

Charterhouse Clinic

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

Summary of findings

- There were enough skilled and experienced staff on duty at all times. Charterhouse clinic did not use bank and agency staff. All staff had received full and comprehensive induction, role specific training including medications management, and equality, and diversity awareness training. Addressing staffs' emotional and physical wellbeing were a priority for the provider. There were robust individual and group supervision arrangements in place, which all staff accessed.
- All staff were trained in the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). All staff understood their responsibilities in relation to the MCA and DoLS. The provider had accessible policies relating to MCA. The provider had not made any DoLS applications in the twelve months prior to inspection. The provider dealt with safeguarding issues in a timely manner. Staff had completed training in safeguarding adults and children and understood what constituted a safeguarding concern, and how to report it.
- Between May 2015 and April 2016, the provider had investigated one serious incident and sent two notifications to CQC. They had shared the learning with staff and clients, and made changes to their service accordingly. The provider was compliant with the duty of candour requirements.
- All clients had robust and up to date risk assessments. They were personalised, holistic, and included positive risk taking management plans, using least restrictive practice. All care records had signed consent to treatment forms. The provider had effective protocols in place to manage client transfers including unexpected exit from treatment.
- The provider had clear admission and discharge policies. They had clear response times for acceptance of referral, initial assessment, admission, and post admission assessment. They were able to see urgent referrals. The provider explained funding options and arrangements to clients before they accepted a place at Charterhouse clinic. All clients had a named key worker, matched to them based on skills and experience. We saw an effective daily handover where staff discussed all clients' health and psychological needs, along with work allocation for the day.
- Treatments included individual and group therapy, cognitive behaviour therapy, motivational interviewing, assignment and goal setting work. Clients received clear information about the clinical team, treatments they could expect to receive, and treatment options. Clients were encouraged to use external support groups such as Alcoholics Anonymous (AA) and Specific Measurable Assignable Realistic Timely (SMART) recovery.
- All clients had information about the side effects of detoxification and the medications used, staff knew what side effects to look for and how to address them. New admissions for detoxification received comprehensive physical and psychological health screening and assessment. After which, clients commenced an initial medication regime with immediate effect.
- The consultant psychiatrist used remote treatment practice in line with the general medical council's guidance (GMC) on remote treatment practice, including on line video consultation known as Skype, when he could not be with the client face to face. Remote consultations were followed up with face-to-face meetings within two days. The provider followed National Institute for Health and Care Excellence guidelines relating to detoxification and medication to inform their practice.
- The organisation had a clear vision and set of values that staff and clients understood and supported. The organisation valued its staff and encouraged both personal and professional development. All staff had clearly defined job descriptions, and recruitment processes were robust. Staff had objectives focussed on service development, improvement and learning. Leadership was effective and encouraged an open, honest, and supportive culture. Clinical team leads provided leadership, training, and supervision for the wider team. Job satisfaction and team morale was high. Staff told us they were proud of the culture they helped create, and the quality of the service they provided.
- The organisation encouraged creativity, innovation, and learning from other substance misuse services

Summary of findings

both nationally and across Europe. The provider encouraged staff to become involved in research and the consultant psychiatrist was a member of the Society for the Study of Addiction.

However, we also found the following issues that the service provider needs to improve:

- There was no fridge in the clinic. Staff kept medications requiring refrigeration in an unlocked fridge in the main office.
- The provider did not have any advocacy arrangements in place.
- Clients risk assessments did not reflect how identified environmental risks were to be mitigated.
- Local governance arrangements were in the developmental stage, including the risk register. Policies, procedures and protocols were being reviewed and improved, but as yet did not include an equality impact assessment.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

Inspected but not rated. See overall summary.

Summary of findings

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Charterhouse Clinic

Services we looked at

Substance misuse/detoxification.

Summary of this inspection

Background to Charterhouse Clinic

Charterhouse clinic opened in May 2015 and provides a range of residential rehabilitation, detoxification, and therapy programs for clients who are self-referring and self-funding.

The clinic accommodates males and females in 12 individual en suite rooms, some rooms have a separate lounge area, and self-catering facilities if required.

