No 11

Quality Report

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

Ratings

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

Overall summary

At a previous inspection in May 2019, we identified concerns about safety and quality of the service which put clients at risk of harm. The service was rated as inadequate overall and was placed into special measures. Following the inspection in May 2019, the service made the decision to not admit any clients for alcohol detoxification who had a history of alcohol withdrawal seizures and delirium tremens.

During this inspection our rating of the service improved. We rated each domain as good and the service overall as good. As a result of this inspection, the service was removed from special measures.

We rated No 11 as **good** because:

- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.

Summary of findings

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well-led and leaders had the skills, knowledge and experience to perform their roles.

However:

- Forty-five percent of clients using the service did not give permission for the provider to obtain or share information from their GP. Whilst the service had measures in place to mitigate the risks associated with this, they recognised that to improve the overall safety of the service further work was needed.
- The provider did not have a system in place for staff to raise an alarm from within the clinic room in an emergency.
- Further work was needed to strengthen the providers audit programme to ensure that outcomes were consistently rated across the range of measures used and that the sample included clients who had completed each of the various treatment pathways.
- The provider had recently strengthened its governance systems. Further work was needed to ensure that these were embedded and sufficiently robust to drive quality, safety and improvement in the service.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Good

No 11

Services we looked at
Residential substance misuse services

Summary of this inspection

Background to No 11

No 11 is a three-bedded unit based in a mews house in Kensington. It is run by PROMIS clinics, which has two other services on the same street called No 4 and No 12. While the three are registered separately, they operate as one service with the same manager and the same staff covering the three locations. We completed one inspection which reviewed all three registered locations and wrote three separate inspection reports.

Clients in the three services use the same communal areas in No 11, including a kitchen and a living room. The clinic room for the three services is in No 11. There are some therapy rooms, which are used by clients across the services, in No 12.

The service provides medically monitored alcohol and medically monitored drug detoxification which also included a psychological therapy programme.

A registered manager was in place for the service.

The service is registered to provide the following regulated activities:

• Accommodation for persons who require treatment for substance misuse

• Treatment for disease, disorder and illness

No 11 was first registered with CQC in November 2012. We have inspected No 11, seven times since November 2012. All inspections of No 11 have been carried out simultaneously with an inspection of No 4 and No 12.

At the time of our inspection, there were no clients in residence at No 4.

We undertook an unannounced inspection of No 4, No 11 and No 12 in May 2019. This inspection identified concerns about safety and quality of the service which put clients at risk of harm. The service was rated as inadequate overall and was placed into special measures. We also took enforcement action against the provider and issued warning notices in relation to regulation 12, Safe Care and Treatment and regulation 17, Good Governance. Following the inspection in May 2019, the service made the decision to not admit any clients for alcohol detoxification who had a history of alcohol withdrawal seizures and delirium tremens.

We undertook an unannounced focused inspection of No 4, No 11 and No 12 in October 2019 where we looked at the progress the provider had made in addressing breaches identified in the warning notice made as a result of our inspection in May 2019 in respect of Regulation 12, Safe Care and Treatment and Regulation 17, Good governance. We did not rate the service as a result of this inspection. We saw that significant improvements had been made to ensure that clients received safe care and treatment however further work was needed to strengthen and embed governance systems.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one CQC inspection manager and one specialist professional advisor with a nursing background in the field of substance misuse.

Summary of this inspection

Why we carried out this inspection

This was an unannounced comprehensive inspection. We undertook this inspection to check on the quality and safety of the service and to check on improvements made since our inspections in May and October 2019.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location. This inspection was unannounced, which meant the provider did not know we were coming.

During the inspection visit, the inspection team:

- visited the service and undertook an assessment of the quality of the environment and observed how staff were caring for clients
- spoke with three clients using the service
- spoke with the director of clinical treatment and service manager
- spoke with four other staff
- observed a multidisciplinary team meeting
- looked at four client care and treatment records
- carried out a specific check of the medication management procedures and medication administration records
- looked at policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with three clients who used the service.

All the clients we spoke with were happy with the service. They said that staff were supportive, kind and caring.

Clients described staff as easy to approach, accessible and responsive to their needs. All clients said that there were enough staff around when needed, including at night. Clients also said that they could access therapy daily, either one to one or in a group.

