communal kitchen and living area with adequate cooking, cleaning, and washing facilities. There was no space available at the service to provide a single-gender living space. However, clients were aware that the service was mixed-gender before admission and individualised sessions with the service's allocated recovery worker were arranged to check-in with clients where it was identified that they may sometimes need additional support because of this. Clients did not raise any concerns regarding the mixed-gender accommodation. All client bedrooms were single occupancy meaning clients had access to a private space regardless of their gender identity.

The service did not have a dedicated clinic room. Medicines and emergency medical equipment were stored safely in a locked staff office. The service also stored a first-aid kit in the communal kitchen for clients to independently access basic wound care resources (for example anti-septic wipes and bandages). Staff made sure this equipment was well maintained, clean, and in working order as part of routine health and safety audits. Where more detailed medical examination was required, clients were supported by staff to promptly access support at the local GP surgery or via the emergency services as appropriate.

The service had up to date environmental risk assessments and staff carried out regular checks

of the care environment. The service had an up-to-date ligature risk assessment and ligature risks were mitigated through individual client support. All staff at Elliott House had received training on the use of ligature cutters and the service had also introduced a Safe Use of Ligature Cutters Procedure to support this.

## Safe and effective staffing

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked together well to provide safe care that met people's individual needs.**

Staff numbers complied with or exceeded minimum establishment levels set by the provider. The staff working at Elliott House included a full-time support worker who supported clients during the day. A full-time live-in caretaker also supported clients before and after their attendance at the central treatment hub and was available to clients overnight. Clients at the service also benefited from access to a counsellor and an admissions coordinator who worked across the provider's wider residential rehabilitation provision, with approximately 0.78 and 0.25 WTE therefore attributable to their work at Elliott House. The service manager worked across 3 of the provider's residential rehabilitation services, including Elliott House.

At the time of our inspection, there were no vacant posts within the staff team. The average staff sickness rate in the 12 months prior to our inspection was 1.62%. There had been no long-term absence cases, and no staff had left their roles at the service meaning turnover was 0%.

In the 12 months prior to our inspection, 52 overnight shifts (14%) had been filled by bank staff to cover planned absences of the live-in caretaker at the service. These shifts were all covered by staff familiar with the service and mostly by staff who undertook regular overnight shifts as part of their usual role. Where absences were unplanned, these shifts were covered by on-call management at the service. Daytime absences were covered by staff from other Acorn

rehabilitation services in the area.

All staff joining the service received a comprehensive induction programme. This included an introduction to the service's environment.

Staff had received and were up to date with mandatory training. Mandatory training was appropriate to the service and its client groups. Overall training compliance was 98% which exceeded the provider's target. Despite the small number of staff working at the service, all training modules had a compliance of at least 80%. Where staff had outstanding mandatory training, we saw evidence that this had been booked and mitigations, such as additional support through supervision and from management, were in place in the interim.

## Infection prevention and control

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.**

All areas were clean, had good furnishings, and were well-maintained.

Clients took part in a weekly rota of shared responsibilities which included cleaning the communal areas. Cleaning equipment was clearly labelled to support clients in doing this in line with infection control principles, such as having different coloured mops clearly labelled for different areas of the house. The service also employed cleaners to attend the property regularly and support cleaning of the communal areas.

Cleaning audits were carried out as part of the weekly building safety checks.

Staff adhered to infection control principles, including handwashing and the safe and appropriate disposal of clinical waste. The service had personal protective equipment available for staff and had appropriate contracts in place for managing clinical and sanitary waste

products.

## Medicines optimisation

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service made sure that medicines and treatments were safe and met people's needs, capacities and preferences. They involved people in planning, including when changes happened.**

Staff followed good practice in medicines management (transport, storage, dispensing, administration, medicines reconciliation, recording, and disposal) and did this in line with national guidance.

