

Residential Rehabilitation Quality Standards Framework



On behalf of the Recovery Partnership

Residential Rehabilitation Quality Standards Framework

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Residential Rehabilitation Quality Standards Framework

Introduction to the Quality Standards Framework

The Residential Rehabilitation Quality Standard Framework builds upon the Essential Standards of Health and Safety by offering standards that are specific to residential rehabilitation services.

Residential rehabilitation services are required to register with the Care Quality Commission to meet the requirements of the '*Essential standards of quality and safety*'. However, there is a lack of specific standards that demonstrate the quality of the services they provide to commissioners, clients and the families and friends of clients.

There are excellent examples across the country of both service delivery and commissioning of residential rehabilitation, but practice is inconsistent which is denying clients and their families the ability to make informed choices about the type and quality of treatment service they can access. Commissioners of residential rehabilitation services can also find it difficult to find benchmarked indicators of quality and ability to achieve outcomes when they are considering what residential rehabilitation services to commission or purchase.

Residential rehabilitation services offer clients a therapeutic environment in which they can address their substance use without external distractions. The services provide clients with an accelerated pathway that has a concentrated focus on recovery and reintegration. As part of this, clients have access to wide range of interventions and to staff that offer an in-depth and collaborative approach to recovery. This takes place in the context of offering clients a living environment in which they can safely consider and address their recovery. Residential rehabilitation services are able to work with clients with complex needs while also having robust expectations of clients and the outcomes they can achieve.

Residential rehabilitation services encompass a wide range of programme types and methodologies. Programmes differ in their approach to substance use, the methodologies they use, the length of their programme and the number of programme stages offered. Methodologies vary based upon the underlying ethos of the provider, e.g., twelve step or a therapeutic community approach and the focus of the programme, e.g. group and/or individual counselling or psychotherapy drawing from a range of modalities, or a focus on life skills development while others are faith based. This diversity of approach and methodology can make it difficult for prospective commissioners and clients of service to determine whether a residential rehabilitation service will meet their needs and achieve the outcomes they are looking for. The Residential Rehabilitation Quality Standards Framework present standards that encompass this diversity of approach and make clear what outcomes a service that meets the standards offers clients, commissioners and the family and friends of clients.

The Residential Rehabilitation Quality Standards Framework has been developed by the Recovery Partnership in consultation with representatives of residential rehabilitation services, and commissioners. Organisations representing the views of clients, and of the family and friends of clients also took part in the consultation.

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The standards included in the Quality Standards Framework have been developed by ‘mapping’ the activities of residential rehabilitation standards against existing frameworks, including the ‘Essential Standards of Quality and Safety’. This has resulted in the development of standards, which have either built residential rehabilitation service specific content upon generic standards for health and social care or have developed unique standards that have not previously been included in any quality framework.

The purpose of the Quality Standards Framework

A framework for residential provision that clearly defines the purpose and types of services that currently exist supports Residential Rehabilitation services to demonstrate their quality against a set of agreed benchmarks. Residential rehabilitation service providers will become more resilient and sustainable by developing and demonstrating evidence of their quality embedded in what makes them unique as service providers.

The Quality Standards Framework will offer the residential rehabilitation sector as a whole a mechanism to demonstrate to local commissioners and purchasers the value and quality of their service and their ability to achieve required outcomes for clients and their families and friends.

Funding for drugs and alcohol service provision now forms part of the funding given to local authorities to administer as part of their new responsibility for public health funding.

Commissioners are increasingly focusing on the achievement of outcomes and are basing their commissioning or purchasing decisions on considerations of whether a service can deliver the required outcomes.

Residential rehabilitation providers who can show they can meet the requirements of this Quality Standards Framework will be able to show commissioners and purchasers that they can demonstrate their ability to provide successful outcomes for clients **as well as** meet the registration requirements of the CQC. The Quality Standards Framework can be used as a self-audit tool so this opportunity is open to both large and small residential rehabilitation services.

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"Residential rehabilitation services provide accommodation in a drug-free environment which is intrinsically linked to the rehabilitation programme. They offer a range of structured interventions to address drug and alcohol misuse, including - but not limited to - abstinence-orientated interventions. Services have some common and defining characteristics but they also vary widely in, for example, length of stay; registration status; philosophy and programme of care and the client groups they target."

Who the Quality Standards Framework are for

The Recovery Partnership has developed the following definition of residential services.

Residential rehabilitation services can use these Quality Standards to audit their organisational management and service delivery and use their findings to develop and improve their practice. The findings of an audit can be used to demonstrate to commissioners, prospective clients and their family and friends the quality of the service and the extent to which it will meet their needs. The Recovery Partnership is working towards a system of accreditation.

Commissioners, clients and their family and friends can be confident that a service that can show it meets the quality standards is delivering services in line with agreed, externally determined benchmarks.

Separate guidance documents have been developed for commissioners, clients and the families and friends of clients.

How to use the Quality Standards Framework

The Quality Standard Framework is structured in the following thematic sections:

- Compliance with statutory requirements.
- Quality of practice.
- Content of programme.
- Client and family member, carers and significant others involvement.
- Staff management and development.

The sections include one or more standards which each relate to a specific functional area. There is a brief introduction to each section, describing the activities the standards address.

Each standard is then introduced with the outcome(s) that a client can expect if a service is meeting the benchmark. There is then a brief outline of the activities undertaken by a service that can deliver these outcomes for the client.

This introduction is then followed by more detailed text for the residential rehabilitation

Residential Rehabilitation Quality Standards Framework

service provider, which includes text, and information that is common to all of the standards. This includes the following.

'Who is this standard for?

This indicates if all residential rehabilitation services should meet the standard or if the standard only applies to services providing particular interventions.

'What does the standard address?' This describes the areas of practice included in the standard. This broadly describes the expected outcome(s) that a client can expect if a service meets the standard.

'Link with CQC Essential Standards of Quality and Safety.' Any related outcome areas of the CQC standards are listed here. This demonstrates areas of the CQC standards that the standard builds upon to include content that is more specific to residential rehabilitation services.

'Source of standard'. Where the standard has incorporated content or links closely with other standards these have been listed. This allows residential rehabilitation service providers to use the evidence generated to meet other standards as evidence of compliance with this framework.

This introductory text is then followed by the main standard content. This is in two parts:

- The 'content of the standard' which lists the activities that a service has to undertake in order to achieve the required outcome of the standard.
- The 'evidence' that a service can use to demonstrate that it has met the standard, either as part of a self-audit or to present to an external assessor.

The Recovery Partnership has developed a matrix that is used to identify the characteristics of a residential rehabilitation service. The matrix also describes what may be offered at different points in the client's journey through the service. Each area is linked to standards from the framework. An example of the matrix is shown on page 9.

Before deciding which standards it should address, a residential rehabilitation service provider should complete the matrix. This has two functions:

- It will help the provider identify the standards that relate to their service.
- It can be used with commissioners and prospective clients to concisely show the services and interventions that the service provides.

Once the service has decided which standards are relevant it should begin to consider whether it has the evidence that it can meet the standard.

Service providers can allocate standards to specific staff members or develop a working group which will lead the work of auditing the service against the standard framework. Whichever method is used, it is best to begin the process by considering whether the service undertakes the activities set out in the '**content of the standard**' section. If it does not the service should consider how it can develop this area of activity.

Once the service has determined that it carries out all of the described activities it should

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then start to consider the evidence it can use to demonstrate that it carries out the activities in line with best practice. Most services will have developed ways to identify and indicate where evidence is located, but if there is not a system in place one should be developed. It is easiest to not copy and store all the evidence in one place as this can result in large amounts of unnecessary paper. It is usually easier to develop a document which identifies where evidence can be found, e.g. on page x of the staff handbook, or in client or supervision notes.

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Service Matrix

Service Name:		Service website:			
			Stages of treatment		
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Staffing cover	Standard Four: Service Information Standard Fifteen: Human Resource Management Standard Sixteen: Recruiting Staff Standard Seventeen: Staff induction Standard Eighteen: Managing Staff development. Standard Nineteen: Managing trainees/student placements.	    			