Charterhouse clinic is registered with the CQC to provide accommodation for persons who require treatment for substance misuse. There is a registered manager and accountable officer on site.

CQC had not previously inspected Charterhouse clinic. No other providers operate in this location.

Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), an inspection manager, and one other CQC inspector.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with eight clients currently using the service and two ex-clients
- spoke with the registered manager, clinical team lead and co-founder of the clinic
- spoke with ten other staff members employed by the service provider, including a consultant psychiatrist, addictions counsellors and support workers
- received feedback about the service from one stakeholder
- attended and observed one multidisciplinary hand-over meeting
- attended one client focus group

Summary of this inspection

- looked at six client care and treatment records, including their medicines records
- looked at ten staff records
- looked at policies, procedures and other documents relating to the management and governance of the service.

What people who use the service say

- Clients who used the service reported they felt safe, understood and treated as responsible adults. All the clients we spoke with felt the treatment programs and philosophy of the clinic were effective, challenging and supportive.
- Clients told us the food was high quality and they could have more or less anything they wanted. They said staff were always professional and willing to go the extra distance to ensure they got the most out of their stay at Charterhouse clinic.
- Clients told us they felt well informed about their treatment, what was expected of them and the options available to them. They felt family were involved as much as they wanted them to be and staff always sought consent before contacting family members or other healthcare professionals.
- Clients reported that the follow up group and 24 hour telephone advice was very welcome as part of their ongoing support network, for themselves and their families.

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 found the following issues the service provider needs to improve:

- There was no fridge in the clinic room. Staff stored medications requiring refrigeration in an unlocked domestic fridge in the main office.
- While the provider had environmental risk assessments and audits in place. We did not see any evidence to show clients had been risk assessed against these audits.

However, we also found the following areas of good practice:

- The clinic area was well organised. Emergency equipment was present and accessible. Staff carried out medication audits daily, weekly and monthly. There was a nominated controlled drugs accountable officer. Charterhouse classified diazepam and chlorthalidone as controlled drugs, and staff stored these in a locked cabinet in the main office.
- There were effective policies and procedures relating to medication management including prescribing, detoxification, and assessing clients tolerance to medication. The provider had effective infection control protocols, which staff adhered to. The psychiatrist reviewed all clients' medications on admission, when introducing detoxification medication and again on discharge. Staff were able to describe and identify the risks of withdrawal and spot adverse effects relating to detoxification.
- There were enough skilled staff on duty at all times. There were robust cover arrangements in place for staff absences. Charterhouse clinic did not require the use of bank and agency staff. There was ready access to a psychiatrist.
- All staff had completed mandatory training, including health and safety awareness, Mental Capacity Act, Deprivation of Liberty Safeguards, medications management and infection control. All staff understood their responsibilities in relation to the Mental Capacity Act 2007. There was no waiting list for Charterhouse Clinic.

Summary of this inspection

- The provider monitored staff and client emotional and physical wellbeing in the daily handover / briefing meeting. Clients were encouraged to complete daily diary sheets focussing on their thoughts, feelings, and anxieties.
- Staff recorded robust risk assessments at pre admission, admission, and discharge points. These assessments, along with any previous therapy, or medical reports informed on going risk assessment. Risk assessments were holistic and personalised. Risk management plans included positive risk taking and least restrictive practice. Staff stored healthcare records safely.
- Safeguarding policies and notices were made available to both staff and clients. Between May 2015 and April 2016 there had been two safeguarding concerns and no safeguarding alerts. Staff were aware of what constituted a safeguarding concern and how to make a referral. We saw policies and protocols relating to client searches, safekeeping of valuables and the code of conduct for staff behaviour and police liaison.
- Between May 2015 and April 2016 there had been one serious incident and two notifications received by CQC. Managers investigated all incidents, and made changes in response to the investigation outcomes. Specific policies and procedures were updated accordingly. Managers used manual systems for monitoring and tracking incidents.
- Staff understood their responsibilities for reporting incidents and how to do this. Managers fed-back the outcomes of investigations to clients and staff, and we saw support for staff and clients as required, both during and after a serious incident occurred. The provider and staff had been open and honest with relatives and other agencies and upheld their responsibilities under the duty of candour.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider used National Institute for Health and Care Excellence (NICE) detoxification guidelines. Care records reflected relevant and current evidence based practice. Treatment included an integrated bio-psycho-social approach, and encouraged clients to attend mutual-aid support group meetings such as AA and SMART recovery. Staff had access to relevant treatment manuals and received ongoing training and support.