The service had a medicines policy in place that supported clients to manage their own medicines with increasing levels of independence. The policy outlined a progressive pathway with 3 stages. For clients on stage 1, their own medicines were stored in a locked cabinet inside the staff office. The office also remained locked when staff were not present in the office. Staff provided clients with access to their own medicines when requested and the client self-administered their medication. Clients on stages 2 and 3 stored their medications in a locked container in their own bedrooms. For clients on stage 2, staff supported them to access these where needed and completed weekly balance checks. Clients on stage 3 managed their medications independently. Staff worked with clients to assign them to a stage which reflected their needs, risks, confidence, and preferences for managing their own medicines. Clients were supported by staff to progress through these stages to ensure they were able to safely manage their medicines once they left the service.

Medication balances were checked weekly for medicines stored in the staff office and a controlled drugs register was used when required. Temperatures in this room were monitored in line with guidance and action was taken where these were identified as out of range. We saw evidence that during a recent period of high temperatures, the temperature in this room had exceeded the provider's safe limit for the storage of medications. Staff identified this during their routine checks and responded promptly. They contacted pharmacy staff for advice who

supported them to check the maximum safe storage temperature for each medication individually. One medication was identified as at risk of degradation. Staff immediately disposed of it and arranged a replacement supply in line with advice from the pharmacy.

## Effective

Rating Good

This means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Assessing needs

#### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service made sure people's care and treatment was effective by assessing and reviewing their health, care, wellbeing and communication needs with them.**

We reviewed the risk assessments and recovery plans for 4 out of 7 clients during our inspection.

Staff worked with all clients to complete a full risk assessment prior to their admission to the service. Risk assessments were well-structured and covered a comprehensive history of a client's mental health, physical health, and drug and/or alcohol usage prior to their abstinence.

Staff developed a comprehensive recovery plan with each client that addressed the mental and physical health needs identified in their pre-admission assessment. Staff also worked with clients to regularly update their recovery plan to ensure it reflected their current risks and needs as they progressed through their treatment. Recovery plans were personalised, holistic,

and recovery oriented. For example, in one client's recovery plan we saw that they had been offered more frequent one to one contact with the recovery worker in response to their needs relevant to the mixed-gender environment of the accommodation. In another client's recovery plan, we saw that staff had worked with them to develop a plan for managing their pain. All recovery plans were clearly written in genuine collaboration with each client. The client's own voice was clearly identifiable throughout and they were structured around the things which clients identified mattered to them most. Their structure also enabled staff to regularly review a client's progress with them, supporting the regular measurement of outcomes. Staff told us clients found this enabled them to identify their progress and the factors which helped or hindered this. This supported their recovery during their time at the service and prepared them for monitoring and managing their own needs following their discharge.

## Delivering evidence-based care and treatment

### Score

4. Evidence shows an outstanding standard of care

**We scored the service as 4. The evidence showed an exceptional standard. The service always planned and delivered people's care and treatment with them, including what was important and mattered to them. They did this in line with legislation. They worked to develop evidence-based good practice and standards.**

Staff supported clients to engage in a structured weekly programme, which supported them to build structure and routine into their lives. This included one-to-one meetings with the recovery worker, completing household tasks such as shopping and cooking, and attending regular mutual aid meetings such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

Staff at the service also supported clients to access a range of care and treatment interventions which were mostly delivered at the central treatment hub. The service actively engaged with research and evidence to develop their 'Positive Addiction Recovery Therapy (PART)' approach. They described this as a "structured therapeutic approach informed by ongoing research and evaluation" which involves clients engaging in "interventions designed to strengthen resilience,

wellbeing and recovery capital". The service had embedded this approach throughout their approach at Elliott House. For example, we heard how when a client identified that improving their physical health was important for their wellbeing, they worked with staff to set a goal to complete a 10km run. Staff then supported the client to improve their fitness by developing a training plan. A support worker also trained alongside the client for 8 weeks, providing encouragement, accountability, and building their confidence. The client successfully completed a 10k running event with the support worker running alongside them, and staff and peers from Elliott House attending to show their support. The client described the experience as "one of the proudest achievements" of their recovery journey. Staff told us how this work had supported the client to improve their wellbeing and build their confidence, resilience, and recovery capital, demonstrating the PART model in practice.

