

Broadway Lodge

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

Overall summary

We do not currently rate independent standalone substance misuse services. Our last comprehensive inspection of Broadway Lodge was in April 2016. At that inspection, we issued five requirement notices. Issuing a requirement notice notifies a provider that we consider they are in breach of legal requirements and must take steps to improve care standards. On 4 April 2018 we undertook an unannounced, focused inspection to see whether the provider had made the required improvements.

- At the last inspection in 2016 we asked the provider to ensure clients admitted for detoxification from opiates have individual care plans and risk assessments to ensure staff can appropriately manage risks. In April 2018, we found clients had care plans and risk assessments in place including ones that related to detoxification from opiates. Staff involved clients in developing their care plans and risk management plans. Further work was needed to ensure risk assessments addressed previous risks for each client such as where they had previously had seizures.
- At the last inspection in 2016 we said the provider must ensure staff reviewed and thoroughly investigated incidents and acted to prevent incidents re-occurring. At this inspection we found the management team reviewed incidents and told staff about any lessons learnt from them. However, further work was needed to collate all the incidents so that themes and trends could be found. The staff team had completed environmental risk assessments that were up to date.
- At the last inspection in 2016 we said the provider must ensure policies and procedures allow anyone to raise concerns about their care and treatment or the care and treatment of people they represent.
- At the last inspection in 2016 we said the provider must ensure staff receive regular appraisals and any training, learning and development needs should be identified and supported.
- At the last inspection in 2016 we said the provider must ensure records are accessible to authorised people to deliver clients care and treatment in a way that meets their needs and keeps them safe.

Summary of findings

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Summary of this inspection

Background to Broadway Lodge

Broadway Lodge is a non-profit making organisation and registered charity established in 1974. The service provides residential addiction treatment, counselling and support services for adults.

Broadway Lodge offers a number of treatment programmes that include detoxification, residential rehabilitation programmes and recovery support programmes for people living at home. Statutory organisations fund most clients. However, the service does accept clients who pay for themselves.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage a service and they have a legal responsibility for meeting the requirements in the Health and Social Care

Act 2008 and associated regulations. Broadway Lodge is part of Broadway Lodge Limited. It provides services to treat drug and alcohol addiction. Broadway Lodge provides accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

Broadway Lodge offers a range of services that include aftercare and a structured day programme seven days a week, that clients attend as part of their recovery. The service had 35 clients admitted at the time of the inspection. We last inspected Broadway Lodge on 5 to 7 April 2016. We issued five requirement notices following this inspection.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We undertook this inspection to find out whether the provider had made improvements to their substance misuse services since our last comprehensive inspection of the hospital in April 2016.

Following the April 2016 inspection, we issued requirement notices related to breaches of regulation 12 (safe care and treatment), regulation 17 (good governance) and regulation 18 (staffing).

How we carried out this inspection

As this was an unannounced focused inspection to follow up on specific areas of concern, we did not consider all of the five key questions that we usually ask:

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

Instead, we concentrated on whether the action that we had told the provider it must carry out at Broadway Lodge had been completed.

During the inspection visit, the inspection team:

- visited Broadway Lodge to observe the environment where clients received treatment
- held a focus group for 12 clients
- held a focus group for 16 staff

Summary of this inspection

- spoke with seven other staff including the registered manager, a senior registered nurse, the lead counsellor, human resources manager and the estates manager
- looked at ten client records
- looked at nine staff records
- looked at relevant policies and procedures
- reviewed examples of how incidents had been managed
- reviewed environmental risk assessments and maintenance logs

Information about Broadway Lodge

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The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage a service and they have a legal responsibility for meeting the requirements in the Health and Social Care

Act 2008 and associated regulations. Broadway Lodge is part of Broadway Lodge Limited. It provides services to treat drug and alcohol addiction. Broadway Lodge provides accommodation for persons who require nursing or personal care, accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

Broadway Lodge offers a range of services that include aftercare and a structured day programme six days a week, that clients attend as part of their recovery. The service had 35 clients admitted at the time of the inspection. We last inspected Broadway Lodge on 5 to 7 April 2016. We issued five requirement notices following this inspection.

What people who use the service say

During the client focus group clients told us that staff were always caring and respectful. Staff would help with any issues. For example, clients told us that staff would come in on their day off to support them with community visits and to attend health care appointments.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services. We were satisfied that the service had met four of the requirements in the requirement notices we served in April 2016 because:

- Clients had care plans and risk management plans. Risk management plans included risks associated with detoxification from substances including opiates when needed. Staff regularly reviewed care plans and risk assessments. However risk assessments were not comprehensive and did not cover areas like a previous history of seizures.
- The registered manager reviewed individual incidents to find any actions or learning needed. Staff had opportunities to reflect on incidents and discuss lessons learnt. However the provider did not look at trends and themes across all the reported incidents.
- The provider had completed environmental risk assessments and maintenance staff recorded when they completed work. However, the reporting system for maintenance work was informal and there was no record of all work needing completion.