Summary of this inspection

- All clients received comprehensive and ongoing assessment of their physical and psychological needs during the pre and post admission phases of treatment. Staff knew what warning signs to look for when clients were on detoxification programmes. In consultation with the multi-disciplinary team, staff implemented recovery, orientated treatment plans following initial detoxification plans. The plans included personalised assignments and goal setting, along with any pre-existing assessments of needs.
- All clients had discharge plans focussed on their strengths and expectations and which identified additional ongoing support they might need.
- The consultant psychiatrist used remote treatment practice in line with the general medical council's guidance on remote treatment practice, including online video consultation, with 24-hour telephone support for staff and face-to-face follow up with the clients within two days of admission. Therapy programs included meaningful activity that was relevant to client's needs. All clients had named key workers who held regular one to one sessions with them.
- The provider ensured all staff had appropriate and comprehensive induction, and orientation. Staff received role specific training including medication management, and management of the detoxification process. Evidence showed 100% of staff had regular and up to date supervision, 94% had an annual appraisal. The consultant psychiatrist was a member of the society for the study of addiction, and several members of the senior clinical team had been involved in research. Ongoing training for staff specific to clients' needs was provided by the psychiatrist and senior clinical team including cognitive behavioural therapy strategies, managing group dynamics and motivational interviewing.
- Records showed 100% of staff had been trained in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had thorough understanding of the guiding principles of MCA and how it related to their practice. We saw policies relating to both MCA and DoLS, staff knew how and where to access the policies for further information. Managers reported they had not made any DoLS applications in the twelve months prior to inspection.
- We saw an effective shift handover that considered the wellbeing of staff and clients, the therapy programme for the day and staffing needs. Staff considered current client issues including physical and emotional wellbeing, informed by the

Summary of this inspection

client's own daily diary sheets. Staff amended clients' care records to reflect the discussions. Staff had developed relationships with local support groups, general practitioners, and dentists to meet clients' needs.

- There were signed copies of consent to treatment on clients care records. Clients told us staff had explained data confidentiality to them.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us staff understood their needs, and they felt respected for their individuality. Staff understood how different clients' lifestyles and beliefs could affect their substance misuse.
- There was an established culture of confidentiality, and clear therapeutic boundaries. Clients appreciated how staff encouraged a culture of respectful group sharing and being open and honest.
- We saw evidence of clients having clear information about their therapy and medications including the potential side effects of detoxification withdrawal and the medicines used for this. Clients told us how staff gave them all relevant information they needed to make informed decisions about treatment options.
- We saw how the therapeutic philosophy of the clinic was reflected in the caring interactions between staff and clients.

However, we also found the following issues that the service provider needs to improve:

- The provider did not have any advocacy arrangements in place.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Data from May 2015 to April 2016 showed Charterhouse had accepted 120 referrals and 24 of these were returnees. They saw an average of ten clients a week, and at the time of inspection had eight clients in residential treatment.