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Service Name:		Service website:			
			Stages of treatment		
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Management of detoxification	Standard One: Safe prescribing for detoxification and stabilisation. Standard Four: Service Information Standard Seven: Assessment Standard Eight: Care Planning	   			
Drugs and/or alcohol	Standard Four: Service Information				
Service user group	Standard Four: Service Information				

Residential Rehabilitation Quality Standards Framework

Service Name:		Service website:			
			Stages of treatment		
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Philosophy of service	Standard Two: Organisational Governance Standard Three: Clinical Governance Standard Four: Service Information Standard Six: Service approach Standard Nine Therapeutic environment	■ ■ ■ ■ ■			

Residential Rehabilitation Quality Standards Framework

Service Name:		Service website:			
		Stages of treatment			
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Health Improvement activity	Standard Four: Service Information Standard Seven: Assessment Standard Eight: Care Planning Standard Eleven: Joint Working Standard Twelve: Health and Wellbeing				

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Service Name:		Service website:			
		Stages of treatment			
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Other health and social care areas addressed	Standard Four: Service Information Standard Seven: Assessment Standard Eight: Care Planning Standard Nine Therapeutic environment Standard Eleven: Joint Working Standard Twelve: Health and Wellbeing	     			

Residential Rehabilitation Quality Standards Framework

Service Name:		Service website:			
		Stages of treatment			
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Service delivery facilities	Standard Four: Service Information Standard Five: Contracting	[Yellow] [Teal]			
Accommodation type	Standard Four: Service Information Standard Five: Contracting	[Yellow] [Teal]			
Length of each stage of programme	Standard Four: Service Information Standard Five: Contracting Standard Ten: The client journey	[Yellow] [Teal] [Red]			

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Service Name:			Service website:		
			Stages of treatment		
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Peer involvement/Recovery champions	Standard Two: Organisational Governance Standard Thirteen: Developing and managing client involvement. Standard Nine Therapeutic environment	[blue square] [yellow square] [green square]			
Family involvement	Standard Fourteen: Developing and managing family member, carers and significant others involvement. Standard Nine Therapeutic environment	[blue square] [green square]			

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Service Name:			Service website:		
			Stages of treatment		
Characteristics	Relevant Standard	S y m b o l	Detoxification	Post-detoxification rehabilitation	Discharge planning/ Aftercare
			Source of evidence	Source of evidence	Source of evidence
Added value offered by the service	Standard Four: Service Information				
CQC registered	Standard Two: Organisational Governance Standard Four: Service Information	 			

Residential Rehabilitation Quality Standards Framework

Section One: Compliance with statutory requirements.

Section One: Compliance with statutory requirements.

Introduction

This section of the standards sets out what residential rehabilitation services have to do to ensure that they deliver aspects of their service in line with regulations and national guidance. It addresses aspects of service provision that are specific to the substance misuse sector. It outlines what services have to do to ensure that their clients receive services in a safe way.

It also addresses the training and support that staff require to be able to safely and competently deliver services.

This section contains one standard on:

1. Safe Prescribing for detoxification and stabilisation (opiates and alcohol).

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Section One: Compliance with statutory requirements.

STANDARD ONE: Safe prescribing for detoxification and stabilisation (opiates and alcohol).

Outcome

What should people who use residential rehabilitation services experience?

You should expect that the service will store your substitute medication in a safe and secure way. The service will give you your medication at an agreed time and in a way that respects your dignity and privacy. You will be made aware of the dosage of medicine you can expect and how this dosage will change during your detoxification.

This is because providers who comply with the standards will:

1. Have written policies and procedures that inform their opiate and/or alcohol detoxification treatment programme(s).
2. Ensure that their testing of clients is informed by protocols and procedures.
3. Review their prescribing practice and management of medicines at planned intervals.

Residential Rehabilitation Quality Standards Framework

Section One: Compliance with statutory requirements.

Prompts for providers

Who is this standard for?

Residential rehabilitation services that provide prescribed detoxification or stabilisation treatment for either or both opiate or alcohol dependence.

What does the standard address?

This standard addresses the minimum good practice required to safely provide and manage prescribed detoxification and stabilisation regimes. It does not address the management of other medicines, which is dealt with by Outcome 9 of the CQC Essential Standards of Quality and Safety. However some of the principles of Outcome 9 have informed this standard.

Link with CQC Essential Standards of Quality and Safety

- Outcome 9: Management of medicines (9A, 9B, 9C, 9D, 9F, 9G, 9H).

Source of standard

Parts of this standard have been drawn from:

- Standard 13 of the Scottish National Care Standards for Care homes for people with drug and alcohol misuse problems.
- Standard 5.9 of the Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).
- Core Standard 20 of the North Somerset Accreditation scheme for drug and alcohol providers.

Content of standard

The organisation:

1. Ensures that where an opiate reduction or stabilisation treatment programme is offered there is a written policy.
2. Ensures that where pharmacologically managed alcohol detoxification is provided there is a written policy.
3. Establishes and implements testing protocols and procedures, including breathalysing

Residential Rehabilitation Quality Standards Framework

Section One: Compliance with statutory requirements.

in alcohol detoxification.

4. Audits and reviews its prescribing practice at planned intervals.

Evidence

The organisation has:

1. An opiate substitution prescribing policy which includes details of:
 - The clinical guidance used to inform prescribing practice.
 - The training and experience of the prescriber.
 - Who supplies the medication.
 - How medication is ordered.
 - How medication is stored.
 - Who administers the medication.
 - The training that staff administering controlled drugs are required to attend.
 - How records of medicines are kept.
 - How medicine records are used for audit purposes.
 - How unused medication is safely disposed.
 - How missing medication will be reported to the relevant authorities.
2. Appointed a controlled drugs accountable officer and notified CQC of this.
3. A prescribing policy that sets out details of the prescribing regimes used for alcohol detoxification which includes:
 - The clinical guidance used to inform prescribing practice.
 - Who supplies the substitute medication.
 - How medication is ordered.
 - How medication is stored.
 - Who administers the medication.
 - How records of medicines are kept.
 - How medicine records are used for audit purposes.
 - How unused medication is safely disposed.
 - How missing medication will be reported to the relevant authorities.
4. Protocols and procedures which set out how testing will be managed during

Residential Rehabilitation Quality Standards Framework

Section One: Compliance with statutory requirements.

treatment. These will include details of:

- The type of testing equipment used.
 - How testing equipment is ordered.
 - How testing equipment is stored.
 - How testing equipment is maintained.
 - Frequency of testing.
 - How test results are recorded.
 - How test results will be used to review a medication plan.
5. Clinical audit procedures that include the collection of information about prescribing practice and its effectiveness.

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Section Two: Quality of Practice.

Section Two: Quality of Practice.

Introduction

This section of the standards sets out what residential rehabilitation services have to do to ensure that their service is delivered in a way that is transparent and reflective of current best practice.

It addresses how the service makes plans and develops itself and how it ensures that the interventions it offers are in line with good practice and are considered and reviewed by all staff.

This section of the standards also set out how services make clear and comprehensive information available to prospective client that enables them to make informed decisions about whether the service meets their needs.

Finally, this section examines how services gather information about a client's needs and uses that information to plan the care and support that the client will receive while in the service.

This section contains standards on:

1. Organisational Governance
2. Clinical Governance
3. Service Information
4. Contracting
5. Service Approach
6. Assessment
7. Care Planning
8. Therapeutic Environment.

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Section Two: Quality of Practice.

STANDARD TWO: Organisational governance.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the service is managed in line with legal requirements and best practice. If the provider involves current or ex-service users in the management of the organisation you can expect that you will be supported and developed to take up this role. You can expect that the service is planning for the future in order to ensure that it can continue to provide its services.

This is because providers who comply with the standards will:

1. Appoint a management body with competent trustees.
2. Ensure that the organisation's trustees receive an induction and ongoing training and development.
3. Support and develop any clients who join the management body.
4. Ensure that the management body considers the strategic direction of the organisation and develops annual business plans.
5. Inform the appropriate regulatory authorities of the staff who undertake required statutory roles within the organisation.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All residential rehabilitation services in the private and not-for-profit sector.

What does the standard address?

This standard addresses the organisation's approach to its management body and the relationship between that body and the strategic and operational planning of the organisation.

Link with CQC Essential Standards of Quality and Safety

- Outcome 24: Requirements relating to registered managers. (All).

Source of standard

Parts of this standard have been drawn from:

- Additional Standards 1 and 2 of the North Somerset Accreditation Scheme for drug and alcohol service providers.