Staff at the service had also worked to develop the care and treatment provided at Elliott House to better meet the unique challenges faced by clients recovering from ketamine addiction. Staff told us their goal with this work was to ensure that this group of clients were able to access care and treatment that was equitable to clients who were in treatment for the misuse of other substances. The service had developed its approach through engaging with research and by listening and responding to the lived experiences of clients at the service. For example, the service had introduced bladder and food diaries for clients experiencing symptoms of bladder damage associated with ketamine use. Clients were supported to complete these diaries to understand patterns in their symptoms and make adjustments to their own diets and routines as needed. These diaries also helped clients access the right treatment more quickly as when attending an initial specialist urology appointment they had already gathered information that was typically requested following this initial appointment.

Where the assessment of a client's physical health needs indicated they required specialist medical treatment, they were actively supported by staff to access the appropriate service. This included supporting clients to obtain a referral and supporting them to prepare for their appointments.

Staff supported clients to access nutritious food that met their needs. Clients jointly planned meals and shopping lists for the week with support from staff. Staff at the service told us how they supported clients with learning cooking skills and clients described feeling proud of learning to cook independently whilst at the service.

Staff were experienced and had the right skills and knowledge to meet the needs of the client group. They received specialist training matched to their job role and could access additional training through an online portal where required.

Managers provided new staff with appropriate induction which was specific to their job role. If a staff member's job role changed, they also received a role-specific induction for their new post.

Managers provided all staff with supervision and appraisal. Appraisals of staff performance were embedded within regular supervision meetings and regular additional sessions through the year focused on staff wellbeing, employee engagement, and career progression. Staff at the service described how this supported staff to continually improve in their roles. Supervision compliance was 100% for all staff at Elliott House.

Staff had regular team meetings. A case management meeting took place weekly with staff from all the providers residential rehabilitation services and a team meeting for staff at Elliott House took place every 6 weeks. A daily meeting also took place for staff at the central treatment hub which included Elliott House's recovery worker who worked with clients from Elliott House at both physical locations.

## How staff, teams and services work together

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service worked well across teams and services to support people. They made sure people only needed to tell their story once by sharing their assessment of needs when people moved between different services.**

A daily meeting took place for staff at the central treatment hub which included any concerns that had arisen overnight whilst the clients were at Elliott House. The information for this meeting was communicated via the shared electronic records system which staff at Elliott House and the central hub used to communicate handover information. The staff we spoke

with felt this was effective and described “good” communication between the locations.

The staff team had effective working relationships, including good handovers, with other relevant teams (for example, with care co-ordinators and community mental health teams). Referrers to the service described communication received from Elliott House as "timely”, “informative”, and purposeful". They also told us they valued the "flexibility" and "responsiveness" of the service.

Staff at Elliott House also worked closely with a number of detox services to arrange transfers of care for clients to Elliott House once they completed their detox treatment. Feedback from one of these services described staff at Elliott House as "always helpful and cooperative in aligning transfer dates".

## Supporting people to live healthier lives

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service supported people to manage their health and wellbeing to maximise their independence, choice and control. The service supported people to live healthier lives and where possible, reduce their future needs for care and support.**

Staff supported clients to live healthier lives. Clients were offered advice on healthy eating, exercise, and dealing with issues relating to substance misuse.

Activities within the service helped promote a healthy lifestyle for clients. For example, clients were supported to plan and cook healthy meals and access a local gym. Clients told us how the staff at Elliott House fostered a sense of community amongst the client group which had supported them to build healthy lifestyle routines such as regularly attending this local gym together.