Most clients said they were introduced to, and oriented to the service by staff onsite at the time of admission. However, one client said that more information could have been given to them on admission.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Our rating of this service improved. We rated it as good because:

•All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

•The service had enough nursing and medical staff, who knew the clients and received basic training to keep them safe from avoidable harm.

•Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

•Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

•Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

•The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.

•The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

•Forty-five percent of clients using the service did not give permission for the provider to obtain or share information from their GP. Whilst the service had measures in place to mitigate the risks associated with this, they recognised that to improve the overall safety of the service further work was needed.

•The provider did not have a system in place for staff to raise an alarm from within the clinic room in an emergency.

Are services effective?

Good

Our rating for this service improved. We rated it as good because:

Summary of this inspection

•Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

•Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

•Staff used recognised rating scales to assess and record severity and outcomes.

•The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

•Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.

However:

•Further work was needed to strengthen the providers audit programme to ensure that outcomes were consistently rated across the range of measures used and that the sample included clients who had completed each of the various treatment pathways.

Are services caring?

Good

Our rating for this service stayed the same. We rated it as good because:

•Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

•Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

•Staff informed and involved families and carers appropriately.

Are services responsive?

Good

Our rating of this service stayed the same. We rated it as good because:

Summary of this inspection

•The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

•The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe.

•The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

•The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

Our rating of this service improved. We rated it as good because:

•Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

•Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

•Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

•Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

However:

•The provider had recently strengthened its governance systems. Further work was needed to ensure that these were embedded and sufficiently robust to drive quality, safety and improvement in the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

As of December 2019, 100% of staff had received training in the Mental Capacity Act within the service.

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.

Staff understood mental capacity and were aware of how substance misuse can affect capacity.

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Good

Safe and clean environment

All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff did regular checks of the environment and identified and escalated risks when appropriate. The provider had carried out a fire risk assessment in November 2019. All identified actions in fire risk assessment had been carried out, such as addition of new fire alarm system. The fire alarm system was tested weekly. Remedial building works relating to fire safety that were required because of previous enforcement action by the local fire service had been completed. A legionella risk assessment had also been carried out in November 2019, the overall risk rating for the service was low.

Personal Emergency Evacuation Plan (PEEP) forms were completed for each client, where required, for example, a plan was present for a client undergoing detoxification. A personal emergency evacuation plan is an 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

The service had a wall alarm system fitted in all client bedrooms. This meant clients could use an alarm to request assistance. The clinic room was located in No 11 and was located on the second floor, there was no system in place for staff to raise an alarm from within the clinic room in an emergency. We raised this during the inspection and the provider advised that they would make appropriate arrangements to address this.

All areas were visibly clean, comfortable and well-maintained.

Staff adhered to infection control principles, including handwashing and wearing personal protective equipment such as disposable gloves. There were appropriate arrangements for clinical waste disposal, including sharps bins in the clinic rooms which were dated on opening and not overfilled.

Safe staffing

The service had enough nursing and medical staff, who knew the clients and received basic training to keep them safe from avoidable harm.

The service had enough staff to meet the needs of the client group and could manage unforeseen shortages in staff. The service rarely used bank and agency staff, however, they could be deployed to cover sickness and leave. All new staff received an induction to the service. As of 1 December 2019, the service had no vacant posts and a sickness rate of 0.5%.

There was a registered nurse working at the service at all times. The staff team consisted of registered nurses, healthcare assistants, therapy staff, housekeeping and a chef. A registered manager oversaw the three London locations.

Medical cover for the service was contracted through a local GP practice. We spoke with one of the doctors and

found that they had appropriate knowledge, skills and experience to work safely with the client group. In addition, a consultant psychiatrist attended the service one day each week.

Staff had received and were up-to-date with appropriate mandatory training. This included training in the safe administration of medicines, risk assessment and mental capacity.

Staff recruitment practices were safe. We reviewed three records for staff who worked for the service. These records demonstrated that appropriate pre-employment checks had been carried out, including criminal records checks and references.

Assessing and managing risk to clients and staff

Assessment of risk

Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

Staff assessed and managed risks to clients appropriately.