Content of standard

The organisation:

1. Ensures that its management body has members who have the knowledge and skills to take on the role of trustee.
2. Provides a role description for members of the management body.
3. Ensures induction to the organisation and to the role to new trustees.
4. Provides training and other support to any clients that join the management body.
5. Ensures that the management body meets regularly in line with the organisation's Articles of Association.
6. Develops and regularly reviews an organisational strategic plan.
7. Produces an annual business plan.
8. Ensures that it nominates a responsible trustee as a 'nominated individual' and notifies CQC of this.
9. Nominates a registered manager and notifies CQC of this.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

10. Appoints a Caldicott Guardian.
11. Ensures that it nominates a trustee responsible for safeguarding issues.

Evidence

The organisation has:

1. Defined role descriptions for the general role of trustee and for the specific roles of:
 - Treasurer
 - Chair
 - Company Secretary
 - Responsible Trustee.
2. An induction procedure for all new trustees.
3. Established sources of training for trustees new to the role and identifies each trustees' need for training during their induction.
4. A rolling strategic plan which is developed between senior management and the management body.
5. An annual business plan that reviews the previous year's activities and sets out the activity for the next year. This should include:
 - Progress towards meeting the previous year's targets.
 - Targets for the next year.
 - The resources that will be used to achieve targets (financial, capital and human).
 - A financial forecast.
 - A training plan.
6. A record of the name of the staff's application to CQC to be the registered manager and the regulated activities the manager is responsible for.
7. A record of a member of staff's application to CQC to be the registered manager and the regulated activities the manager is responsible for.
8. Nominated a member of staff as the Caldicott Guardian, and has trained the member of staff in that role.
9. Nominated a trustee responsible for safeguarding issues, and has trained the trustee in that role, in line with the requirements of 'Working Together to Safeguard Children, 2013'.

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Section Two: Quality of Practice.

STANDARD THREE: Clinical Governance.

Outcome

What should people who use residential rehabilitation services experience?

You will receive information about the staff that work in the organisation. The service will provide you with ways to make complaints about or give compliments to the service. It will take any complaints or compliments you make seriously and will respond to these constructively.

You will also be asked to provide regular feedback. Your complaints, compliments and feedback will inform the development of the service.

You can be confident that the service uses information about its delivery of services to continue good practice and to make improvements if these are necessary.

If the service is interrupted because of an emergency you can be confident that the service has plans in place that will ensure that it is able to make arrangements to keep you safe and to continue to deliver services.

If you are asked to take part in any research you can be confident that the service will have made sure that the research is being planned and delivered in an ethical way.

This is because providers who comply with the standards will:

1. Ensure that staff, clients and family member, carers and significant others, are aware of the organisation's staffing structure.
2. Have complaints and compliments procedures that are made to all staff, clients and family members, carers and significant others.
3. Regularly review its policies and procedures to ensure that they continue to meet the needs of the services, its clients, staff and family members, carers and significant others, and that they remain in line with statutory requirements.
4. Have effective methods for gathering and analysing client feedback.
5. Regularly review its service delivery.
6. Use data and other information to assess the impact of the service.
7. Have a learning culture where evidence is used to consolidate good practice and make any required improvements.
8. Have plans to ensure that any emergency disruptions do not overly affect service delivery.
9. Take a strategic and ethical approach to its own research and to any external research organisations asking for access to clients.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses good governance practice which leads to the ongoing effective development and management of a service. It does not refer to operational staff management, which is dealt with in Standards sixteen to nineteen.

Link with CQC Essential Standards of Quality and Safety

- Outcome 4: Care and welfare of people who use services (4B).
- Outcome 16: Assessing and monitoring the quality of service provision (All).
- Outcome 17: Complaints (17A, 17C).
- Outcome 20: Notification of other incidents (All).
- Outcome 21: Records (21A, 21B, 21C).

Source of standard

This is a newly developed standard.

Content of standard

The organisation:

1. Establishes an accountability structure that is made known to all staff, clients and family members, carers and significant others.
2. Ensures its complaints procedures is made known to all staff, clients and family members, carers and significant others.
3. Ensures that a client and family members, carers and significant others compliments procedure is in place and is implemented.
4. Takes a planned approach to reviewing policies and procedures to ensure that they remain fit for purpose.
5. Implements methods of gathering and analysing feedback from clients.
6. Utilises an approach to clinical governance which regularly reviews practice and which responds to incidents and complaints.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

7. Maintains a record of statutory notifications to CQC so that it can continually evaluate its compliance with CQC expectations.
8. Establishes a learning culture where evidence is used to make improvements and consolidate good practice.
9. Evaluates the interventions it employs on an ongoing basis and uses this information to make improvements and consolidate good practice.
10. Uses data to measure and demonstrate the impact of the service.
11. Ensures that emergency disruptions to the service have minimal impact.
12. Supports and promotes high quality research as part of a service culture that is receptive to the development and implementation of best practice in the delivery of care.
13. Provides strong leadership of research and a clear strategy linking research to national priorities and needs, the organisation's business, and to clinical governance and delivery of best value.
14. Maintains information on all research being undertaken in the organisation on a database containing details of research providers, funding, intellectual property rights, recruitment, research outputs and impact.
15. Ensures patients, service users and carers, care professionals and other staff have easy access to information on research.

Evidence

The organisation has:

1. An accountability structure which includes details of:
 - Trustees or Company Directors
 - Senior managers
 - Operational managers
 - Processes for making decisions about changes to policy and/or practice.
2. A complaints procedure which outlines:
 - The ways to make complaints.
 - The processes the organisation uses to consider complaints.
3. A plan that sets out a cycle of policy and procedure reviews.
4. Policies and procedures that have a previous review date and a planned future review date indicated on them.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

5. Mechanisms to gather and analyse feedback from clients, such as:
 - Suggestion boxes
 - Client satisfaction surveys
 - Feedback groups
 - Focus groups.
6. A clinical governance policy which sets out the organisation's approach to:
 - A proactive clinical audit cycle.
 - Using clinical audit to investigate incidents.
 - Using the evidence from clinical audits to develop and improve interventions.
 - Demonstrating compliance with CQC and other regulatory requirements.
7. Processes, procedures or records which show:
 - Discussions about complaints, reviews, audit or evaluation reports between managers and staff, which demonstrate the ways in which information has been used to develop practice.
 - The use of monitoring data to review practice.
 - The use of ongoing evaluation of interventions to consider their implementation and adjust them as indicated by the evaluation.
 - The use of information from compliments to motivate staff.
8. Processes and procedures for collecting and analysing data that demonstrate the impact of the service on clients.
9. Processes for using the analysis of impact to inform the work of the organisation.
10. A process to disseminate reports of impact to commissioners, other funders of the service, clients and family members, carers and significant others of clients.
11. An emergency disruption policy and procedure which includes:
 - Evacuation procedures if there is a fire, flood or gas leak.
 - Management of prescribing regimes if access to medications is limited
 - Management of medical conditions.
 - Plans for relocation of residents if disruption closes a building overnight or longer.
 - Off-site secure back-up of computer records.
12. A research governance policy and procedure which includes:

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Section Two: Quality of Practice.

- A procedure to be undertaken if the organisation is approached by external research organisations
- The processes to be undertaken if the organisation intends to conduct research, including the procedures for obtaining ethical approval
- Procedures for utilising research evidence to review practice
- Processes for making information on research available.

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Section Two: Quality of Practice.

STANDARD FOUR: Service information.

Outcome

What should people who use residential rehabilitation services experience?

You can make an informed choice about a service before making a decision about whether it is the right service for you.

You will be able to see reports about the quality of the service that have been written by independent organisation who have reviewed the service against national standards.

If you are paying for all or part of the service yourself, the service will give you clear information about the cost of the service and how much you will be expected to pay.

This is because providers who comply with the standards will:

1. Have a statement about the service and what it provides, its approach and its staff which is made available to prospective clients before admission.
2. Make information available about its quality of service and provide any external reports produced by organisations such as CQC.
3. Provide transparent information about its fees to prospective clients.

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Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the information made available to potential clients and family member, carers and significant others that allows them to make an informed choice about whether the service meets their needs.

Link with CQC Essential Standards of Quality and Safety

- Outcome 1: Respecting and involving people who use services. (1A, 1H).
- Outcome 15: Statement of purpose (All).

Source of standard

Parts of this standard have been drawn from:

- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Develops a statement of purpose that is used in information resources and is individual to the service where it is part of a group of residential providers or a larger organisation.
2. Provides access to information about its quality of service and is clear about its registration with inspectorate bodies, such as CQC.
3. Is transparent about its fees and makes information about these available to prospective clients.
4. Ensures that comprehensive information about the service, its approach and its staff is made available to prospective clients before admission.