## Monitoring and improving outcomes

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service routinely monitored people's care and treatment to continuously improve it. They ensured that outcomes were positive and consistent, and that they met both clinical expectations and the expectations of people themselves.**

Staff used recognised rating scales to assess and record severity and outcomes. For example, client recovery plans were structured around the Outcomes Star which supported measurement of a client's progress across 10 different life domains such as their physical health, social networks and relationships, and self-care and living skills. Outcome Stars were completed on admission and at regular intervals throughout a client's treatment.

Staff used technology to support clients effectively. Clients' records were held electronically and supported communication between staff based at Elliott House and those based at the central treatment hub clients attended during the day. This meant that all staff could access an up-to-date overview of a client's presentation and respond appropriately.

## Consent to care and treatment

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service told people about their rights around consent and respected these when delivering person-centred care and treatment.**

Staff took all practical steps to enable clients to make their own decisions. Client records included consent to treatment, and this included recorded decisions about who staff could

share information with.

At the time of our inspection, the service was reviewing the treatment contract as they had removed a blanket restriction on mobile phone usage which was still included in the treatment contact. Staff ensured clients were aware of this prior to signing the contract, and clients we spoke with were aware that there was no longer a blanket restriction on mobile phone usage.

Records also evidenced that staff had considered the client's capacity to consent and make decisions. Staff had received training in the Mental Capacity Act and were aware of the principles of the Act and how to apply them.

## Caring

Rating Good

This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Kindness, compassion and dignity

#### Score

4. Evidence shows an outstanding standard of care

**We scored the service as 4. The evidence showed an exceptional standard. The service was exceptional at treating people with kindness, empathy and compassion and in how they respected people's privacy and dignity. Staff always treated colleagues from other organisations with kindness and respect.**

Staff attitudes and behaviours when interacting with clients were discreet, respectful, and responsive. They provided clients with help, emotional support, and advice at the time they

needed it. All staff spoke with a genuine sense of empathy, kindness, and compassion towards all clients throughout our inspection. Staff consistently advocated for their clients and spoke about the importance of supporting them without judgement for their actions during active addiction.

Staff also worked to ensure the service supported the dignity of all clients equally. They told us how they had observed that clients who were in treatment due to ketamine use appeared to struggle to engage with group sessions more than other client groups. Staff described wanting to understand the experiences of these clients and told us that when they spoke with clients about this, they had described feelings of anxiety and embarrassment surrounding continence issues caused by their ketamine use. The service had therefore worked to develop spaces where these clients could talk more openly about these challenges. Staff were clear that the purpose of this work was to ensure that all clients received equitable care and treatment.

Clients spoke highly of staff at the service. They described staff as "brilliant" and going "above and beyond". They told us how staff made Elliott House feel like a "home away from home" with their "own little family". Clients also told us they could approach staff with a problem "whenever" they needed to. Overall, clients told us staff made them feel safe and supported their recovery. One client commented: "Elliott House is the best place I've ever been".

Staff supported clients to understand and manage their care, treatment or condition. Risk assessments and recovery plans were co-produced with clients and clients were encouraged to remain in control of their care and treatment.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. For example, staff supported clients to access housing, health appointments, and social care services.

Staff understood the individual needs of clients, including their personal, cultural, social and religious needs. For example, staff had supported clients to access local places of worship.

Staff we spoke with told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of the consequences.

Staff maintained the confidentiality of information about clients.

## Treating people as individuals

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.**

The service was located in a repurposed, 2-storey residential building with stairs that did not have a lift. The service was therefore unable to meet the needs of clients whose mobility would restrict them from using stairs. Staff assessed a client's mobility prior to admission and where their needs could not be met by the service, they were supported to access an alternative placement, for example another location owned by the provider.

Staff ensured that clients could obtain information on treatments, local services, and how to complain. The information provided was in a format accessible to the client group.

Clients planned and cooked their own meals as a group. This included menu planning, budgeting, and shopping. Meals could therefore be planned to meet religious and ethnic dietary requirements or allergies and intolerances. Staff at the service supported clients with this where necessary.