We reviewed the care and treatment records of all four clients who were receiving care and treatment at either No 11 or No 12. These separate registered locations were fully integrated and operated as one service. There were no clients receiving care and treatment at No 4 at the time of the inspection.

Since the last inspection in October 2019, the improvements we found to the referral, assessment and admissions processes had continued and were embedded. Staff completed a four-stage triage and assessment process before clients started detoxification treatment. This included a face to face assessment with the doctor prescribing them medicines. Staff used appropriate tools to measure dependency and withdrawal.

All four of the client care and treatment records we reviewed showed that the service doctor had completed a physical health examination before treatment started. Two client care and treatment records showed that they had been admitted for alcohol or benzodiazepine detoxification, both these clients had appropriate physical health tests carried out prior to commencing detox.

The medical assessment by the doctor included a neurological examination and a Wernicke's assessment. Wernicke's encephalopathy can lead to irreversible brain damage and is treatable if identified. In addition, the service's psychiatric consultant reviewed all clients after their initial assessment with the doctor, within the first 72 hours of admission. During this review a mental state examination was completed to establish whether the client had any underlying or presenting mental health condition.

Staff considered whether clients needed support with blood borne viruses during the nursing and medical assessments. We saw evidence of the service doctor referring to blood borne viruses in the medical assessment of the client care and treatment records we looked at. We saw that where required, the service doctor requested bloods tests at part of the follow up plan after the medical assessment. This meant they could support clients to get treatment if they had a virus and take precautions to reduce the spread of the virus.

The service had systems in place to ensure that clients received safe care and treatment that met their needs when they declined consent for the service to liaise with their GP. Staff said that information from the clients GP and/or other medical professionals was requested at the start of the assessment process. If a client declined to give consent for the service to contact their GP, the service doctor discussed this with the client during their assessment. If the client still declined, the service's doctor assessed whether or not they could safely treat the client and either admitted them or refused admission.

At the time of our inspection 45% (11 out of 24) of clients had refused consent for their GP to be contacted and for information to be obtained from, or shared with them. Department of Health drug misuse and dependence guidelines highlight the importance of regular communication and information sharing between specialist services and the clients GP because of 'the significant physical and psychiatric morbidity associated with drug use and complex pharmacological interactions between medications used to treat drug dependence and other medications'. The guidelines further state that 'In exceptional circumstances, treatment may continue despite a patient having withheld consent for sharing of

information with their GP.' The service had identified this as an area for improvement. They were considering changes to the consent form and how this was discussed with clients with the aim of improving the rate of client consent.

All clients were prescribed oral thiamine and vitamin B12 supplements. The service doctor was able to prescribe pabrinex if the client's history and presentation indicated its use. Pabrinex contains Vitamin B1 and is given through an injection into a muscle, to prevent onset of Wernicke's encephalopathy.

Management of risk

Service users were made aware of the risks of continued substance misuse.

Records showed appropriate risk management plans were in place for all clients. Care and treatment records showed that staff carried out regular physical health monitoring checks (blood pressure, respiratory rate and pulse) whilst clients underwent their detoxification programme and knew what to do if these were not within expected ranges.

As a result of the inspection in May 2019, the service had made the decision not to admit any clients with prior history of seizures and/or delirium tremens. Our discussions with staff and review of client care and treatment records showed that no clients at risk of seizures and/or delirium tremens had been admitted for detoxification. The service doctor's assessment showed that this risk was addressed during their assessment of the client. Staff stated that any history of seizures and/or delirium tremens was raised at each point of assessment and included in the medical assessment form. If clients did have a history of seizures and/ or delirium tremens they were supported to access alternative services.

Staff responded promptly to sudden deterioration in clients' health. Staff regularly carried out physical observations on clients and used the National Emergency Warning Signs (NEWS) and knew how to respond if there was a deterioration in a client score.

Bedrooms were allocated dependent upon risk. Clients prescribed detox medicines were allocated rooms in the building closest to the clinic room. Staff completed increased observations for clients in the early stages of detox or with increased risks.

The service had implemented a smoke free policy. Clients could only smoke outside of the service.

Staff discussed the risks of early exit from treatment with clients. The risk of overdose after a period of opiate detoxification is due to a person's tolerance for drugs decreasing during treatment. The risk to health if leaving an alcohol detoxification in the early stages is that they could have a severe withdrawal response which could lead to death. Staff discussed the risks with clients on admission and clients were given information regarding the risks in their welcome packs.