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Evidence

The organisation has:

1. A statement of purpose is included in any written information and prominently displayed on its website.
2. The most recent CQC inspection report available on its website.
3. A written explanation of its fees structure which includes information on:
 - The range of fees it may charge
 - Its policy on refunding fees.
4. Written information is included in a programme manual which contains:
 - A clear description of the aims of the service.
 - The client group the service works with, e.g. gender, co-morbidities.
 - Eligibility criteria.
 - Information about confidentiality and its limits, e.g. in relation to safeguarding.
 - The content of the programme.
 - A statement about the professionals and services available to clients, e.g. complementary therapists, mutual aid groups
 - The methods used in the programme.
 - A statement of purpose of the service.
 - The treatment goals.
 - Expected outcomes.
 - The timetable of the programme.
 - The duration of the programme.
 - Restrictions on behaviour.
 - The complaints procedure.
 - Visiting.
 - Rights and responsibilities of clients.
 - Feedback mechanisms.
 - Client involvement.
 - Service rules.
 - Accommodation available.

Residential Rehabilitation Quality Standards Framework

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- Number of residents.
- Whether the programme relates to a specific religion, e.g. a Christian-based house.
- Ways that clients can provide feedback to the organisation during and after their stay.
- Reasons clients may be asked to leave.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

STANDARD FIVE: Contracting.

Outcome

What should people who use residential rehabilitation services experience?

You will receive a written agreement before you enter the service that you can read before signing. The service will explain the content of the agreement to you.

When you arrive at the service you will be asked to sign a contract based on your written agreement. The service will make sure that you understand the contract and the implications of signing it before asking you to sign it.

If there are different stages to the care and support you receive from the service you can expect that the service will discuss your contract and whether you are happy with it when you move from one stage to another.

If someone else is paying for your care and support, your contract will be clear about what information will and will not be shared with that person or organisation.

This is because providers who comply with the standards will:

1. Provide all clients with a copy of the written agreement before they arrive at the service.
2. Ensure that new clients agree and sign a contract when they arrive at the service, but that this does not happen if a client is intoxicated or does not have mental capacity for other reasons.
3. Record that a mental capacity assessment has been undertaken.
4. Establishes that a client remains aware of the content of their contract and wishes to remain bound by it before beginning the next stage of treatment.
5. Be clear about what client information will be shared when the organisation's contracts is with a third party.
6. Provide clear information about whether it takes referrals from treatment brokers.

Residential Rehabilitation Quality Standards Framework

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Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the process of contracting with the client and/or the person or organisation paying private fees on behalf of the client.

Link with CQC Essential Standards of Quality and Safety

- Outcome 3: Fees (3A, 3B, 3C, 3D, 3E, 3F)
- Outcome 4: Care and Welfare of people who use services (4N)

Source of standard

Parts of this standard have been drawn from:

- The Scottish National Care Standards for Care homes for people with drug and alcohol misuse problems.
- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Provides all clients with a copy of the written agreement prior to arrival at the service.
2. Ensures that new clients agree and sign a contract upon arrival.
3. Ensures that clients do not sign contracts when intoxicated, or their mental capacity is otherwise compromised.
4. Records that a mental capacity assessment has been undertaken.
5. Reviews contracts with a client after each stage of treatment and establishes that the client remains aware of the content of the contract and wishes to remain bound by it during the next stage of treatment.
6. Clarifies the nature of information sharing when the organisation contracts with a third party, such as a family member, carers and significant others or employer.

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7. Provides clear information about whether it takes referrals from treatment brokers.

Evidence

The organisation has:

1. A written agreement with a client which sets out the terms and conditions for receiving the service and arrangements for changing or ending the agreement.

The terms and conditions should include:

- Reasons for terminating the contract.
 - Clear guidelines for residents if there is a requirement for them to pay any contributions for their treatment, including the mechanisms for payment.
 - Requirements for paying fees when a contract is terminated.
 - Criteria for holding and receiving personal possessions, including receiving money or other items from family member, carers and significant others or friends.
2. Procedures for reviewing and signing contract when a new client enters the service.
3. Procedures for assessing the capacity of a client to make an informed decision about signing a contract and for arranging alternative arrangements for signing when the client does not have capacity, including recording all mental capacity assessments.
4. Procedures for ensuring that staff are aware of the requirements of the Mental Capacity Act 2005, and are trained to conduct mental capacity assessments.
5. Procedures for reviewing a contract with a client after each stage of treatment, e.g. post-detoxification.
6. Policies and procedures for sharing information with third parties who are paying fees on behalf of a client.
7. A statement about whether the service accepts referrals from brokers and the different fee structures that may apply depending on the source of a client's referral.

Residential Rehabilitation Quality Standards Framework

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STANDARD SIX: Service approach.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the service will discuss its philosophy and approach to care and support with you and support you to understand how its philosophy and approach will meet your needs.

You can be confident that all of the staff will deliver services in line with the philosophy and approach of the service.

All of the staff of the service will work with you in a way that meets your needs and respects your human rights.

This is because providers who comply with the standards will:

1. Outline its philosophy to staff and clients.
2. Be clear about the behaviours it expects from staff, in line with the philosophical approach of the organisation.
3. Provide clients with care and support that meets their specific needs.
4. Recognize and be sensitive to diversity issues.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All Residential rehabilitation services.

What does the standard address?

This standard addresses the provision of services that take account of the individual needs of the client. This includes family member, carers and significant others of a resident if they are being offered support in their own right.

Link with CQC Essential Standards of Quality and Safety

- Outcome 4: Care and welfare of people who use services (4A).

Source of standard

Parts of this standard have been drawn from:

- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Outlines its philosophy to staff and clients and ensures that staff are supported to behave in line with the philosophical approach.
2. Offers clients person-centered care which addresses their specific needs in the context of the organisation's philosophy and approach.
3. Recognizes and is sensitive to diversity issues and respects clients to observe their beliefs, religion or faiths.
4. Ensures that both male and female workers are available who are trained in gender-specific work.
5. Ensures that the organisation and its staff are responsive to client's sexuality.
6. Supports staff to understand that they are offering support and care to clients at all times.

Residential Rehabilitation Quality Standards Framework

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Evidence

The organisation has:

1. A clear description of its philosophical approach and staff management and support systems in place which support staff to behave and work in line with the philosophical approach.
2. Policies and procedures that outline how it will take a person-centered approach as part of its overall treatment programme.
3. Policies and procedures that outline how the organisation approaches client's religion and beliefs.
4. Policies and procedures that set out the criteria for selecting a specific gender of worker for a client.
5. Policies and procedures that set out the competences required to work with clients on gender-specific issues.
6. Policies and procedures that set out the organisation' approach to client's sexuality.
7. An approach to service provision, that is imparted to staff in team meetings and supervision, that recognizes that staff are able to provide therapeutic interventions in all situations while at work and that this is not limited to counselling sessions and group work. This should include a discussion of boundaries.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

STANDARD SEVEN: Initial Assessment

Outcome

What should people who use residential rehabilitation services experience?

You will receive an initial assessment of your needs before you enter the service. You can expect that the staff member who completes your assessment with you will explain how the information you give them will be used, recorded and shared. You can expect to sign a form that outlines who your information can be shared with. The service will explain the implications for your care and support of not sharing information.

As part of your initial assessment the service will ask questions about any situations that may be putting you or others at risk.

You can expect that all of the information you give to a staff member will be used to plan your care and support in a way that meets your individual needs.

You can expect that your assessment information and any other records that have information about you will be secured in a safe way.

This is because providers who comply with the standards will:

1. Ensure that clients are aware of the organisation's confidentiality policy prior to initial assessment.
2. Conduct a full initial assessment of client need prior to admission in a way that involves the client.
3. Assesses risks to the client and to others as part of the assessment.
4. Obtain written permission from clients to share or access information from other organisations, funders or family member, carers and significant others.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All Residential rehabilitation services.

What does the standard address?

This standard addresses the approach the organisation takes to identifying the needs of clients prior to admission. It also includes how the organisation should approach assessing client risk.