Staff ensured that clients had access to appropriate spiritual support, including supporting them to access a local place of worship appropriate to their faith.

## Independence, choice and control

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service promoted people's independence, so people knew their rights and had choice and control over their own care, treatment and wellbeing.**

Staff promoted client's independence throughout their treatment. For example, the service had a structured, progressive pathway to support clients to take responsibility for administering their own medicines. Staff also supported clients to develop skills for independent living such as cooking, budgeting, and cleaning.

Clients were supported to exercise choice and control throughout their treatment. Staff at the service told us how they had previously supported potential clients to visit the service before their admission to help the client to decide if the service was right for their treatment. Staff worked collaboratively with clients on admission and during their treatment to complete risk assessments and develop a recovery plan that was meaningful to them. The recovery plans we reviewed focused on goals chosen by the client for their recovery.

Staff also supported clients to maintain relationships and networks that were important to them. Clients we spoke with told us they felt the support to maintain connections with family and friends would help them when they left the service, particularly when compared with a 'locked' service model.

## Responding to people's immediate needs

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress.**

Staff were aware of and dealt with any specific risk issues, such as physical or mental health concerns. All clients had a comprehensive risk management plan in place.

Staff also identified and responded to changing risks to, or posed by, clients. Staff discussed concerns within a daily morning meeting and ensured that client notes were updated promptly when changes were identified.

The service was responsive to the physical health needs of the client group. For example, to support staff in working with clients affected by bladder damage from ketamine use, managers at the service had arranged specialist training including a session delivered by local urology doctors educating staff about the risks of continued ketamine usage following a specialist surgery for severe bladder damage. Despite having implemented a wide variety of measures for clients with bladder damage and demonstrating a detailed understanding of the challenges faced by those clients, staff at the service highlighted the need to remain responsive to client's needs. Managers and staff described a culture of continuing to listen and respond to clients, stating: "every client teaches us something new".

## Workforce wellbeing and enablement

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service cared about and promoted the wellbeing of their staff, and supported and enabled staff to always deliver person-centred care.**

Staff we spoke with described feeling "very well supported" by managers and their team. They told us that supervision supported their professional development through feedback and celebrating their successes.

The provider also celebrated staff success within the service through an employee recognition scheme, which allowed senior leadership to send 'Calico Stars' to staff for "going above and beyond".

Staff told us they felt respected and valued by their colleagues and the clients they worked with. They described feeling "proud" to work for the service.

Staff described the provider as "very good" at supporting their development. Staff appraisals included conversations about career development and how it could be supported. Staff at the service were supported to progress into different roles within the organisation.

The service employed some staff with lived experience of receiving support from residential substance misuse services. The staff we spoke with who had lived experience told us the service prioritised their wellbeing and felt the support in place recognised the additional challenges that they could face in their role from having similar lived experiences.

The service provided all staff with access to a corporate wellbeing scheme where they could access additional support for their physical and mental health.

The service's staff sickness and absence rates were low. The average staff sickness rate in the 12 months prior to our inspection was 1.62% and there had been no cases of long-term absence.

## Responsive

Rating Good

This means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

### Person-centred care

#### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service made sure people were at the centre of their care and treatment choices and they decided, in partnership with people, how to respond to any relevant changes in people's needs.**

Staff used a person-centred approach to supporting clients. Recovery plans were extensively

personalised to reflect the needs and preferences of each individual.

Staff empowered clients to make their own decisions about their care and treatment. Staff supported clients to develop their own goals which were used to guide their treatment and help clients to monitor their progress.

Clients took part in a weekly house meeting where they had the opportunity to raise concerns or share ideas. These meetings were documented and a written summary of the most recent meeting was displayed in the shared kitchen at Elliott House so clients could review what had been discussed.