Use of restrictive interventions

Staff searched clients' luggage and clothes during the admission process. Clients were required to hand in any prescription and non-prescription medicines to nursing staff for safe keeping. Clients would also have their rooms searched if staff were concerned illicit substances had been brought onto the site. This was part of the contract clients consented to when accepting treatment at the service.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

All staff had undertaken safeguarding adults training and 84% of staff had undertaken safeguarding children training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. This included working in partnership with other agencies. For example, the service manager described a situation that occurred where staff were concerned about a client's children. The team escalated these concerns to social services, who then conducted a welfare check at the client's home address. The social worker also visited the client after conducting the welfare check.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records.

The service used a mixture of paper and electronic records. Relevant staff had prompt and appropriate access to care records that were accurate and up to date.

Medicines management

Good

Residential substance misuse services

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines were stored securely and in well-organised cabinets and a medicines fridge and were disposed of safely.

The service had effective policies, procedures and training related to medicines and medicines management. This included prescribing, training, detoxification, administration, recording and take-home emergency medicine.

We reviewed clients' prescriptions and medicines administration records (MAR) and saw that clients were given their medicines as prescribed. Medicine charts also had additional information such as allergies, as well as evidence of appropriate medicine reviews especially when assessment prescriptions changed to maintenance prescription doses. Medicines were stored safely including controlled drugs (CD). The CD stock register was checked regularly and unwanted CD medicines were disposed of appropriately.

Staff reviewed the effects of medicine on clients' physical health regularly and in line with National Institute of Health and Care Excellence (NICE) guidance.

The service had a contract with a pharmacy company. A pharmacist from this company carried out a monthly medicines audit.

Where clients were assessed as requiring alcohol detoxification when commencing their treatment programme this was provided in accordance with NICE guidance.

Track record on safety

The service had reported no serious incidents in the 12 months leading up to our inspection.

Reporting incidents and learning from when things go wrong

The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them using the service's reporting procedures. Staff told us all incidents were escalated to the manager and clinical director.

Staff understood the duty of candour. The duty of candour is a legal duty to be open and honest with patients, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. They were open and transparent, and gave people using the service and families a full explanation if and when something went wrong. For example, one client did not receive a dose of their detoxification medicines. The patient was reviewed and had come to no harm as a result of the incident. The client involved received an apology the next day after the incident, from the service manager. This incident was investigated and learning from this incident was discussed in staff supervision.

Staff received feedback from investigation of incidents. Learning from incidents was shared in individual supervision and fortnightly team meetings.

Staff were able to give us examples of changes which had been made following incidents from across the service. For example, following an incident where 36 tablets of Diazepam were missing from stock. Following an investigation, a 'drugs' liable to misuse' book was ordered. A drugs' liable to misuse book allows staff to accurately record their handling of controlled drugs, from receiving stock through to disposal. The clinic room was also redesigned following this incident to improve security and safety when administering medication. A medication preparation table and wall mounted safe for the medication cabinet keys was introduced to create a natural barrier between the nursing desk and client chair. The controlled drugs accountable officers were not informed at the time of the incident, when we raised this, the clinical director informed the controlled drugs accountable officers.

Good

Residential substance misuse services

Are residential substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

During the inspection we looked at four care records. Nursing and medical staff completed a comprehensive assessment for all clients on admission. These assessments were audited by the compliance officer for the service, the audit identified any gaps in the admission process. For example, the audit had identified that the alcohol dependence tool was not always being completed for new admissions. This was raised with the doctors carrying out the assessments. As a result, the alcohol dependence tool was subsequently completed for every client on admission.

Staff developed care plans collaboratively with clients. The care plans showed evidence of client input with their own goals and preferences. All care plans we viewed were holistic, person centred and regularly reviewed.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff used recognised rating scales to assess and record severity and outcomes.

The inspection team reviewed four clients' care records. When clients were admitted for alcohol or opiate detoxification, they were prescribed medicines from standard prescribing protocols. The prescription of these medicines followed best practice guidance from the National Institute for Health and Care Excellence and the Department of Health.