Link with CQC Essential Standards of Quality and Safety

- Outcome 1: Respecting and involving people who use services (1A, 1B, 1C, 1E, 1G, 1H, 1L).
- Outcome 4: Care and welfare of people who use services (4A, 4C, 4E, 4L, 4N).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.
- Core Standard 15 of the North Somerset Accreditation Scheme for drug and alcohol service providers.

Content of standard

The organisation:

1. Informs a client of the organisation's confidentiality policy prior to initial assessment.
2. Conducts a full initial assessment of client need prior to admission.
3. Ensures the client is fully involved in the assessment.
4. Obtains written permission from clients to share or access information from other organisations, funders or family member, carers and significant others.
5. Assesses risks to the client and others as part of the assessment.

Evidence

The organisation has:

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

1. A confidentiality policy and protocol, which is discussed with a client before the initial assessment is conducted.
2. An assessment protocol which outlines:
 - The ways the assessment can be conducted with the service user, e.g. over the telephone, via Skype or face to face.
 - The information that is collected at assessment
 - The form in which information is recorded.
 - How the assessment process can be engaging and involve the client in discussing the implications of needs and identified risks.
3. A protocol for discussing the reasons for sharing information with clients.
4. A record of permission to share information that is signed by the client.
5. A risk assessment tool that is followed at initial assessment and at regular intervals.
This may include:
 - Risk of suicide or self-harm
 - Risk of harm to children
 - Risk of harm to others, including family members, carers and significant others, other residents and staff.
 - Risk of self-neglect
 - Risk of harm from others, including family member, carers and significant others.
6. A protocol to be followed where immediate risks are identified. This may include:
 - Referral to external agencies such as mental health or domestic abuse services.
 - Reporting issues of neglect or abuse to the appropriate organisations, e.g. social services
 - Breaching confidentiality, including the circumstances when this will happen and the procedures to be followed.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

STANDARD EIGHT: Care Planning

Outcome

What should people who use residential rehabilitation services experience?

When you join the service the staff will support you to develop a care and support plan. Your care plan will set out your needs and your goals for your treatment. You will review your care plan at regular intervals with a staff member.

You can expect that your care plan and any other records that have information about you will be secured in a safe way.

This is because providers who comply with the standards will:

1. Develops care plans that:
 - Address the needs identified at assessment.
 - Have clear Recovery goals and targets that set out plans for reintegration and aftercare from the outset of treatment.
 - Include times of review dates with clients.
2. Ensure that care or support plans include risk management plans.
3. Regularly review care plans to ensure that needs and risks are reassessed and that care plans are changed to reflect this.
4. Securely store client notes.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All Residential rehabilitation services.

What does the standard address?

This standard addresses the approach the organisation takes to planning how to manage care and risks with clients.

Link with CQC Essential Standards of Quality and Safety

- Outcome 4: Care and welfare of people who use services (4A, 4E, 4L).
- Outcome 21: Records (21A).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.
- Core Standard 17 of the North Somerset Accreditation Scheme for drug and alcohol service providers.

Content of standard

The organisation:

1. Develops care plans that address the needs identified at assessment in partnership with the client.
2. Establishes collaborative care plans that have clear Recovery goals and targets that set out plans for reintegration and aftercare from the outset of treatment and include timescales and review dates with clients.
3. Develops and reviews risk management plans.
4. Regularly reviews care plans to ensure that needs and risks are reassessed and addressed.
5. Maintains records of care plans in client notes, which are stored securely.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Evidence

The organisation has:

1. Care planning documentation which:
 - Clearly specifies the client's needs
 - Identifies how needs and risks have changed as treatment progresses
 - Sets out the client's Recovery goals for treatment targets that set out plans for reintegration and aftercare from the outset of treatment.
 - Identifies the interventions and/or activities that are planned to meet these needs, e.g.
 - counselling or psychotherapy
 - other psychosocial interventions
 - group work
 - education and training
 - housing support/ move on accommodation
 - employment
 - Sets out targets and timescales for these.
 - Includes review dates.
 - Includes the planning of aftercare.
 - Is signed and dated by the client and the key worker when initially created and at reviews.
2. Risk management plans that are completed and regularly reviewed.
3. Updated care plans that reflect changing needs and risks.
4. Stores care plans securely and ensures that clients have access to their own care plan.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

STANDARD NINE: Therapeutic environment

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the service will offer you an environment where you can feel safe and where bullying and harassment will be dealt with.

The staff will work with you in a collaborative way to meet your needs and support you to meet your goals for your own recovery.

You will be aware of your rights and accompanying responsibilities when in the service.

This is because providers who comply with the standards will:

1. Ensures a safe environment for clients.
2. Provide a collaborative therapeutic programme.
3. Offers clients access to psychological support and therapy with a focus on achieving recovery outcomes.

Residential Rehabilitation Quality Standards Framework

Section Two: Quality of Practice.

Prompts for providers

Who is this standard for?

All Residential rehabilitation services.

What does the standard address?

This standard addresses the approach the organisation takes to provide a safe and therapeutic environment for clients.

Link with CQC Essential Standards of Quality and Safety

None

Source of standard

This is a newly developed standard.

Content of standard

The organisation:

1. Ensures that clients can address their needs in a safe environment.
2. Defines the collaborative nature of its therapeutic programme to clients and staff.
3. Offers clients access to psychological support and therapy with a focus on achieving recovery outcomes.

Evidence

The organisation has:

1. Policies and procedures that outline the action that will be taken if there is harassment or bullying of either clients or staff.
2. A health and safety policy and procedures.
3. A managing violence and aggression policy and procedures.
4. A client rights and responsibilities policy, which is presented to clients before they enter the service and is clearly displayed and referred to throughout the programme.
5. A programme that outlines the support that a client can expect and the recovery outcomes the programme will support the client to achieve.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

Section Three: Content of programme.

Introduction

This section of the standards sets out what residential rehabilitation services will offer their clients. It sets out how the service will support the client when they enter and leave the service. There is content on the steps to be taken if a service user leaves in an unplanned way before treatment is completed. It also identifies how the service will provide advice, support and information on health and wellbeing to their clients. This includes family member, carers and significant others of a resident if they are being offered support in their own right.

The section also looks at how the service will work with other services as part of their provision of support and care to their clients.

This section contains standards on:

1. The client journey - entering and leaving the service.
2. Joint working.
3. Health and wellbeing.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

STANDARD TEN: The Client Journey - entering and leaving the service.

Outcome

What should people who use residential rehabilitation services experience?

You can expect to have received information about the service before you join the service.

When you join the service the staff will make sure that you are aware of what services you will be receiving and the timetable of the programme. They will also make sure that you can find your way around the service and are introduced to staff and other people using the service.

You can expect that the service will explain the rules of behaviour in the service and will inform you of the consequences when these rules are broken. This might include when the service will ask to search you or your property and when you might be asked to leave the service. If the service asks to search you or your property they will do this in a way that respects your privacy and dignity.

If you are asked to leave the service, or decide yourself to leave the service, before you have completed your stay you can expect that the service will give you harm reduction information and resources and will try to ensure that you are able to reach a place where you will be safe.

When you complete your stay you can expect that the service will work with you to identify support for you after you leave.

This is because providers who comply with the standards will:

1. Make information about the service available to prospective clients before admission.
2. Provide a written agreement or contract to the client before admission.
3. Ensure that any intrusive procedures, such as searches, are conducted with clients in a way that respects their dignity, safety and privacy.
4. Ensure that clients identify a place of safety they will go to if they leave the service before completing the programme.
5. Provide the client with a structured induction to the service and the programme.
6. Ensure that clients and staff are aware of the reasons for asking a client to leave a programme before completion.
7. Provide harm reduction information to clients when they leave the service.
8. Ensure continuity of care by making timely referrals to organisations that will provide care after early unplanned or self-discharge.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

9. Ensures that recovery is sustained by making referrals to external agencies and/or support groups.
10. Provide guidelines and processes to manage temporary discharge, reapplications and readmissions.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses how residential rehabilitation services should support clients when entering and leaving the treatment programme. It has content on preparing clients for entry, inducting the client into the programme and ensuring that recovery is sustained following their discharge.