## Care provision, integration and continuity

### Score

3. Evidence shows a good standard of care

**Quality Statement Score: 3**

**We scored the service as 3. The evidence showed a good standard. The service understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity.**

Staff supported clients to maintain contact with their families and carers. Clients told us that not having a blanket restriction on mobile phone usage was particularly helpful to maintain their connections with the people who were important to them.

Staff also demonstrated their understanding of the wrap around support that individuals undertaking a programme of recovery might need. Recovery plans supported clients to consider how they could maintain their recovery after they left the service and develop the skills for this. They included a focus on topics such as housing, managing money, and offending behaviours.

The service had developed strong partnerships with other providers and community organisations to offer joined up care where it was required. For example, they had established a

direct referral route to urology specialists at a local hospital in response to identifying challenges for clients in accessing this specialist support. Staff told us that this had supported clients with bladder damage from ketamine use to access the right care and begin treatment more quickly.

Clients were supported to access opportunities in the community during their time at the service. We heard how clients had recently been on an organised group camping trip. Staff members described the positive impact they had seen of 'normal life' activities like this for clients. They told us one client had said the camping trip was their "first experience of doing something sober and having fun".

## Providing information

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.**

Staff made notifications to external bodies when it was required, for example to the care quality commission and to the local authority safeguarding team.

Information governance systems included ensuring the confidentiality of client records and staff had completed cyber security training.

Staff ensured that clients could obtain information on treatments, local services, clients' rights and how to complain.

The service complied with the Accessible Information Standard. The information provided was in a form accessible to the client group. Staff reviewed the needs of each client to ensure they had access to information in a format that was accessible to them.

Client preferences regarding family/carer involvement were sought during assessment and

recorded in their recovery plans. We saw evidence that where this had been consented to, this involvement had taken place.

## Listening to and involving people

### Score

3. Evidence shows a good standard of care

**Quality Statement Score: 3.**

**We scored the service as 3. The evidence showed a good standard. The service made it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. They involved people in decisions about their care and told them what had changed as a result.**

The service had received 0 formal complaints, and 1 informal complaint in the 12 months prior to our inspection. We saw evidence that the informal complaint was reviewed by management at the service and considered through the provider's quality assurance processes. The service responded to the informal complaint, and this was not escalated into a formal complaint by the client.

We saw evidence that clients were encouraged regularly to provide feedback on the service. Staff enabled clients to give feedback via weekly house meetings and a wider feedback forum shared with other locations accessing the same treatment hub as clients at Elliott House. We saw evidence that actions taken from this feedback was shared with clients through a 'you said, we did' display in the treatment hub and the weekly house meeting minutes which were displayed in the kitchen at Elliott House. Clients we spoke with could tell us how to complain or raise concerns, and told us they felt able to do so.

## Equity in access

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service made sure that people could access the care, support and treatment they needed when they needed it.**

The service was not easily or safely accessible to those with limited mobility due to its location in a repurposed residential building with no step-free access. Staff ensured a client could safely navigate the stairs at the building before accepting their admission. Where clients were identified as being unable to do this, staff supported their referral to be transferred to another service delivered by the provider or an alternative suitable provider.

Client's had recovery-focused care plans which focused on working towards a safe discharge which supported their ongoing recovery.

Staff ensured clients had access to post-discharge care. They told us how they required the teams involved in a client's care at home to remain involved throughout their admission. For example, staff liaised with community mental health services from a client's home area to ensure they received continuous support for their mental health. Staff at the service worked to ensure all clients had access to this support, including those who had been admitted to the service from a significant distance.

## Equity in experiences and outcomes

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. Staff and leaders actively listened to information about people who are most likely to experience inequality**

**in experience or outcomes and tailored their care, support and treatment in response to this.**

Staff within the service and the wider organisation promoted a culture in which the people using the service felt empowered to give their views. Clients were encouraged to share any concerns they had at the weekly residents meeting and the service carried out regular surveys to gain client feedback.

Staff were trained in equality, diversity, and inclusion at a 100% compliance rate.