Staff used a recognised withdrawal assessment tool to assess withdrawal symptoms for clients undergoing alcohol detoxification treatment. The tool was used throughout clients' detoxification treatment. It was also used to assess the necessity and effects of additional 'as required' medicine. This was best practice and use of the tool was recommended by the National Institute for Health and Care Excellence (NICE).

For clients having opiate detoxification treatment, staff assessed their withdrawal signs using validated tools. Staff used a withdrawal assessment tool which followed best practice guidance.

Psychological therapies and interventions were provided following best practice guidance. Clients accessed individual and group therapy sessions. The group sessions included process and psychoeducation groups, art therapy and drama therapy. Individual therapy sessions included cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and eye movement desensitisation and reprocessing therapy (EMDR).

The service also provided several wellbeing and recovery-focused groups. For example, clients accessed a planning recovery group, as well as yoga, tai chi and acupuncture. Staff and clients reported that groups were well attended and were available every day of the week.

Staff supported clients to live healthier lives. Clients told us that they were supported to access the local health and leisure facilities to use the gym and swim. Staff supported clients to the point where they could use these facilities independently. A dietician visited the service to provide advice on healthy eating.

Staff ensured that clients had good access to physical healthcare, including access to specialists when needed. Staff routinely checked clients' physical health at least once a day by taking their temperature, blood pressure and pulse. These checks were completed more frequently for those undergoing detox. These checks were increased if the staff had concerns that the person's physical health may be deteriorating. Clients would be referred to see specialists if required, for example a client had recently been supported to see a back specialist due to persistent back pain.

The service carried out a full clinical audit every six months. The most recent audit was completed in January 2020, it covered 24 clients (from a cohort of 86). Four staff members were involved in the audit, including the clinic manager, clinic director and the clinical admissions officer. A detailed breakdown of the audit results was available and this was linked to clear actions. A lead person was assigned to each action, with a date it should be completed by. Each audit outcome was given a percentage, a score and a RAG rating. RAG (Red-Amber-Green) ratings, also known as 'traffic lighting,' are used to summarise indicator values. However, there was no policy or framework for how scores or RAG ratings were determined or how these related to percentages. This meant there was risk that these could be inconsistently applied. The audit did not include a breakdown of the clients' treatment pathway. This meant there was a risk that that the audit did not include clients from each treatment pathway.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service provided all staff with a comprehensive induction, including bank staff. Staff stated that this included a tour of the premises, orientation to the service and time to review policies and procedures and client documents.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. For example, several therapists had undergone medicines management training. At the time of inspection, staff were being asked for their input about additional training they would like to receive.

At the previous inspection in May 2019, we found that supervision records were not available to confirm the frequency, quality and content of staff supervision. During this inspection we found that the quality of supervision records had improved. Staff received monthly supervision. Supervision was recorded on a standard form where risk management issues, safeguarding, incidents, complaints and training were discussed monthly. Staff we spoke to said they felt well supported by their managers.

Poor staff performance was addressed promptly and effectively.

Managers recruited volunteers who were trained and supported to carry out their role. The service had recently begun offering internship opportunities working alongside a local university.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.

The service had regular multidisciplinary team meetings, where clients' progress, care and treatment was reviewed. This included a review of each client's risk management, safeguarding concerns, therapy engagement, recovery, relapse planning and after care arrangements. These meetings were attended by the service manager, nursing staff, therapists and consultant psychiatrist. The GPs did not routinely attend these meetings however information was shared via email and telephone outside of this meeting.

Handover meetings took place when staff started their shift. All the staff team could contribute to the handover. An allocation sheet was completed and staff used this to plan the day and ensure tasks were carried out.

Recovery plans included clear care pathways to other supporting services, such as community mental health teams, support networks and self-help groups. Clients confirmed that staff supported them to access support groups as part of their discharge plan.

Good practice in applying the MCA

As of December 2019, 100% of staff had received training in the Mental Capacity Act within the service.

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. All clients admitted for detoxification treatment had their capacity assessed by the service doctor when they were admitted.

Good

Residential substance misuse services

Are residential substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness.They respected patients' privacy and dignity.They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Clients who used the service told us that staff treated them with respect. We observed staff interacting with clients in a caring and compassionate way. Staff were enthusiastic and engaged in providing good quality care to clients. We observed a therapeutic group where staff provided responsive, practical and emotional support.

When staff spoke to us about the clients who used the service, they discussed them in a respectful manner and showed a good understanding of their individual needs.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of consequences.

Staff supported clients to understand and manage their care. Client's confirmed that their recovery and treatment plan was developed with them.

Staff directed clients to other services when appropriate and if required, supported them to access those services. For example, staff supported clients to access recovery groups in the local community, such as alcoholics anonymous and narcotics anonymous.

The service had a confidentiality policy in place which was understood and adhered to by staff. Staff maintained the confidentiality of information about clients. Staff sought client consent to share information with family members and other agencies such as GPs.

Involvement of clients

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. For example, a translation service would be used for clients who did not speak English.

The service provided a welcome pack to clients when they were admitted. This contained information about what the service did and outlined the service rules. Staff were responsible for giving clients a tour of the unit when they arrived and introducing them to other clients.

The service had access to advocacy services through different local organisations. If a client already had an advocate, staff encouraged them to maintain contact to ensure continuity. For example, an attention deficit hyperactivity disorder (ADHD) advocate was regularly meeting with one client. Attention deficit hyperactivity disorder (ADHD) is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.

Clients who used the service had daily one to one meetings with a therapist to review their progress and discuss any issues. Therapy was individually tailored depending on the client's needs. For example, looking at addiction and creating a discharge plan for the client to manage in the community.

Clients were involved in developing their own care plans. Each person who used the service had a recovery and risk management plan in place that demonstrated the person's preferences and recovery goals.

Staff enabled clients to give feedback regarding the service. Feedback could be provided in the daily planning meeting and in the weekly community meetings. Whilst the actions staff took regarding feedback were not always recorded in the minute meetings, discussions with staff and clients showed that appropriate action had been taken. For example, there had been client feedback about poor internet quality. It was not clear from the meeting minutes that the feedback had been actioned. However, staff had confirmed that an engineer had been booked to upgrade the internet quality.

Good

Residential substance misuse services

The service provided clients with an exit survey at the point of discharge as another means of gathering client feedback.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff encouraged and supported family contact. Where appropriate, staff encouraged family members to attend therapeutic sessions and groups with clients. A family and carers group was available for families and carers to attend.

Staff supported family members with information regarding addiction and other issues clients might be challenged with. Family members were signposted to external substance misuse support services for concerned relatives. Clients also told us that that family members had attended external support groups with them.

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

(for example, to feedback?)

Good

Access, waiting time and discharge

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Most clients self-referred to the service. At the time of the inspection there were four clients in the service. The service did not have a waiting list at the time of our inspection and rarely operated one. When clients contacted the service, the admissions team sent out a client handbook. The service used a four-stage triage process. The first stage was completed by the provider's central referrals team, who assessed all referrals for suitability. Then the provider's admissions co-ordinator reviewed the referral. Next, nursing staff from the service assessed the referred individuals onsite. Finally, the service doctor met with the client and completed a medical assessment.

Most clients said they were introduced to, and oriented to the service by staff onsite at the time of admission. However, one client felt that more information could have been given to them on admission as they had to ask other clients about what the process was upon admission.

The service had processes in place for when clients arrive late or arrived out of hours and did not place the clients at risk. An out of hours doctor would assess clients if they arrived in the evening or at weekends.

Discharge and transfers of care

Staff began planning for discharge when clients first entered the service. Staff worked with clients to develop a continued recovery plan which included areas such as physical health, mental health, relationships, support services, social activities employment and education. Staff liaised with clients' GPs if they consented, as well as community mental health services where appropriate.

Staff escorted and supported clients who required transferring to another service. For example, when clients required transfer to a hospital setting.

Facilities that promote recovery, comfort, dignity and privacy

The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe.

Clients had their own bedrooms. Clients could personalise their bedrooms.

Clients told us they could store their possessions securely in their rooms. Clients could lock their bedroom doors if they wished.

Clients and staff had access to a range of rooms to support care and treatment, including lounges, a dining area, kitchen spaces and rooms that could be used for individual and group sessions or for seeing visitors.

The food was of a high quality. The menu reflected client preferences, as well as cultural and dietary needs. Clients said that they could request individual tailored meals if they wanted. Clients could always access drinks and snacks.

Clients' engagement with the wider community

Good

Residential substance misuse services

Staff supported clients to maintain contact with their families and carers. Families were encouraged to attend joint therapy sessions with the clients. Therapists would provide updates to families weekly with client's consent.

Staff supported clients to access the local community and activities. Clients were supported to access the local gym and swimming pool. Clients also had the opportunity to attend yoga and shiatzu massages and each client was given a voucher to spend at a local salon to get a massage or other therapy.

Staff ensured that clients had access to education and work opportunities. For example, one client said they were being supported by staff in writing an application for a university course.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

Staff demonstrated knowledge of protected characteristics and vulnerabilities, such as the potential needs of clients identifying as black and ethnic minority or lesbian, gay, bisexual or transgender (LGBTQ+). For example, staff had previously supported a client to attend an LGBTQ+ meeting in the community.

Staff understood the cultural needs of clients. Staff would support clients to attend local places of worship outside of the service when requested.

Staff had access to external translation services. Staff had the autonomy to request translation services as required, without management authorisation.

The service accommodation and treatment facilities were located across three buildings each with several floors. The buildings were not suitable for clients with mobility needs or wheelchair users. Potential clients were directed to the provider's Kent services when the service was unable to meet clients' mobility needs.

Catering staff prepared food in line with clients' ethical and religious needs. At the request of clients, special meals would be prepared in celebration of religious events such as Eid.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

The service had received one formal complaint over the 12 months leading up to the inspection. The complaint was not upheld.

Clients were given a welcome pack and folder on arrival which included details of 'how to raise complaints and concerns'. The pack provided details of how to access the complaints policy, a copy of which was kept available for clients to read. Clients we spoke to were not sure about how to complain about the services, however all clients confirmed that they would feel happy to do this verbally or in the community meeting.

When clients complained or raised concerns, they received feedback. Whenever possible, the service manager dealt with informal complaints straight away and gave clients feedback.

Compliments and complaints were discussed regularly in team meetings and supervision. The office had multiple thank you cards on display that had been received from previous clients.

Are residential substance misuse services well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of services they managed, and were visible in the service and approachable for clients and staff.

Leaders had a good understanding of the service they managed. They could explain clearly how the team was working together to provide high quality care.

Leaders had the skills, knowledge and experience to perform their roles.

Leaders were approachable for clients and staff. The director of clinical treatment was responsible for providing clinical leadership. They attended the service weekly or more often if required. Staff could also contact them by telephone.

Staff said they enjoyed working in the team and that management staff were approachable, supportive and always available.

Vision and Strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Staff emphasised the importance of supporting people as individuals to reduce their substance misuse and to increase their wellbeing.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. As this was a small service, senior leaders knew all the staff well.

Staff had the opportunity to contribute to discussions about the strategy for the service. Staff discussed changes to the service at team meetings.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

At a previous inspection in May 2019, we found that there was an absence of a safety culture within the service, both in terms of oversight of medical risks during detoxification and in regard to environmental health and safety. During this inspection we found that there had been multiple improvements to the safety of the service. Improvements had been made to the admission process and documentation. There were also improvements to make the service environment safer such as the introduction of a new fire alarm system and addition of bannisters on the stairwells. Staff now had access to a health and safety risk register which listed key risks and how the risks are managed. Staff conducted regular checks to ensure that the premises were safe and suitable.

All staff that we spoke to felt respected, supported and valued. Staff told us they were happy working within the service.

Staff appraisals included discussions regarding development and learning needs, and opportunities for career development.

There were no reported cases of bullying or harassment.

Managers monitored morale and job satisfaction of staff through regular managerial supervision.

Governance

The provider had recently strengthened its governance systems. Further work was needed to ensure that these were embedded and sufficiently robust to drive quality, safety and improvement in the service.

At a previous inspection in May 2019, we found the governance systems and processes in the service were not effective and did not help to keep people safe. They did not adequately assess, monitor and improve the safety and quality of the service. Risks were not appropriately identified, monitored and mitigated.

During a focused inspection in October 2019, we found that whilst there had been improvements, the service's governance processes needed strengthening. The provider's framework to assess the quality and safety of the service and drive improvement was in its early stages. It did not clearly identify where responsibility for assurance activities was located.

At this inspection we found that there had been further improvements. The service had recently introduced a new assurance framework tool in January 2020. The framework clearly identified how key information relating to quality, safety and improvement would be assessed and travel up and down from front line staff, through managers to the board. The framework identified what must be discussed at team, governance and management meetings to ensure that essential information, such as learning from incidents, risk, safeguarding and complaints, was shared, discussed and implemented.

Twice each year, key information from the service was reviewed at a provider level governance meeting where it could be compared to similar services operated by the organisation.

The service had updated all of its policies and procedures to reflect the changes in clinical practice to meet best practice guidance. Staff were engaged in audits to evaluate the safety and effectiveness of the service. The premises were safe and clean; there were enough staff; staff were trained and supervised; patients were assessed and treated well; referrals were managed well; incidents were reported, investigated and learned from.

Staff undertook clinical audits; further improvements were required to the clinical audits to provide stronger assurance.

During this inspection we also saw that improvements had been made since our inspection in May 2019 with regard to fit and proper persons checks (FPPR). These are checks that are carried out for people who have director-level responsibility. The provider now had an appropriate fit and proper persons policy and procedure in place. We reviewed one HR record and all the assessments to meet FPPR were completed.

However, further work was needed to embed revised governance systems into practice. Fit and proper persons checks had not yet been reviewed by the compliance or HR officer, in accordance with the policy, as it had only recently been introduced. Similarly, the completed checks had not been signed off by the chief executive officer at the time of the inspection due to how recently the policy had been introduced. Guidance for evaluating the outcome of audits and determining how RAG ratings and scores related to percentages was not available. Because the framework had only recently been introduced, the provider had not yet been able to review its efficacy in ensuring the quality and safety of services and driving improvement.

Management of risk, issues and performance

At the previous inspection in May 2019, we found the service did not have a fully comprehensive risk register to identify and manage service level risks. During this inspection we found that there had been improvements, the provider had developed a risk register which including risks relating to the delivery of service. Staff knowledge of the risk register was not yet fully embedded, three staff members we spoke to were not aware of the providers risk register but some of the key risks that the staff members identified matched the risks that were present on the risk register.

The service had plans for emergencies, such as adverse weather or flu outbreaks.

The service monitored sickness and absence rates, which were low at 0.5% between November 2018 and December 2019.

Information Management

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had access to the equipment and information technology needed to do their work.

All information needed to deliver care was stored securely and available to staff, in an accessible format when they needed it.

Staff made notifications to external bodies as needed. The service notified the Care Quality Commission of notifiable incidents.

Engagement

Clients, staff and carers had access to up-to-date information about the work of the provider through meetings and email. The provider had a website which clients could access. This detailed news and events that were taking place within the service.

Clients had opportunities to give feedback on the service they received in a manner that reflected their individual needs via an exit survey. Clients completed a 31-item questionnaire on the service and 10-item review of their individual therapist on leaving the service. Data from the exit surveys were reviewed by the director of clinical treatment director and the service manager with learning points and outcomes recorded. Clients were also able to give feedback in community meetings, feedback provided in these meetings was actioned by staff.

Clients and staff could meet with members of the provider's senior leadership team to give feedback. All staff and clients that we spoke to said they felt able to provide feedback to the clinical director or service manager.

Learning, continuous improvement and innovation

Good

Residential substance misuse services

Since a previous inspection in May 2019, the senior management team had overseen significant improvements to the safety and governance of the service. The clinical director was keen to improve the post discharge support offered by the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve

•The provider should ensure that it continues work to improve the percentage of clients who give consent for information to be obtained from and shared with their GP (Regulation 12).

•The provider should ensure that a system is in place for staff to raise an alarm from within the clinic room in an emergency (Regulation 15).

•The provider should ensure that outcomes from its programme of audits were consistently rated across the range of measures used and that the sample included clients who had completed each of the various treatment pathways (Regulation 17).

•The provider should ensure that it evaluates and reviews the recently introduced assurance framework to ensure that changes to governance systems are embedded, robust and drive the quality, safety and improvement of the service (Regulation 17).