Link with CQC Essential Standards of Quality and Safety

- Outcome 1: Respecting and involving people who use services (1E, 1G, 1H).
- Outcome 4: Care and welfare of people who use services (4N, 4O, 4W, 4X).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit Tool.
- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Ensures that information is available to prospective clients before admission (see standard four of this quality framework).
2. Provides a written agreement or contract before admission.
3. Conducts searches of clients in a way that respects their dignity, safety and privacy.
4. Provides a structured induction to the service and the programme.
5. Ensures that clients have identified a place of safety they will go to if they self-discharge or are asked to leave a service before completing the programme.
6. Makes clients and staff aware of the criteria for asking clients to leave a programme before completion.
7. Provides harm reduction information to clients leaving the service care after early

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

- unplanned or self-discharge.
8. Makes timely referrals to organisations that will provide care after early unplanned or self-discharge.
 9. Ensures that recovery is sustained by making referrals to external agencies and/or support groups.
 10. Provide guidelines and processes to manage temporary discharge, reapplications and readmissions.

Evidence

The organisation has:

1. Documentation is sent out to the referrer and client before admission. This may include:
 - A service information pack.
 - A copy of the written agreement/contract.
 - The induction programme.
 - A trial period (if offered) and associated fees.
2. A policy and procedure on searching clients that includes information on when and how searches will be conducted.
3. A policy and procedure on early discharge. This may include:
 - Criteria for early discharge by the service.
 - Documentation to be completed.
 - A signed agreement with the service user and the person or organisation funding their place that identifies a place of safety, and how the travel and any other costs associated with reaching the place of safety will be paid for.
 - Harm reduction information to be given to clients.
 - Notification of funders.
 - Notification of family or significant others.
4. A structured induction process for clients that includes:
 - Orientation to the premises.
 - Introduction to staff.
 - Introduction to other clients.
 - A programme timetable.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

- Health and safety.
- 5. A process to identify a place of safety before admission.
- 6. A wide range of information about organisations that can support clients post-discharge, including support or mutual aid groups.
- 7. Guidelines and processes to manage temporary discharge, reapplications and readmissions.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

STANDARD ELEVEN: Joint working.

Outcome

What should people who use residential rehabilitation services experience?

You can be confident that the residential rehabilitation service and the service that referred you, will work together in a coordinated way to ensure that you have all the information you need before joining the residential rehabilitation service.

You can expect the service will work with other organisations to make sure that you are able to access services not provided by the residential rehabilitation service, such as blood-borne virus testing.

Before you leave the service you can expect that the service will work with you to identify what support you need once you leave and will contact and work with the services that will be able to offer that support.

This is because providers who comply with the standards will:

1. Provide comprehensive information about the service.
2. Liaise and work with referral organisations to prepare clients before they join the service.
3. Have effective relationships with external organisations.
4. Identify and make contact with organisations that will offer aftercare to clients.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses how residential rehabilitation services should work with external agencies before, during and after a client's stay in the service. It includes:

- The processes and procedures that organisations should follow when taking referrals.
- Working with other organisations to prepare clients to enter the service.
- Working with other organisations that provide specialist care whilst the client is in the service and arranging aftercare opportunities for the client.

Link with CQC Essential Standards of Quality and Safety

- Outcome 6: Cooperating with other providers (6A - 6J, 6N).

Source of standard

Parts of this standard have been drawn from:

- The stakeholder section of the Phoenix Futures Audit tool.
- Core Standard 14 of the North Somerset Accreditation Scheme for drug and alcohol service providers.

Content of standard

The organisation:

1. Provides information that allows referral organisations and prospective clients make informed decisions about the suitability of the service.
2. Liaises with referral organisations to either provide pre-entry support to prospective clients or to provide information that can be included in a referral organisation's own preparation for residential rehabilitation groups.
3. Develops and maintains effective relationships with external organisations.
4. Identifies support organisations that will offer aftercare to clients after they are discharged.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

5. Develops referral pathways with organisations identified as sources of aftercare.

Evidence

The organisation has:

1. Information brochures that can be sent to or downloaded by referrers or prospective clients. This should include the information specified in standard 4.
2. Processes in place for receiving information requests or referrals from external organisations or individuals. This should include processes for:
 - The receipt of referrals.
 - How referrals are processed.
 - How referrals are prioritised.
 - How client information will be used in the organisation.
 - Timescales for responding to referrers.
 - Advising referrers of waiting times for assessment.
 - Conducting assessments.
3. Protocols and procedures with external organisations that detail the nature of the relationship. This will include:
 - Information sharing
 - Joint meetings
 - Reviewing care
 - Reviewing the efficacy of the joint working relationship.
4. A maintained list of external organisations that provide aftercare, or access to that information in the locality a client is to resettle in.
5. Referral procedures with external, aftercare services.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

STANDARD TWELVE: Health and Wellbeing.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the service will work with you to consider your health and wellbeing and look at what can be done to improve this. This might include looking at how you can reduce the harms to your health and wellbeing because of your substance use, but also any harms you might be at risk of because of your diet, smoking, sexual behaviour and approach to physical exercise.

You can expect that the service will work with other organisations to make sure that you are able to access services not provided by the residential rehabilitation service, such as blood-borne virus testing.

This is because providers who comply with the standards will:

1. Offer harm reduction advice and information.
2. Promote health and wellbeing with clients and staff.
3. Support clients to access local primary care services.
4. Advises clients where they can be tested for blood-borne viruses or receive vaccinations.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the provision of advice, information and interventions intended to facilitate the health and wellbeing of clients.

Link with CQC Essential Standards of Quality and Safety

- Outcome 4: Care and welfare of people who use services (4A).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.
- Core Standards 18 and 21 of the North Somerset Accreditation Scheme for drug and alcohol service providers.

Content of standard

The organisation:

1. Provides harm reduction advice and information to clients.
2. Promotes health and wellbeing advice and support with clients, including smoking cessation.
3. Offers clients access to blood-borne virus testing.
4. Utilises the opportunity with clients to support their access to vaccinations.
5. Supports clients to access local primary care services.
6. Promotes the health and wellbeing of staff.

Residential Rehabilitation Quality Standards Framework

Section Three: Content of programme.

Evidence

The organisation has:

1. Harm reduction literature made available to clients, particularly when leaving the service.

This advice will include advice on:

- Wellbeing and mental health.
 - Diet, obesity and physical exercise.
 - Blood-borne viruses and sexual health.
 - Smoking cessation.
 - Overdose prevention.
2. Mandatory training for staff on giving harm reduction advice and information.
 3. Harm reduction interventions that are a part of all client care plans.
 4. Provision to offer smoking cessation, including nicotine patches, gum and smoking cessation groups.
 5. Arranged access to health care services that will offer vaccinations to clients.
 6. Arranged access to health care services that will offer testing of blood-borne viruses to clients.
 7. Policies and procedures relating to staff support and access to occupational health and employ assistance programmes.

Residential Rehabilitation Quality Standards Framework
Section Four: Client and family member, carers and significant others involvement.

Section Four: Client and family member, carers and significant others involvement.

Introduction

This section of the standards sets out what residential rehabilitation services will do to ensure that clients and family members, carers and significant others are involved in the planning, development, review and delivery of the service.

It sets out how a service can develop and support clients to take part in involvement activities and how a service can take a strategic approach to this activity.

The standards also examine how family members, carers and significant others can be safely involved in the care and support of the client.

This section contains standards on:

1. Development and managing client involvement.
2. Developing and managing family members, carers and significant others involvement.

Residential Rehabilitation Quality Standards Framework
Section Four: Client and family member, carers and significant others involvement.

STANDARD THIRTEEN: Developing and managing client involvement.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the service will consider your views and experiences when it thinks about developing or improving the service.

If you are asked to become involved in client involvement you can expect that the service will support you to do this and will offer you any training you might need to help you do this.

You can be confident that if you, or other clients take part in client involvement activities that the service will be clear about how this will be done and will set out expectations about confidentiality and the role of client advocates.

This is because providers who comply with the standards will:

1. Take a strategic approach to client involvement.
2. Be clear about the ways that clients can become involved and the boundaries around client involvement.
3. Offer clients training that develops them to be effectively involved.

Residential Rehabilitation Quality Standards Framework

Section Four: Client and family member, carers and significant others involvement.

Prompts for providers

Who is this standard for?

Residential rehabilitation services that involve clients in the review and development of the organisation.

What does the standard address?

This standard addresses the processes an organisation uses to develop and support client involvement.

Link with CQC Essential Standards of Quality and Safety

- Outcome 1: Respecting and involving people who use services (1J).

Source of standard

This is a newly developed standard.

Content of standard

The organisation:

1. Develops a client involvement strategy and implementation plan.
2. Ensures that clients are offered training that develops them to be effectively involved.
3. Clarifies the role boundaries for clients involved in organisational processes.