## Planning for the future

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.**

Staff supported clients to make decisions about their care and treatment and their future. Recovery plans included plans for discharge and were personalised to a client's needs and preferences. Clients attended regular mutual aid meetings such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) as part of their treatment programme. This helped clients to develop peer support networks which they could continue to access on leaving treatment.

Staff ensured all relevant healthcare professionals and other relevant bodies were involved in planning the care and treatment of people with complex needs. For example, staff supported clients to obtain extra funding for additional days of treatment where this was required.

## Well-led

Rating Good

This means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair

culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

## Shared direction and culture

### Score

4. Evidence shows an outstanding standard of care

**We scored the service as 4. The evidence showed an exceptional standard. The service had a very clear shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and an exceptional understanding of the challenges and the needs of people and their communities.**

Staff and clients had worked together through surveys, discussions, and workshops to develop a shared vision for the service. A vision statement had been created which aligned with the provider's values, and reflected what mattered to the team and how they wanted to work to support clients. This included statements such as "Together, we grow, adapt and collaborate, valuing every person" and an aspiration to be a service that is "built on kindness, honesty, and authentic relationships". This vision was linked to a set of specific objectives, and the service had a clear plan for embedding this vision throughout the staff team. This had included collecting ongoing feedback and suggestions for improvement from staff through a recent staff survey about the vision and objectives.

This survey demonstrated that staff knew and understood the provider’s vision and values and how they were applied in the work of their team. The provider’s senior leadership team had therefore successfully communicated the provider’s vision and values to the frontline staff in this service.

Staff could explain how they were working to deliver high-quality care within the budgets available.

## Capable, compassionate and inclusive leaders

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service had inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Leaders had the skills, knowledge, experience and credibility to lead effectively. They did so with integrity, openness and honesty.**

Leaders had the skills, knowledge and experience to perform their roles. Leaders had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care and there were systems in place to ensure senior management oversight and support.

Leaders were visible in the service and approachable for clients and staff. The executive team and directors carried out regular visits to the service and staff described these visits positively. Staff spoke highly of leaders at all levels. They told us they felt listened to and respected, and their success was recognised.

Leadership development opportunities were available, including opportunities for staff. Staff told us how progression was valued and supported in the organisation and described a desire to "grow their talent" within the staff team.

## Freedom to speak up

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service fostered a positive culture where people felt they could speak up and their voice would be heard.**

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service carried out regular staff and client surveys and the feedback from these surveys was positive. It was sometimes challenging to break this feedback down for each individual service. However, the service worked closely with other residential substance misuse services delivered by the provider and some staff worked across several of these services. Learning was therefore shared between services effectively, and responses to feedback often took place across these locations collectively.

Managers and staff had access to the feedback from clients and staff and used this to make improvements. For example, clients had provided feedback on group sizes at the central therapy hub. This had been communicated throughout the staff team at the service and adjustments made in response.

The service had a whistleblowing process in place and staff we spoke with were aware of this. They told us they felt comfortable raising concerns without fear of reprisal and that managers listened to their feedback.

## Workforce equality, diversity and inclusion

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service valued diversity in their workforce. They work towards an inclusive and fair culture by improving equality and equity for people who work for them.**

The provider held a range of equality and diversity groups for staff within their services. This included an LGBTQ+ group, neurodiversity group, cultural diversity group, young people group, and ability group. These groups were employee-led and aimed to provide supportive spaces for staff across the organisation. They also supported governance processes by contributing to Equality Impact Assessments, influencing policies and procedures, and helping to identify opportunities to improve inclusion and belonging across the organisation. Representatives from each of these groups also regularly met together to discuss shared experiences and

contribute to improvement work.

Managers put reasonable adjustments in place for staff members where needed to help them carry out their role. For example, staff could apply to work flexibly to account for personal circumstances such as caring responsibilities and health issues.

The provider undertook equality monitoring of staff within the service to ensure it is diverse in its make-up and representative of the client group.