Are services effective?

We do not currently rate standalone substance misuse services. We were not satisfied that the service had completed the improvements that we detailed in the requirement notice, served in April 2016 because:

- The provider continued to use two sets of notes, one paper and one electronic. We found that important information about risks was missing from some of the electronic notes. Staff could not always access the paper notes freely.

However:

- The service had introduced a formal recorded appraisal process that will enable staff to identify their learning and development needs. Further work was needed to embed this system.
- Counsellors had monthly clinical supervision with an independent supervisor. However work was needed to ensure records were kept of supervision.
- There were daily staff meetings and shift handovers where staff could raise concerns.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services. Since our inspection in April 2016 we have received no information that would make us re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services. We were satisfied that the service had completed the improvements that we detailed in the requirement notice, served in April 2016.

- There were policies in place to allow clients to raise concerns about their care. Staff had access to policies that allowed them to raise concerns and staff could explain how to would use them.

Are services well-led?

We do not currently rate standalone substance misuse services. Since our inspection in April 2016 we have received no information that would make us re-inspect this key question.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe environment:

- The provider had completed environmental risk assessments and maintenance staff recorded when they completed work.
- The reporting system for maintenance work was informal and there was no record of all work needing completion.

Assessment and managing risk:

- All 10 client records we reviewed had care plans and risk management plans. When clinically needed, risk management plans included detoxification from substances including opiates. Staff reviewed care plans and risk assessments appropriately depending on the severity and likelihood of risk.
- Three risk assessments were not comprehensive. Staff had found risks such as a history of seizures but had not completed an assessment and given a management plan to the client. Staff had not explained why they had not completed certain areas of the assessment.
- Clients told us that they were fully involved in the care planning and risk assessment process.

Reporting incidents and learning from when things go wrong:

- The registered manager reviewed individual incidents to find any actions or learning needed. The registered manager used a reflective model with staff to identify and discuss lessons learnt. The registered manager emailed staff and added to the agenda for the shift handovers and team meetings, any learning and actions from incidents.

- The service did not look at all the incidents to find any trends or patterns.

Are substance misuse/detoxification services effective? (for example, treatment is effective)

Skilled staff to deliver care:

- The senior management team had introduced a new appraisal system in January. The manager had not embedded the new appraisal system as the team had not completed the first appraisal cycle. Two of the nine appraisal records we reviewed did not include discussions about training. The service did not always record agreed actions relating to staff performance.
- Counsellors had monthly clinical supervision with an independent supervisor. The service did not record when group supervision or the regular debrief sessions had taken place.
- There were daily staff meetings and shift handovers where staff could raise concerns.
- There was a staff debrief following all therapy sessions that enabled staff to reflect on their practice and raise any issues they had following the session. Staff told us that they were supported and that management recognised and met their training needs. Staff could raise concerns with their line manager or senior staff.

Record keeping:

- The provider continued to use two sets of notes, one paper and one electronic. We found that important information about risks was missing from some of the electronic notes. Staff could not always access the paper notes freely. The registered manager told us that when the room was locked the registered nurse, with

Substance misuse/detoxification

the key, would immediately allow access to the room. However, there could be occasions when a registered nurse would not be able to stop what they were doing. For example, if they were administering emergency medication. Therefore, not having free access to the records could delay staff accessing essential information. The manager told us that the counselling staff did not always review the paper notes as they did not feel they were relevant to them. However, the counselling staff we spoke to knew they could access the paper records and told us they had. Following our inspection, the provider installed a key pad lock so staff could freely enter the room where records were kept.

Are substance misuse/detoxification services caring?

We do not currently rate standalone substance misuse services. Since our inspection in April 2016 we have received no information that would make us re-inspect this key question.

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

We do not currently rate standalone substance misuse services. We were satisfied that the service had completed the improvements that we detailed in the requirement notice, served in April 2016

because:

- There were policies in place to allow clients to raise concerns about their care. Staff had access to policies that allowed them to raise concerns and staff could explain how they would use them. Safeguarding was a standing agenda item at team and client meetings.

Are substance misuse/detoxification services well-led?

We do not currently rate standalone substance misuse services. Since our inspection in April 2016 we have received no information that would make us re-inspect this key question.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff have access to records contain all relevant information that need to be aware of risk and in order to deliver clients care and treatment in a way that meets their needs and keeps them safe.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff fully complete all risk assessments as indicated by staff's initial risk assessment process.

- The provider should ensure that staff document why they have not completed risk assessments.
- The provider should review incidents to find patterns and trends.
- The provider should continue to embed the appraisal system.
- The provider should ensure that an overview of group, peer and clinical supervision sessions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure staff have access to records contain all relevant information that need to be aware of risk and in order to deliver clients care and treatment in a way that meets their needs and keeps them safe. Regulation 17 (2)(c)