Evidence

The organisation has:

1. A client involvement strategy which may include:
 - Processes for identifying clients who may want to be involved in organisational processes.
 - The activities that clients may be involved in (membership of the board, working groups, staff recruitment).
 - The organisation's expectations of involved clients.
 - The support that the organisation will provide for involved clients.
2. A process for identifying the training needs of involved clients. This may include:
 - Understanding business processes.

Residential Rehabilitation Quality Standards Framework
Section Four: Client and family member, carers and significant others involvement.

- Being involved in staff recruitment.
 - Confidentiality and data protection.
 - Providing advocacy.
3. An agreement or contract with clients about their involvement.

Residential Rehabilitation Quality Standards Framework

Section Four: Client and family member, carers and significant others involvement.

STANDARD FOURTEEN: Developing and managing family member, carers and significant others involvement.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the service will consider the views and experiences of your family members, carers and significant others when it thinks about developing or improving the service.

Your family members, carers and significant others will be given opportunities to become involved at all points in your care and support while you are in the service. You can be confident that this will be done with your knowledge and consent.

Family member, carer and significant others involvement can be a key component of your treatment and can greatly benefit and empower the family member, carers and significant others themselves, but it may not always be desirable or possible. You will be supported to make the informed decision about whether to involve family member, carers and significant others. When you join the service your family members, carers and significant others will be given information about when they can visit you and what they can bring you when they visit.

If a family member, carer or significant others is asked to become involved you can expect that the service will support them to do this and will offer them any training they might need to help them do this.

You can be confident that if your, or other clients' family member, carers and significant others take part in involvement activities that the service will be clear about how this will be done and will set out expectations about confidentiality and boundaries.

This is because providers who comply with the standards will:

1. Promote and explain family member, carers and significant others involvement with clients and their family member, carers and significant others.
2. Provide opportunities to involve family member, carers and significant others at all stages of treatment.
3. Discuss the financial implications of paying fees and of offering clients financial or other rewards with family member, carers and significant others.
4. Provides clear information about when family member, carers and significant others can visit the service, and if they can bring children.

Residential Rehabilitation Quality Standards Framework

Section Four: Client and family member, carers and significant others involvement.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses how organisations involve family member, carers and significant others in the care and support of clients. The standard recognises that residential rehabilitation services may take a range of approaches to involving family member, carers and significant others, at different stages of treatment. When considering this standard a service should be clear about the extent of its family member, carers and significant others involvement activities and take a stepped approach to the identification of relevant evidence for those activities.

Link with CQC Essential Standards of Quality and Safety

None

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.

Content of standard

The organisation:

1. Promotes and explains family members, carers and significant others involvement with clients and their family member, carers and significant others.
2. Offers opportunities to involve family members, carers and significant others at all stages of treatment.
3. Discusses the financial implications of paying fees with family members, carers and significant others.
4. Provides information to family member, carers and significant others on the implications of offering clients financial or other rewards.
5. Provides clear information about visiting services, including any restrictions on children visiting.

Residential Rehabilitation Quality Standards Framework

Section Four: Client and family member, carers and significant others involvement.

Evidence

The organisation has:

1. Information about the evidence of the benefits of family, carers and significant others involvement to give to clients.
2. Policies and procedures that describe how family members, carers and significant others may be involved in care and support. This may include:
 - Client consent for family, carers and significant others involvement.
 - Family, carers and significant others involvement in assessment.
 - Family, carers and significant others involvement in care planning.
 - Family, carers and significant others involvement in reviewing care.
3. Policies and procedures regarding the possible conflict between paying for care and being involved in the provision of care which are shared with family members, carers and significant others.
4. Information for family members, carers and significant others which sets out the care and support approach taken by the service and the effect that offering rewards or incentives to clients might have on the efficacy of that approach.
5. Information about visiting and any restrictions. This may include:
 - Restrictions to visiting at different stages of the programme
 - Restriction to visits by children including, if children are allowed to visit, safeguarding children policies and procedures, and provision of childcare during visits if available.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

Section Five: Staff management and development.

Introduction

This section of the standards sets out what residential rehabilitation services have to do to ensure that their staff are able to deliver services effectively.

It sets out how staff should be managed and developed to ensure that they are able to work with clients safely and competently.

The standards also consider how staff recruitment can be managed so that the service employs the right staff for specific roles.

As many residential rehabilitation services provide placement for students there is also a standard that considers how student placements should be provided and managed.

This section contains one standard on:

1. Human Resource Management.
2. Recruiting Staff.
3. Managing Staff Development.
4. Managing trainees/student placements.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

STANDARD FIFTEEN: Human resource management.

Outcome

What should people who use residential rehabilitation services experience?

You can be confident that the staff of the service in way that makes sure that you receive care and support in a safe way.

You can expect that there will be sufficient staff to deliver the service.

You can expect that the staff delivering services are supported by their managers to make sure that they have access to support that meets any needs they have that might interfere with their ability to work with you.

This is because providers who comply with the standards will:

1. Have policies and procedures relating to staff management.
2. Develop its managers to effectively manage staff.
3. Have a staff retention strategy.
4. Provide staff access to occupational health and other support (such as an Employee Assistance Programme).

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the processes and procedures that the organisation follows to ensure that staff are managed in line with legal requirements and in a way that meets the needs of the organisation and its clients.

Link with CQC Essential Standards of Quality and Safety

- Outcome 13: Staffing (All).
- Outcome 14: Supporting workers (14D).

Source of standard

Parts of this standard have been drawn from:

- Core Standard 2 of the North Somerset Accreditation Scheme for drug and alcohol service providers.
- Standards GS9, GS10 and GS12 of the Phoenix Futures Audit tool.

Content of standard

The organisation:

1. Ensures that it develops and maintains a policies and procedures handbook that includes policies relating to staff management.
2. Develops managers to implement the policies and procedures handbook.
3. Implements staff retention strategies.
4. Provides staff with access to occupational health.

Evidence

The organisation has:

1. A policies and procedures handbook which may include content on:
 - Equality and diversity.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

- Disciplinary, grievance and capability.
 - Annual leave.
 - Compassionate leave.
 - Management of absence.
 - Maternity and Paternity leave.
 - Pay structure.
 - Supervision and appraisal and personal development plans.
 - Drug and alcohol in the workplace policy.
 - Disclosure of personal information policy.
 - Work/life balance policy.
 - A relapse policy for staff in recovery.
 - Access to occupational health.
 - Access to an Employee Assistance Programme.
2. A training needs analysis process that includes an assessment of manager competence.
3. Strategies to support the retention of staff. This may include:
- Providing mentoring or coaching to staff
 - Involving staff in operational decisions
 - Involving staff in innovating the service.
 - Providing a safe and confidential mechanism for staff to make complaints or register concerns.
 - Having a work/life balance policy.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

STANDARD SIXTEEN: Recruiting staff.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that the staff that work with you have the skills, knowledge and qualifications that are needed to meet your needs.

You can be confident that all staff and volunteers have had criminal record checks to ensure that they do not pose a risk to you.

Where your service uses volunteers you can be confident that their role has been described by the service and they are trained and supported in that role.

This is because providers who comply with the standards will:

1. Conduct staff recruitment in a fair and transparent way.
2. Ensure that require pre-employment checks are carried out during recruitment.
3. Provide volunteers with a contract that describes their involvement in the service.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the recruitment of paid staff, volunteers and trainees.

Link with CQC Essential Standards of Quality and Safety

- Outcome 12: Requirements relating to workers (12A - 12G).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.
- Core Standards 3 and 6 of the North Somerset Accreditation Scheme for drug and alcohol service providers.
- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Conducts recruitment procedures in a fair and transparent way.
2. Conducts recruitment checks, including of references, Disclosure and Barring Services checks and required insurance, on prospective staff.
3. Provides a contract for volunteers.

Evidence

The organisation has:

1. Policies and procedures that outline the organisation's approach to recruitment. This should include:
 - Advertising procedures.
 - Competence based job descriptions
 - Person specifications that include any qualification requirements.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

- Application procedures, including compliance with equalities and data protection legislation.
- Membership of interview panels (including the presence of trained and supported clients on interview panels).
- Processes for assessing the suitability of candidates at interview, e.g. scoring schedules.
- Processes for informing candidates of the outcome of interviews.
- Processes for requesting references.