## Governance, management and sustainability

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They act on the best information about risk, performance and outcomes, and share this securely with others when appropriate.**

There was a clear framework of what must be discussed at a team or senior management level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. The service had a governance policy which provided guidance for governance management. The policy included governance principles and a governance framework and provided structure to a range of governance processes such as meetings and policies and processes.

Staff had implemented recommendations from incidents and safeguarding alerts at the service level. Learning from incidents and safeguarding concerns across all the rehabilitation services was shared with staff in team meetings.

Staff undertook or participated in local clinical audits. For example, audits of care plans, medicines management, and safeguarding. Staff acted on the results of these audits when

needed.

Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the clients. Stakeholders described effective communication and working relationships with the service.

The service had a risk register and staff could escalate concerns when required. Staff concerns matched those on the risk register.

There were systems in place to manage performance concerns.

The service had plans for emergencies. For example, the provider had made plans as to how it would manage a cyber-attack incident.

The service used systems to collect data that were designed to minimise the burden on frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Information governance systems included confidentiality of client records.

Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

## Partnerships and communities

### Score

3. Evidence shows a good standard of care

**We scored the service as 3. The evidence showed a good standard. The service understood their duty to collaborate and work in partnership, so services work seamlessly for people. They share information and learning with partners and collaborate for improvement.**

Directorate leaders engaged with external stakeholders – such as commissioners, social services, and other community organisations. Leaders engaged with a range of providers to share information about resources and services that benefitted clients and those in the local community who may need the service. For example, we heard how other substance misuse service providers had reached out to the service to ask for advice relating to their work with clients who had misused ketamine. Staff remained humble and were hesitant to describe the service as being a 'specialist' in the area as they felt there was still more they had to learn. They shared their insight with other organisations openly and spoke about the importance of supporting the continuous development of the whole sector's knowledge of ketamine misuse.

Clients and staff could meet with members of the provider's senior leadership team and commissioners to give feedback. Commissioners described receiving positive feedback from clients at Elliott House.

## Learning, improvement and innovation

### Score

4. Evidence shows an outstanding standard of care

**We scored the service as 4. The evidence showed an exceptional standard. The service had a strong focus on continuous learning, innovation and improvement across the organisation and local system. They always encouraged creative ways of delivering equality of experience, outcome and quality of life for people. They actively contribute to safe, effective practice and research.**

Throughout our inspection, the service demonstrated a culture of continuous learning, improvement, and innovation. This was driven by outcomes data, service feedback, and through listening and responding to the lived experiences of clients.

Innovations were taking place in the service and staff had opportunities to participate in research.

Staff worked closely with a leading, internationally recognised researcher on addiction

recovery to support the development, implementation, and evaluation of Positive Addiction Recovery Therapy (PART). This approach had been implemented at the service to support the provider's "commitment to ensuring that emerging research and evidence are translated into meaningful improvements within day-to-day service delivery."

Staff at the service were also undertaking a programme of research, service evaluation, and co-production work in response to recognising a significant increase in referrals for clients with ketamine use disorder. This work was described as aiming to "better understand the unique physical, psychological and social challenges experienced by people affected by ketamine use disorder and ensure future treatment approaches are informed by those with direct experience of the issues involved." Findings emerging from this work had already resulted in changes at the service. For example, staff had identified that pain and continence difficulties were a challenge experienced by many clients which were not fully addressed through traditional treatment approaches. Clients would struggle to engage in group sessions due to needing to regularly visit the bathroom or struggling to sit still for extended periods and would not feel comfortable discussing continence difficulties in group settings with clients who did not have similar experiences. The service had therefore adapted its approach to supporting these clients and introduced group spaces for clients affected by ketamine use to discuss these difficulties more openly.

Staff shared their knowledge with other services, including through articles in journals and speaking at shared events such as a national conference. Staff also participated in national audits relevant to the service and learned from them.