Summary of this inspection

- Prospective clients visited Charterhouse prior to any admission. Funding options and arrangements were clearly explained in the comprehensive admission information pack given to all new clients before they were admitted. The provider had clear admission and discharge policies.
- We saw effective protocols in place for managing transfer of clients including unexpected exit from treatment. All clients who completed their therapy programs were offered lifetime follow up by Charterhouse including 24-hour telephone support and regular support and education groups.
- The provider had clear response times for accepting referrals and a clearly documented acceptance and admission criteria. They were able to see and accept urgent referrals if appropriate for their service.
- There was a full range of rooms and equipment to support treatment and care. To ensure confidentiality interview and clinic rooms were soundproofed. There were additional areas for clients to have privacy, including making telephone calls. The chef provided a choice of quality food, and he could cater to special dietary requirements. Clients were encouraged to have input into menu planning.
- All staff were trained in managing equality and diversity. Staff and clients told us they felt respected by each other. We saw policies relating to equality and diversity and there were no blanket restrictions at Charterhouse.
- When allocating key workers the provider tried to match staff skills and experience with clients' needs and preferences. Key workers reviewed recovery and risk management plans regularly with clients. These plans reflected the diverse and complex needs of clients including clear care pathways to other supporting services.
- There was a complaints policy in place. Data from May 2015 to April 2016 showed Charterhouse clinic had received one formal complaint. The managers carried out a full investigation, upheld the complaint, and made changes accordingly.
- Due to the building design, age and layout it was difficult to accommodate disabled access to all areas. Though they had limited accessible facilities on the ground floor level.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

Summary of this inspection

- Local governance arrangements were in the developmental stage, there was no risk register. Monitoring systems were not sufficiently robust to ensure maintenance of the quality of their service.
- Policies, procedures and protocols were being reviewed and improved, but did not include an equality impact assessment. The provider explained they were in the process of transferring many governance processes to an electronic database to be completed by late summer 2016.

However, we also found the following areas of good practice;

- The provider had a clear vision and set of values, which prioritised quality and safety. Staff knew of, and supported the provider's vision. The provider had a clear definition of physical and psychological recovery.
- All staff had clear job descriptions; staff records were well maintained and organised. The provider monitored staff sickness and absences. Staff had objectives focussed on service and personal development, improvement and learning.
- Leadership was effective and encouraged an open, honest, and supportive culture in the service. Clinical team leads provided clinical leadership and supervision for the wider team. Clients and staff spoke positively about communication systems within the clinic and the organisation.
- Job satisfaction and team morale was high. Staff were aware of the organisations whistleblowing policy and how to use it. Staff were not aware of any bullying or harassment at Charterhouse clinic. Staff said they were proud of the culture they helped to nurture, and quality of the service they provided. They said they felt valued by the organisation.
- The provider encouraged creativity and innovation to ensure up to date, evidence based practice was implemented and embedded. Staff were encouraged to share good practice from previous organisations they had worked for. Managers had recently attended the United Kingdom and European symposium on addictive disorders.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw 100% of staff had completed Mental Capacity Act (MCA) training, and 100% of staff had completed Deprivation of Liberty Safeguard (DoLS) training.
- Staff showed thorough understanding of the guiding principles of MCA, and how it affected their working practice. There was a policy relating to MCA and DoLS, and staff knew of this policy.
- Managers reported they had not made any DoLS applications in the 12 months prior to the inspection.

Outstanding practice and areas for improvement

Outstanding practice

- The therapeutic philosophy of the unit, the culture of mutual respect and personalisation, care planning and morning team brief placed the client and their needs at the centre of what happened at Charterhouse clinic.
- The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded. The provider had a clear definition of psychological and physical recovery, which staff and clients understood.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure they complete their plans for improving governance arrangements, including a review of all policies and procedures to include an equality impact assessment.
- The provider must ensure they have an up to date risk register, and ensure staff know how to add issues to the register.

- The provider must identify clients environmental risks, including ligature risks, and put in place plans to mitigate these risks.

Action the provider **SHOULD** take to improve

- The provider should consider installing an appropriate fridge in the clinic room.
- The provider should give consideration towards identifying an advocacy service that can be accessed by clients.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Clients risk assessments did not include mitigation of environmental risks, including ligature risks. Therefore they could not ensure the physical safety of clients. <p>This is a breach of regulation 12(2) (b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider did not have robust governance arrangements and tools in place to ensure maintenance of the quality of their service. <p>This is a breach of regulation 17(2)a</p> <ul style="list-style-type: none">• The provider did not have a risk register, this meant the provider could not ensure the safety of all clients and staff. <p>This is a breach of regulation 17(2)b</p>