2. A volunteer contract which sets out:

- The volunteer role.
- The role of the volunteer.
- The behaviours expected of volunteers.
- The boundaries of the volunteer role.
- The support and development the volunteer can expect the organisation to provide, including the frequency of supervision.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

STANDARD SEVENTEEN: Staff induction.

Outcome

What should people who use residential rehabilitation services experience?

You can be confident that all the staff and volunteers who work in the services are familiar with its philosophy, ethos and methodology.

You can expect that the staff and volunteers have received training and support when they first join the service that has prepared them to provide support safely and effectively. Staff who haven't yet been able to offer care and support to the standard the service has set will receive further training and support before their employment is confirmed.

This is because providers who comply with the standards will:

1. Ensure that all staff undergo a formal induction procedure that introduces the philosophy, ethos and methodology of the service.
2. Ensure that all staff are made aware of the work of other parts of the organisation and of external partner organisations during induction.
3. Assess a new staff member's training needs during induction.
4. Apply a formal probationary period during which a staff member's competence will be assessed.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the processes undertaken to induct new staff (paid and volunteers) to ensure that staff understand the philosophy of the organisation, the policies and procedures that provide a structure for the work of the organisation and are aware of the expectations the organisation has of their competence and behaviour.

Link with CQC Essential Standards of Quality and Safety

- Outcome 14: Supporting workers (14A, 14E).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.
- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Develops and maintains a policies and procedures handbook.
2. Conducts an analysis of a staff member's training needs during induction.
3. Applies a formal probationary period policy and procedure.
5. Ensure that all staff undergo a formal induction procedure, procedure that includes the philosophy, ethos and methodology of the service.

Evidence

The organisation has:

1. A regularly updated policies and procedures handbook that is prominently displayed and accessible to all staff.
2. An agreed formal induction process. This may include:
 - Required reading of policies and procedures.

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Section Five: Staff management and development.

- Meetings with internal staff.
 - Meetings with external organisations.
 - Opportunities to discuss the philosophy of the service, expectations of staff behaviour and the boundaries of relationships between staff members and between staff and client, including the use of social media.
 - Attendance at open mutual aid meetings to gain insight into client support options.
3. A procedure to review a staff member's competence and consider any training needs.
4. A policy and procedure for assessing a staff member's suitability during their probationary period and giving feedback on this to the staff member. This may include:
- The duration of the probationary period
 - The points during the probationary period when performance will be reviewed.
 - The procedures that will be followed during the probationary period if performance is not satisfactory.
 - The process to be followed if a probationary period is extended.
 - The procedures that will be followed at the end of the probationary period if performance is not satisfactory, including procedures for terminating employment.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

STANDARD EIGHTEEN: Managing staff development.

Outcome

What should people who use residential rehabilitation services experience?

You can be confident that the staff of the service are properly trained and supervised so that they can work with you in the most effective way.

As part of this you can expect that staff will be supported to have professional qualifications.

You can also expect that staff will be supported to learn from complaints, compliments, client and family member, carers and significant others feedback and reviews of the service.

This is because providers who comply with the standards will:

1. Ensure that its staff are competent to deliver its service.
2. Provide regular management supervision and appraisal to its staff and ensure that clinical staff have access to regular clinical supervision.
3. Ensure that staff are provided with learning opportunities that allows them to maintain their professional registration and meet any other learning needs.
4. Maintain a learning environment.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the role that organisations have in ensuring that their staff (paid and volunteers) are competent to deliver the interventions the service offers.

Link with CQC Essential Standards of Quality and Safety

- Outcome 12: Requirements relating to workers (12B).
- Outcome 14: Supporting workers (14A, 14C, 14I).

Source of standard

Parts of this standard have been drawn from:

- The Phoenix Futures Audit tool.
- The Royal College of Psychiatrists Community of Communities Network for Addiction Therapeutic Communities Self-Review Workbook (C of C workbook).

Content of standard

The organisation:

1. Monitors and develops the competence of its staff.
2. Provides regular management supervision to its staff.
3. Ensures that clinical staff have access to regular clinical supervision.
4. Offers regular appraisal to staff.
5. Ensures that staff are supported to meet their professional registration requirements.
6. Creates a learning environment for staff.
7. Analyses staff training needs and plans to meet these needs.

Evidence

The organisation has:

1. Policies and procedures to benchmark and measure staff competence. This may include:

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Section Five: Staff management and development.

- Job descriptions mapped to standards of competence that relate to the staff members job role and the activities of the service.
 - Organisational competence frameworks.
2. Policies and procedures that establish the organisational approach to supervision and appraisal. This may include:
- Information about the frequency of supervision and appraisal.
 - A pro-forma supervision record.
 - A pro-forma appraisal record.
 - Procedures for documenting and storing supervision and appraisal records.
 - Arrangements for individual, external and group supervision.
3. Processes in place to monitor and support staff to maintain their professional accreditation or registration.
4. Audit and incident analysis policies and procedures which involve staff and which include opportunities to learn from their findings.
5. Processes to identify training needs. This may include:
- Formal training needs analyses or skills audits.
 - Information collated from supervision and appraisal and client feedback.
6. Information about mandatory training and where this can be accessed.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

STANDARD NINETEEN: Managing trainee/student placements.

Outcome

What should people who use residential rehabilitation services experience?

You can expect that any students or trainees on placement have been introduced to the philosophy, ethos and methodology of the service.

You can be confident that any students or trainees are managed and supported by the service to ensure that they are able to work effectively with clients.

This is because providers who comply with the standards will:

1. Offer student placements.
2. Provide a student on placement with a structured induction to the organisation.
3. Liaise with the student's educational establishment and meet the requirements of the placement.

Residential Rehabilitation Quality Standards Framework

Section Five: Staff management and development.

Prompts for providers

Who is this standard for?

All residential rehabilitation services.

What does the standard address?

This standard addresses the management of placements.

Link with CQC Essential Standards of Quality and Safety

- Outcome 12: Requirements relating to workers (12A, 12B).

Source of standard

This is a newly developed standard.

Content of standard

The organisation:

1. Develops and manages student placements.
2. Provides training placements for students and post-qualifying professional development opportunities for qualified practitioners.
3. Offers induction to the organisation to students.
4. Liaise with the student's educational establishment.
5. Provides written reports on the student's progress as required.

Evidence

The organisation has:

1. Policies and procedures that address the organisation's approach to student placements. This should include:

- Recruitment processes, including compliance with equalities and data protection legislation.
- An induction procedure.
- Arrangements for ongoing support and supervision.
- Arrangements for communication with the student's tutor(s).

Residential Rehabilitation Quality Standards Framework

Useful documents

The following documents or other resources may be used to develop some of the policies, procedures and protocols required as evidence to meet this quality standards framework.

Complaints

The Department of Health has a guide to complaints procedures "*Listening, Responding, Improving*", which can be downloaded at: [A guide to better customer care - Pals](#)

The Local Government Ombudsman has produced a number of resources for social care providers on handling complaints. Details can be found here:

<http://www.lgo.org.uk/adult-social-care/resources-for-care-providers>

This includes a sample Complaints procedure that can be downloaded at: [Running a complaints system](#)

Whistle-blowing

CQC has developed guidance for on whistle-blowing for registered providers, which can be downloaded at:

https://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf

Staff induction

Skills for Care have developed Common Induction Standards, which outline a generic, comprehensive induction to social care services. The standards and supporting guidance can be found at: <http://www.skillsforcare.org.uk/Document-library/Standards/Common-Induction-Standards/CommonInductionStandardswithglossary.pdf>

Care Planning

The National Treatment Agency for Substance Misuse (NTA) developed care planning guidance in 2006. This can be downloaded at:

http://www.nta.nhs.uk/uploads/nta_care_planning_practice_guide_2006_cpg1.pdf

Handling of Medicines

The Royal Pharmaceutical Society revised its guidance on the handling of medicines in social care in 2007. The revised guidance can be downloaded at:

<http://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>

Management of detoxification

The National Institute of Clinical Excellence (NICE) developed revised guidance on

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using buprenorphine and methadone to manage opioid detoxification. The revised guidance can be downloaded at:

<http://www.nice.org.uk/nicemedia/pdf/TA114Niceguidance.pdf>

In 2012 the NTA supported the development of guidance on the use of substitution guidance in recovery-orientated drug treatment. The guidance can be downloaded at:

<http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf>